



KAREN ELLISON, RECORDER E05

APN# 1220-04-512-005

Recording Requested by/Mail to:

Name: Carol Muir

Address: 741 Bluerock Rd.

City/State/Zip: Gardnerville, NV 89460

Mail Tax Statements to:

Name: "Same"

Address: _____

City/State/Zip: _____

Death of Grantor Affidavit

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

- Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)
- Judgment – NRS 17.150(4)
- Military Discharge – NRS 419.020(2)

Carol Muir
Signature

Carol Muir
Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

DEATH OF GRANTOR AFFIDAVIT

Carol Muir (here insert name of affiant), being duly sworn, de-
poees and says that Ann P. McGuinness (here insert name of deceased),
the decedent mentioned in the attached certified copy of the Certificate of Death,
is the same person as Ann P. McGuinness (here insert name of grantor),
named as the grantor or as one of the grantors in the deed upon death recorded on
5-21-2007 (date), as document or file number 0701587 book 0507, at page
7240, records of Douglas County, Nevada, covering the real property com-
monly known as 1361 Mt. Court, City of Gardnerville, County
of Douglas, State of Nevada, or located in the County of Douglas, State of
Nevada, and more particularly described as:

Lot 22 as shown on the official "Final Map of Carson Valley Estates
Subdivision Unit No. 2", filed for record in the office of the County
Recorder of Douglas Co., NV, on 12-23-1970, as file No. 60685
(Legal Description)

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED
FOR RECORDING DOES NOT CONTAIN A SOCIAL SECURITY NUMBER.

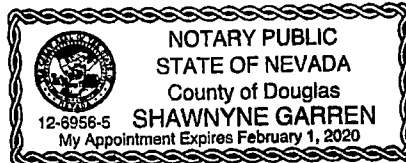
August 29, 2018 (Date)

Carol Muir (Signature)
Carol Muir

State of Nevada }
County of Douglas } ss.

Subscribed and sworn to on this 29 day of August, in the year 2018,
before me, Shawnyne Garren (here insert name of notary public), by
Carol Muir (here insert name of principal).

Shawnyne Garren (Signature of Notary Public)



NOTARY SEAL

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4001760

CERTIFICATE OF DEATH

2018002020

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Ann Pohl MCGUINNESS		2. DATE OF DEATH (Mo/Day/Year) January 30, 2018		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and Inpatient)(Specify) Brookdale Assisted Living Assisted Living Facility		3e. If Hosp, or Inst. indicate DOA,OP/Emer. Rm. Female	
4. SEX Female		5. RACE (Specify) White		6. DATE OF BIRTH (Mo/Day/Yr) February 17, 1921	
6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 96		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
7c. UNDER 1 DAY HOURS MINS		8. STATE OF BIRTH (if not US/GA, name country) New Jersey		9b. CITIZEN OF WHAT COUNTRY United States	
9a. STATE OF BIRTH (if not US/GA, name country) New Jersey		10. EDUCATION 18		11. MARITAL STATUS (Specify) Divorced	
12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		13. SOCIAL SECURITY NUMBER 1825		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Teacher	
14b. KIND OF BUSINESS OR INDUSTRY Education		15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	
15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1361 Mountain Court		15e. INSIDE CITY LIMITS (Specify Yes or No) No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Frank POHL			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Theresa FIEG		
18a. INFORMANT-NAME (Type or Print) Niall MCGUINNESS			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 550015 South Lake Tahoe, California 96155		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CRAIG R COLEMAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD921		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) NITA SCHWARTZ MD SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) January 31, 2018		21c. HOUR OF DEATH 19:45	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		22b. DATE SIGNED (Mo/Day/Yr)	
22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703				23b. LICENSE NUMBER 9114	
24a. REGISTRAR (Signature) MICHELLE L BLANCHFIELD SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 01, 2018		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Cerebral Atherosclerosis DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No				28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	
28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

000705863



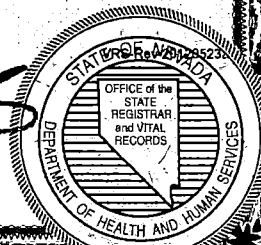
CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records. /

DATE ISSUED: **FEB 02 2018**

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

STATE REGISTRAR



STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
a) 1220-04-512-005
b) _____
c) _____
d) _____

2. Type of Property:
a) Vacant Land b) Single Fam. Res.
c) Condo/Twnhse d) 2-4 Plex
e) Apt. Bldg f) Comm'l/Ind'l
g) Agricultural h) Mobile Home
i) Other _____

FOR RECORDERS OPTIONAL USE ONLY	
BOOK _____	PAGE _____
DATE OF RECORDING: _____	
NOTES: _____	

3. Total Value/Sales Price of Property: \$ 0
Deed in Lieu of Foreclosure Only (value of property) _____
Transfer Tax Value: \$ _____
Real Property Transfer Tax Due: \$ _____

4. If Exemption Claimed:
a. Transfer Tax Exemption per NRS 375.090, Section # 5
b. Explain Reason for Exemption: Death of mother, property to kids

5. Partial Interest: Percentage being transferred: _____ %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the parties agree that disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month.

Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature Carol Meier Capacity daughter

Signature _____ Capacity _____

**SELLER (GRANTOR) INFORMATION
(REQUIRED)**

Print Name: Ann P. McGuinness
Address: 1361 Mt. Court
City: Gardnerville
State: NV Zip: 89410

**BUYER (GRANTEE) INFORMATION
(REQUIRED)**

Print Name: Niall McGuinness, et al
Address: 1361 Mt. Court
City: Gardnerville
State: NV Zip: 89410

**COMPANY/PERSON REQUESTING RECORDING
(required if not the seller or buyer)**

Print Name: _____ Escrow # _____
Address: _____
City: _____ State: _____ Zip: _____