

WHEN RECORDED MAIL TO:

Natalie A. Priddy
5466 Hidden Valley Ct.
Reno, Nevada 89502

SEND TAX STATEMENTS TO:

Rochelle Altringer
667 Long Valley Rd
Gardnerville, Nevada 89460

APN 1220-22-310-144

Exempt #3, **Recognizing the true status of ownership.**

00092857201909306310130138

KAREN ELLISON, RECORDER

E03

CONFIRMATION GRANT DEED

THIS INDENTURE WITNESSETH THAT:

Natalie A Priddy, formerly known as Natalie Minasian, one of the surviving joint tenants under the original governing Grant Deed, executed and recorded November 15, 2000. Title vested in Wilhelm Schneider and Angela Schneider, AKA Angela Hudson, husband and wife and Natalie Minasian, a married woman, "All as joint tenants with right of survivorship".

See Exhibit "A" for a certified copy of the Original Grant Deed attached hereto and made a part hereof.

Property Legal Description:

All that real property situated in Douglas County, State of Nevada, described as follows:

Lot 739, as shown on the map of Gardnerville Ranchos Unit No. 7, filed for record in the office of the County Recorder of Douglas County, Nevada on March 27, 1974, in book 374, page 676, as file no. 72456. Commonly known as, 667 Long Valley Rd. Gardnerville, NV.

I, Natalie A. Priddy, record owner under the Original Governing Grant Deed, hereby affirm that: The demise of Wilhelm Schneider occurred on May 15, 2009 and was the first joint tenant to die without having sold, conveyed or otherwise transferred said premises during his lifetime. Immediately upon his death, under operation of law, the deceased's interest vested solely and irrevocably in the survivors Angela Schneider AKA Angela Hudson and Natalie Minasian, AKA Natalie Priddy, a concurrent life estate with dual contingent remainders in fee to the one who survives.

See Exhibit "B" for certified copy of Affidavit Death of Joint Tenant recorded, October 25, 2011, attached hereto and made a part hereof. NRS 111.365

I further attest that I did not consent to, nor did I join in the execution of any other conveyance that was recorded subsequently and my existing survivorship interest takes precedence over any devise recorded by the latter, NRS.111.101 and NRS.111.102. Notice is hereby given that under operation of law, my concurrent life estate and contingent remainder interest in the whole, remains in full force and effect. NRS 132.210.

Natalie A. Priddy
Natalie A. Priddy

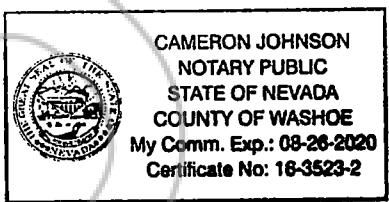
STATE OF NEVADA

COUNTY OF WASHOE

Subscribed and sworn to (or affirmed) before me on this
14th day of June, 2014, by

Natalie A Priddy

Proved to me on the basis of satisfactory evidence to
be the person(s) who appeared before me.



Signature *Cameron Johnson*

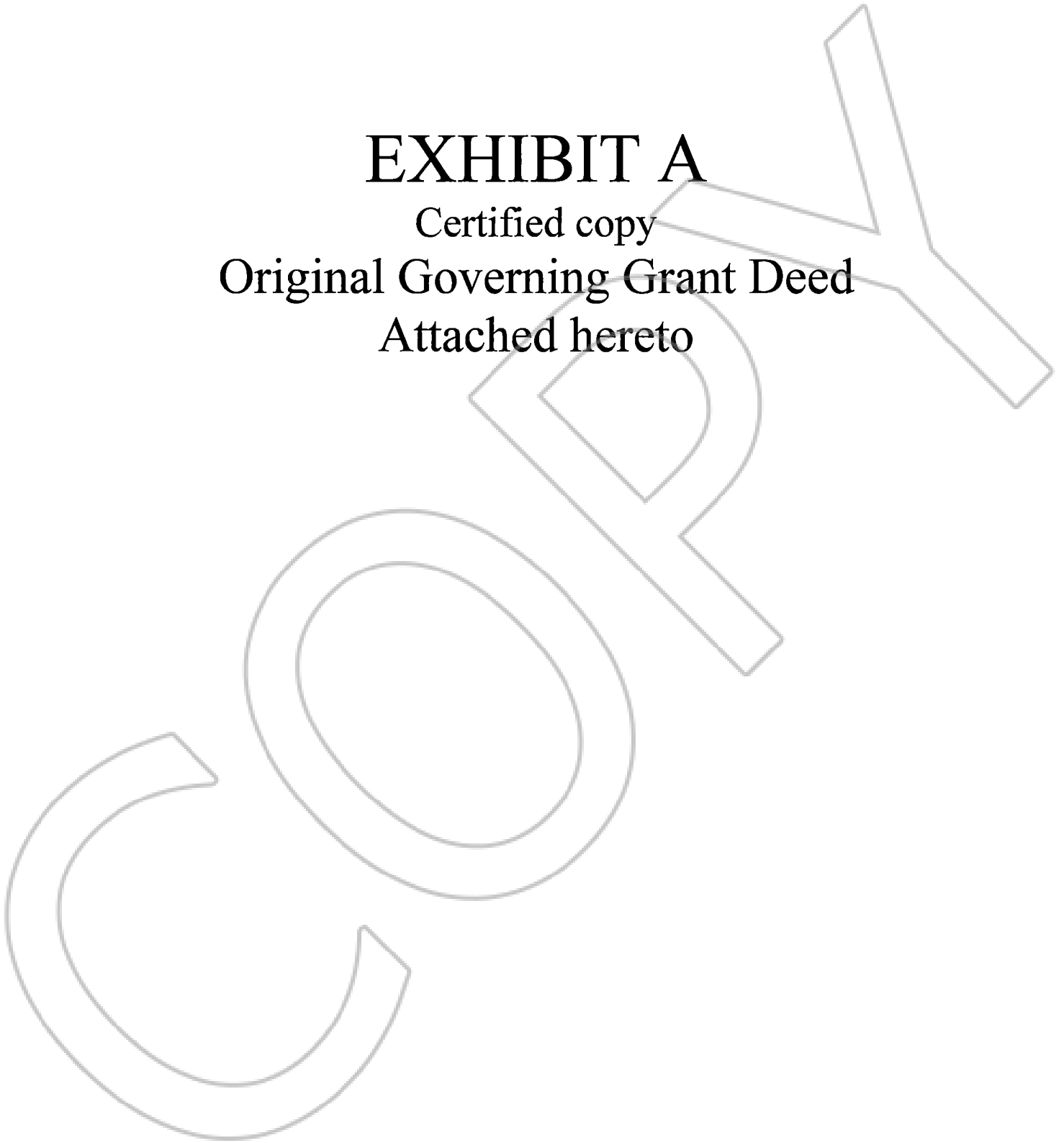
(This area for notary stamp)

EXHIBIT A

Certified copy

Original Governing Grant Deed

Attached hereto



COPY

REQUESTED BY
Angela Schneider
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 NOV 15 PM 1:43

LINDA SLATER
RECORDER

\$ ^{8.00} PAID *Bh* DEPUTY

0503346
BK 1100PG2795

COPY

I, Karen Ellison, certify that the foregoing instrument is a full, true and correct copy of the original on file in the office of the Recorder of Douglas County, Nevada. Per NRS 239B, the SSN shall be redacted, but in no way affects the legality of the document.

Witness my hand this 16th of May, 2019

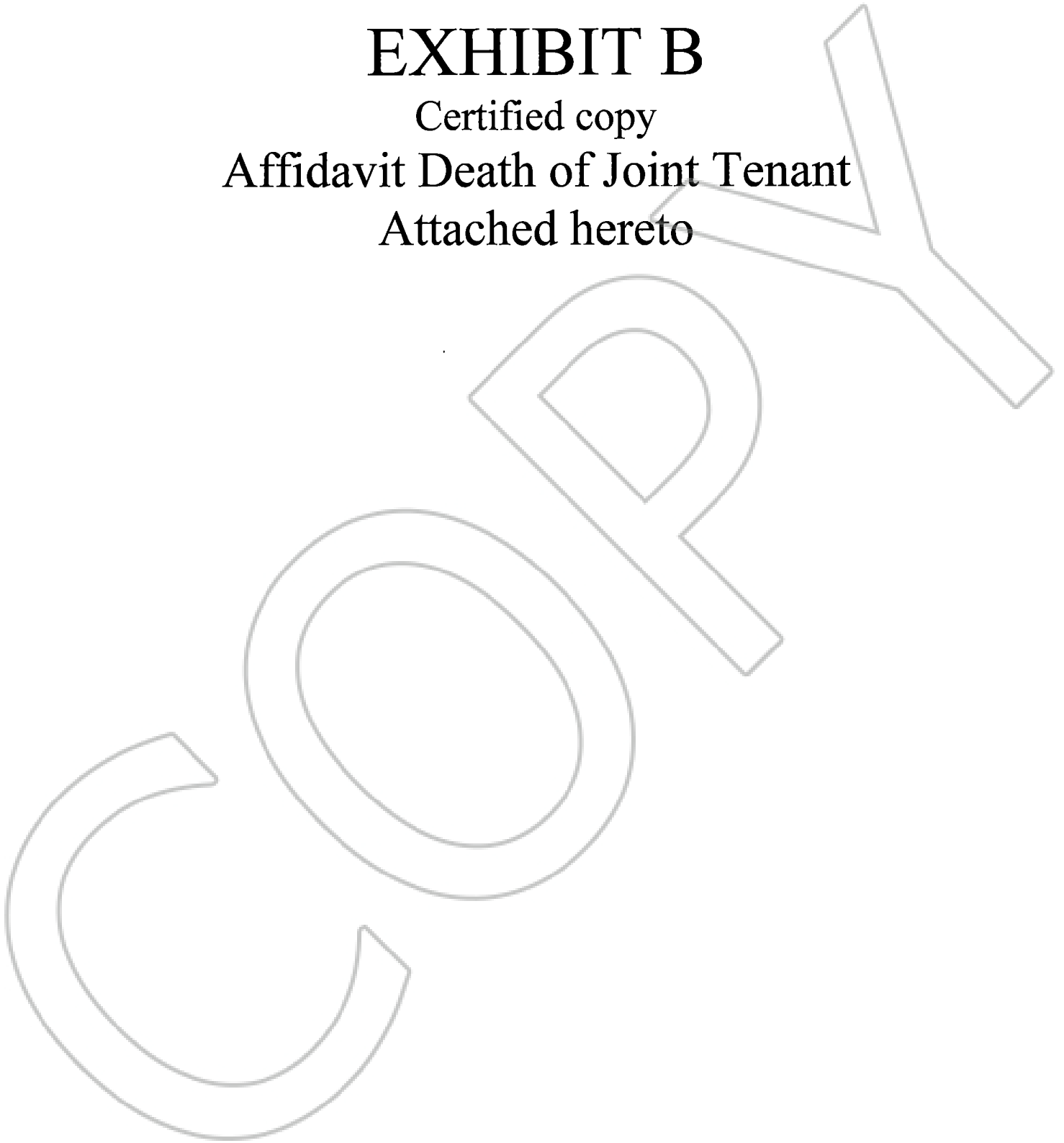
By: 
Ana Brantmeier - Deputy Recorder

EXHIBIT B

Certified copy

Affidavit Death of Joint Tenant

Attached hereto



17
DOC # 0791434
10/25/2011 01:46 PM Deputy: KE
OFFICIAL RECORD
Requested By:
ROWE & HALES

APN: 1220-22-310-144

When Recorded Mail To:

ROWE & HALES, LLP
/ James R. Hales, Esq.
P.O. Box 2080
Minden, NV 89423

Send Tax Statements To:

Angela Schneider
667 Long Valley
Gardnerville, NV 89460

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 4 Fee: 17.00
BK-1011 PG- 4237 REPT: 0.00



**AFFIDAVIT OF TERMINATION OF JOINT TENANCY
(Death of Joint Tenant)**

Angela Schneider, being of legal age and being first duly sworn, deposes and says:

Affiant was the wife of Wilhelm Schneider, up to and until his death.

Wilhelm Schneider died on the 15th day of May, 2009, in Snohomish County,
Washington.

Wilhelm Schneider, the decedent mentioned in the attached certified copy of
Certificate of Death, is named as one of the parties in that certain Grant, Bargain and sale
Deed, dated the 15th day of November, 2000, executed by Wilhelm Schneider and Angela
Schneider, as Grantors, to Wilhelm Schneider, Angela Schneider, and Natalie Minasian,
Grantees, holding title as joint tenants with right of survivorship, recorded as Document
No. 0503346 on the 15th day of November, 2000, in Book 1100, Page 2794 of the Official
Records of Douglas County, Nevada, covering the following described property situated in
the County of Douglas, State of Nevada:

All that certain lot, piece or parcel of land situate in the county of Douglas, State of Nevada described as follows:

Lot 739, as shown on the map of Gardnerville Ranchos Unit No. 7, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 27, 1974, in book 374, page 676, as file no. 72456.

Commonly known as 667 Long Valley, Gardnerville, NV.

Per NRS 111.312, this legal description was previously recorded at Document No. 0503346 on the 15th day of November, 2000, in Book 1100, Page 2794 of the Official Records of Douglas County, Nevada.

Pursuant to NRS 239B.030(4), I affirm that this instrument does not contain the social security number of any person, in that the social security number has been redacted from the Death Certificate.

IN WITNESS WHEREOF, I have hereunto set my hand this 25 day of October, 2011.

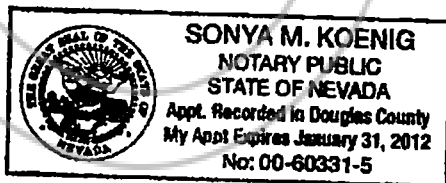
Angela Schneider

Angela Schneider

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on the 25 day of Oct., 2011, by Angela Schneider.

WITNESS my hand and official seal.



Sonya M. Koenig

NOTARY PUBLIC

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

0791434 Page: 3 Of 4 10/25/2011

BK- 1011
PG- 4239

Local File Number **D3** **1586** Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any) First Middle LAST Wilhelm Schneider		2. Death Date 05/15/2009	
3. Sex (M/F) Male	4a. Age - Last Birthday 78	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes
5. Social Security Number 7589		6. County of Death Snohomish	
7. Birthdate 12/21/1930	8a. Birthplace (City, Town, or County) Andernach	8b. (State or Foreign Country) Germany	9. Decedent's Education High School Graduate
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify No		11. Decedent's Race(s) Caucasian	
12. Was Decedent ever in U.S. Armed Forces? No			
13a. Residence Number and Street (e.g. 624 SE 5 th St.) (Include Apt. No.) 5466 Hidden Valley Court		13b. City or Town Reno	
13c. Residence County Washoe	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country Nevada	13f. Zip Code + 4 89502
13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence. 6 Months	15. Marital Status at Time of Death Married	16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Angela Rodriguez	
17. Usual Occupation (Indicate type of work done during most of working life (do NOT use AKA's)) Auto Mechanic		18. Kind of Business/Industry (Do not use Company Name) Automotive	
19. Father's Name (First, Middle, Last, Suffix) Unknown Schneider		20. Mother's Name Before First Marriage (First, Middle, Last) Unknown Unknown	
21. Informant's Name Raymond Minasian	22. Relationship to Decedent Son-in-law	23. Mailing Address Number and Street or RFD No. City/Town State Zip 5466 Hidden Valley Ct Reno, NV 89502	
24. Place of Death, if Death Occurred in a Hospital Nursing Facility		25. Facility Name (if not a facility give number & street or location) Marysville Care Center	
26a. City, Town, or Location of Death Marysville		26b. State WA	27. Zip Code 98270
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Neptune Society Cremation Services	
30. Location-City/Town, and State Kent, WA			
31. Name and Complete Address of Funeral Facility Neptune Society, 19324 40th Ave W Ste A, Lynnwood, WA 98036		32. Date of Disposition 05/26/2009	
33. Funeral Director Signature X <i>Brian [Signature]</i>			

Part 1 completed by Funeral Director

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology; DO NOT ABBREVIATE Add additional lines if necessary

IMMEDIATE CAUSE (Final disease or condition resulting in death) a. **Renal Failure** Interval between Onset & Death: **2 weeks**

Due to (or as a consequence of) b. **End Stage Renal Disease** Interval between Onset & Death: **Years**

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST c. Interval between Onset & Death:

Part 2 completed by Certifier

35. Other significant conditions contributing to death but not resulting in the underlying cause given above Kennedys Terminal Ulcer		36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending	39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death	40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g. Decedent's home, construction site, restaurant, wooded area)	
44. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
45. Location of Injury Number & Street City or Town County State Zip Code + 4		46. Describe how injury occurred.	
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
48a. Certifying Physician (Name and Address of Physician - Physician, Medical Examiner or Coroner) Mary Leary PA-C		48b. Medical Examiner/Coroner (Name and Address of Medical Examiner or Coroner) Mary Leary PA-C	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner Mary Leary 705 S Hoyt Ave Everett WA		50. Hour of Death (24hrs) 0045	
51. Name and Title of Attending Physician (if other than Certifier) (Type of Facility) PA-C		52. Date Signed (mm/dd/yyyy) 05/22/2009	
53. Title of Certifier PA-C	54. License Number NPI 163932282	55. Certifier File Number #09-SN1581	56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
57. Registrar Signature <i>Mary Goldbaum, MD</i>		58. Date Received (mm/dd/yyyy) MAY 26 2009	
59. Amendments			





Affidavit for Correction

Center for Health Statistics
PO Box 9709
Olympia, WA 98507-9709
(360) 236-4300

This is a legal Document. Complete in ink and do not alter.

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type: Birth Death Marriage Dissolution

1. Name on record:	2. Date of Event:	3. Place of Event: (City or County)
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4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)	5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)
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The Record is Incorrect or Incomplete as follows:

6. The Record now shows:	7. The True fact is:
8.	9.
10.	11.
12.	13.

14. I represent the person as: Self Parent Guardian Informant Funeral Director Other (Specify) Telephone Number:

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature:	16. Date:	17. Address:
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All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

All changes must be established by documentary proof submitted with the affidavit

Examples of documentary proof:

Certificate of Naturalization	Medical Record	School Record
Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)
Insurance Records	Birth Record	Allen Registration Card (front and back)
Marriage/Divorce Records	Passport	

Birth Certificates:

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
- Proof must be five (or more) years old or have been established within five years of birth
- Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.
 - After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
- Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
- This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)**

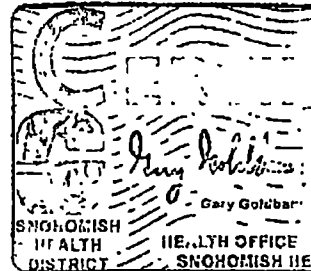
Death Certificates:

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

Marriage/Dissolution (Divorce) Certificates

- Personal fact(s) (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023 (Rev 9/2002)



COPY

I, Karen Ellison, certify that the foregoing instrument is a full, true and correct copy of the original on file in the office of the Recorder of Douglas County, Nevada. Per NRS 239B, the SSN shall be redacted, but in no way affects the legality of the document.

Witness my hand this 16th of May, 2019

By: 

Ana Brantmeier - Deputy Recorder

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
a) 1020-22-310-144
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: \$ _____
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 # 3
b. Explain Reason for Exemption: Recognizing the True Status of Ownership

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 Natalie A. Priddy Capacity Grantor

Signature Natalie A. Priddy Capacity Grantee

SELLER (GRANTOR) INFORMATION
(REQUIRED)

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Natalie A. Priddy
Address: 5466 Hidden Valley Ct
City: Reno
State: NV Zip: 89502

Print Name: Natalie A. Priddy
Address: 5466 Hidden Valley Ct
City: Reno
State: NV Zip: 89502

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

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