

APN: 1320-30-112-016

**Recording Requested By:**

Name: Robert J. Wines, Prof. Corp.

Address: 687 6<sup>th</sup> Street, Suite 1

City, State, Zip: Elko, NV 89801

**Send Tax Statement To:**

Name: Priscilla McAbee, et.al.

Address: 532 Cripple Creek Drive

City, State, Zip: Spring Creek, NV 89815

Affidavit of Death of Grantor

(Title of Document)

**Please complete the cover page, check one of the following and sign below.**

I the undersigned hereby affirm that this document submitted for recording does not contain a social security number.

OR

I the undersigned hereby affirm that this document submitted for recording contains a social security number of a person as required by law:

440.380.1a; 111.721

*Robert J. Wines*

ROBERT J. WINES

Attorney

Title

APN: 1320-30-112-016

Send Tax Bill to:

Priscilla McAbee  
532 Cripple Creek Dr.  
Spring Creek, NV 89815

**AFFIDAVIT OF DEATH OF GRANTOR**

STATE OF NEVADA        )  
                                      : ss.  
COUNTY OF ELKO        )

PRISCILLA McABEE, being first duly sworn, deposes and says:

That Affiant is the one of the surviving children of PRISCILLO S. PUNSALANG, Grantor named in that certain Deed Effective Upon Death, dated March 16, 2017, wherein PRISCILLO S. PUNSALANG, an unmarried man, party of the first part, granted to ALBERTO PUNSALANG, a married man, as his sole and separate property, PRISCILLO PAUL PUNSALANG, a married man, as his sole and separate property, PRISCILLA McABEE, a married woman, as her sole and separate property, NICOLE J. HUDSON, a married woman, as her sole and separate property and PETER H. PUNSALANG, a married man, as his sole and separate property, Grantees, all as joint tenants with right of survivorship, and not as tenants in common, parties of the second part and Grantees upon death; conveying those certain lots, pieces or parcels of land situate in the County of Douglas, State of Nevada, and more particularly described as:

///

///

///

Unit 16, as set forth on the Final Map of WESTWOOD PARK NO. III, a Planned Unit Development, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on November 29, 1989, in Book 1189, Page 3658, as Document No. 215633

TOGETHER WITH an undivided 1/18th interest in and to the common area lying within the interior lines as set forth on Final Map of WESTWOOD PARK NO. III, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada on November 29, 1989, in Book 1189, in Page 3658, as Document No. 215633.

TOGETHER WITH all buildings and improvements situate thereon.

TOGETHER WITH the tenements, hereditament and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

That said Deed Effective upon Death was recorded April 13, 2017, as Document No. 2017-897212, Official Records, Douglas County, Nevada Recorder's Office. Said Deed Effective Upon Death contained certain conditions precedent to effectiveness, as follows: the Grantor did not revoke the Deed during his lifetime by either conveyance or written revocation; further, Grantor did not transfer any right, title and interest in the property to another person during his lifetime; all persons constituting Grantee, as set forth in the Deed Effective upon Death survived Grantor.

That the said PRISCILLO S. PUNSALANG, died in Spring Creek, County of Elko, State of Nevada, on February 14, 2019, and is the identical person named as PRISCILLO SISON PUNSALANG in that Certificate of Death, duly certified, attached hereto; that said certified copy of Certificate of Death is hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth.

///

NOTARY ON FOLLOWING PAGE

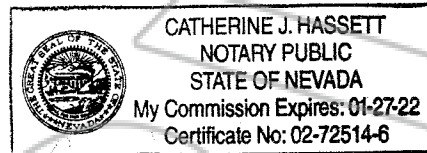
///

FURTHER AFFIANT SAITH NOT.

*Priscilla McAbee*  
PRISCILLA McABEE

SUBSCRIBED AND SWORN TO  
before me, by PRISCILLA McABEE  
this 8<sup>th</sup> day of April, 2019.

*Catherine J. Hassett*  
NOTARY PUBLIC  
Commission Expires 1/27/22



Signature and Notary Page for Affidavit Death of Grantor

# STATE OF NEVADA CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4066892

### CERTIFICATE OF DEATH

2019003461  
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) <b>Priscillo Sison PUNSALANG</b>			2. DATE OF DEATH (Mo/Day/Year) <b>February 14, 2019</b>			3a. COUNTY OF DEATH <b>Elko</b>									
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Elko</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address) <b>Highland Manor of Elko Nursing Home</b>			3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)			4. SEX <b>Male</b>							
5. RACE (Specify) <b>Filipino</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>97</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>January 16, 1922</b>					
9a. STATE OF BIRTH (If not US/CA, name country) <b>Philippine Island</b>			9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)						
13. SOCIAL SECURITY NUMBER <b>4089</b>			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)			14b. KIND OF BUSINESS OR INDUSTRY <b>U. S. POSTAL SERVICE</b>			Ever in US Armed Forces? <b>Yes</b>						
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Elko</b>		15c. CITY, TOWN OR LOCATION <b>Spring Creek</b>		15d. STREET AND NUMBER <b>532 Cripple Creek Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>							
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Alberto PUNSALANG</b>						17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Juliana SISON</b>									
18a. INFORMANT - NAME (Type or Print) <b>Priscilla MCABEE</b>				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>532 Cripple Creek Drive Spring Creek, Nevada 89815</b>											
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>				19b. CEMETERY OR CREMATORY - NAME <b>Sunset Crematory</b>				19c. LOCATION City or Town State <b>Elko Nevada 89803</b>							
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JASON MUTH</b> SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD298</b>		20c. NAME AND ADDRESS OF FACILITY <b>Burns Funeral Home</b> <b>PO BOX 689 Elko NV 89803</b>									
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) <b>KAREN L WRIGHT MD</b> 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) <b>February 23, 2019</b>				21c. HOUR OF DEATH <b>12:48</b>				22b. DATE SIGNED (Mo/Day/Yr)				22c. HOUR OF DEATH			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						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) <b>Karen L Wright MD 2100 Ruby View Dr Elko, NV 89801</b>										23b. LICENSE NUMBER <b>10643</b>					
24a. REGISTRAR (Signature) <b>ANGELICA RAMIREZ</b> SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 25, 2019</b>			24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>						
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)															
PART I															
(a) <b>Cardiac Arrest</b>										Interval between onset and death <b>7 Minutes</b>					
DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Myocardial Ischemia</b>										Interval between onset and death <b>1 Week</b>					
DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Hypoxemia</b>										Interval between onset and death <b>1 Week</b>					
DUE TO, OR AS A CONSEQUENCE OF: (d) <b>Pneumonia</b>										Interval between onset and death <b>10 Days</b>					
PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.										26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>			
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



CERTIFIED COPY OF VITAL RECORDS

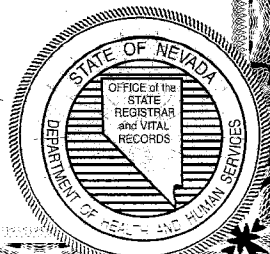
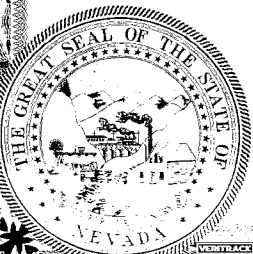
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **MAR 04 2019**

*Julie Katcheva*  
STATE REGISTRAR

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

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

# STATE OF NEVADA DECLARATION OF VALUE

**1. Assessor Parcel Number (s)**

- a) 1320-30-112-016
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

**2. Type of Property:**

- |                             |                    |  |                 |
|-----------------------------|--------------------|--|-----------------|
| a) <input type="checkbox"/> | Vacant Land        | b) <input checked="" type="checkbox"/> | Single Fam Res. |
| c) <input type="checkbox"/> | Condo/Twnhse       | d) <input type="checkbox"/>            | 2-4 Plex        |
| e) <input type="checkbox"/> | Apt. Bldg.         | f) <input type="checkbox"/>            | Comm'l/Ind'l    |
| g) <input type="checkbox"/> | Agricultural       | h) <input type="checkbox"/>            | Mobile Home     |
| i) <input type="checkbox"/> | Other mining claim |  |                 |

FOR RECORDERS OPTIONAL USE ONLY	
Notes:	_____
	_____

**3. Total Value/Sales Price of Property:**

	\$ 0.00
Deed in Lieu of Foreclosure Only (value of property)	\$ _____
Transfer Tax Value:	\$ 0.00
Real Property Transfer Tax Due:	\$ 0.00

**4. If Exemption Claimed:**

- a. Transfer Tax Exemption, per NRS 375.090, Section: 5
- b. Explain Reason for Exemption: transfer from parent to children without consideration

5. Partial Interest: Percentage being transferred: 100 %

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 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 *Robert J. Wines* Capacity Attorney  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION**

(REQUIRED)

Print Name: Priscilla S. Punsalang  
 Address: 532 Cripple Creek Drive  
 City: Spring Creek  
 State: NV Zip: 89815

**BUYER (GRANTEE) INFORMATION**

(REQUIRED)

Print Name: Priscilla McAbee, et.al.  
 Address: 532 Cripple Creek Drive  
 City: Spring Creek  
 State: NV Zip: 89815

**COMPANY/PERSON REQUESTING RECORDING**

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: Robert J. Wines, Prof. Corp. Escrow # \_\_\_\_\_  
 Address: 687 6th Street, Suite 1  
 City: Elko State: NV Zip: 89801

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)