



KAREN ELLISON, RECORDER

APN# 1022 16 001 071

Recording Requested by/Mail to:

Name: Michel MARTINES

Address: 1431 Hgate Rd

City/State/Zip: Wellington NV 89449

Mail Tax Statements to:

Name: Michel Martines

Address: 1431 Hgate Rd

City/State/Zip: Wellington NV 89449

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)

Michel Martines
Signature

Michel MARTINES
Printed Name

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

DEATH OF GRANTOR AFFIDAVIT

Michel MARTINEZ (here insert name of affiant), being duly sworn, deposes and says that DAN HALYWAR (here insert name of deceased), the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Michel MARTINEZ (here insert name of grantor), named as the grantor or as one of the grantors in the deed upon death recorded on 9/18/18 (date), as document or file number 910368, book , at page X, records of Douglas County, Nevada, covering the real property commonly known as 3770 GARRETT WAY, City of Wellington, County of Douglas, State of Nevada, or located in the County of Douglas, Nev, State of Nevada, and more particularly described as:

Lot 25 Block E Topaz Ranch Estates Unit No 4 File 16, 1970
Recorded Douglas County, Nevada Doc NO 56212

(Legal Description)

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

Sept / 18 / 18 (Date)

Michel Martinez (Signature)

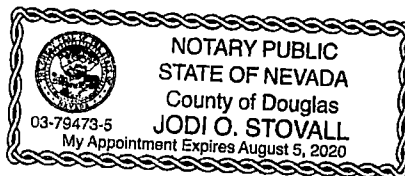
Michel MARTINEZ

State of Nevada }
County of Douglas } ss.

Subscribed and sworn to on this 18 day of September, in the year 2018, before me, Jodi O. Stovall (here insert name of notary public), by Michel MARTINEZ (here insert name of principal).

Jodi O. Stovall (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. 4031864

CERTIFICATE OF DEATH

2018015033
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) Daniel Albert HARTMAN		2. DATE OF DEATH (Mo/Day/Year) July 26, 2018		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Wellington		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 3770 Granite Way		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 80		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) November 10, 1937		9a. STATE OF BIRTH (if not US/CA, name country) Pennsylvania		9b. CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 16		11. MARITAL STATUS (Specify) Never Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER ██████████ 8271		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Military		14b. KIND OF BUSINESS OR INDUSTRY Military	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
15d. STREET AND NUMBER 3770 Granite Way		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? Yes	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Thomas Robert HARTMAN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ruth REIFF		
18a. INFORMANT- NAME (Type or Print) Mike MARTINES		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1431 Agate Road Wellington, Nevada 89444			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME At Sea		19c. LOCATION City or Town State * California	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services 3094 Research Way #63 Carson City NV 89706	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) REED DOPF MD SIGNATURE AUTHENTICATED			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)		
21b. DATE SIGNED (Mo/Day/Yr) July 27, 2018		21c. HOUR OF DEATH 06:50		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Reed Dopf MD 907 Mountain Street Carson City, NV 89703			
23b. LICENSE NUMBER 13920		24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 06, 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) Terminal Complications Of Chronic Diastolic Heart Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Atherosclerotic Heart Disease DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) 			
Interval between onset and death Years		Interval between onset and death Years			
Interval between onset and death Years		Interval between onset and death Years			
Interval between onset and death Years		Interval between onset and death Years			
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Pulmonary Hypertension, Diabetes				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		28h. CITY OR TOWN STATE	

STATE REGISTRAR



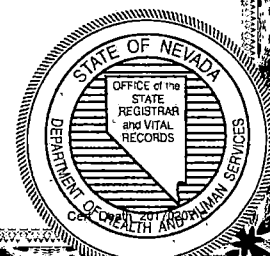
CERTIFIED COPY OF VITAL RECORDS

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: **8/20/2018**

Julie Kotcheva
SIGNATURE NOT AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1022-16-001-071
 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: <u>Dec of value filled out by Michel was misplaced - g</u>	

3. Total Value/Sales Price of Property: \$ 50,000
 Deed in Lieu of Foreclosure Only (value of property) _____
 Transfer Tax Value: \$ 50,000
 Real Property Transfer Tax Due: \$ 195.00

4. If Exemption Claimed:
 a. Transfer Tax Exemption per NRS 375.090, Section # _____
 b. Explain Reason for Exemption: _____

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 [Handwritten Signature] Capacity for Michael

Signature _____ Capacity Martinez

SELLER (GRANTOR) INFORMATION
(REQUIRED)

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Michel Martinez
 Address: 3770 Granite Way
 City: Wellington
 State: NV Zip: 89444

Print Name: Michel Martinez
 Address: 1431 Agate Rd
 City: Wellington
 State: NV Zip: 89444

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

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

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)