

APN# 1320-02-001-033

Recording Requested by/Mail to:

Name: KENNETH L. BORGES

Address: 810 MAALAH I ST.

City/State/Zip: WAILUKU, HI 96793

Mail Tax Statements to:

Name: KENNETH L. BORGES

Address: 810 MAALAH I ST.

City/State/Zip: WAILUKU, HI 96793



KAREN ELLISON, RECORDER

E05

AFFIDAVIT OF DEATH OF GRANTOR

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)

Kenneth L. Borges

Signature

KENNETH L. BORGES

Printed Name

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

DEATH OF GRANTOR AFFIDAVIT

KENNETH L. BORGES (here insert name of affiant), being duly sworn, de-
does and says that KENNETH HERMAN BORGES (here insert name of deceased),
the decedent mentioned in the attached certified copy of the Certificate of Death,
is the same person as KENNETH H. BORGES (here insert name of grantor),
named as the grantor or as one of the grantors in the deed upon death recorded on
01/08/2016 (date), as document or file number 875052, book N/A, at page
N/A, records of DOUGLAS County, Nevada, covering the real property com-
monly known as 1641 JOHNSON LANE, City of MINDEN, County
of DOUGLAS, State of Nevada, or located in the County of _____, State of
Nevada, and more particularly described as:

SEE EXHIBIT A

(Legal Description)

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

JULY 24, 2019 (Date)

Kenneth L. Borges (Signature)
KENNETH L. BORGES

State of Nevada }
County of DOUGLAS } ss.

Subscribed and sworn to on this 24 day of JULY, in the year 2019,
before me Jodi O. Stovall (here insert name of notary public), by
Kenneth L. Borges (here insert name of principal).

Jodi O. Stovall (Signature of Notary Public)

NOTARY SEAL

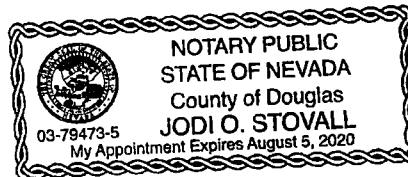


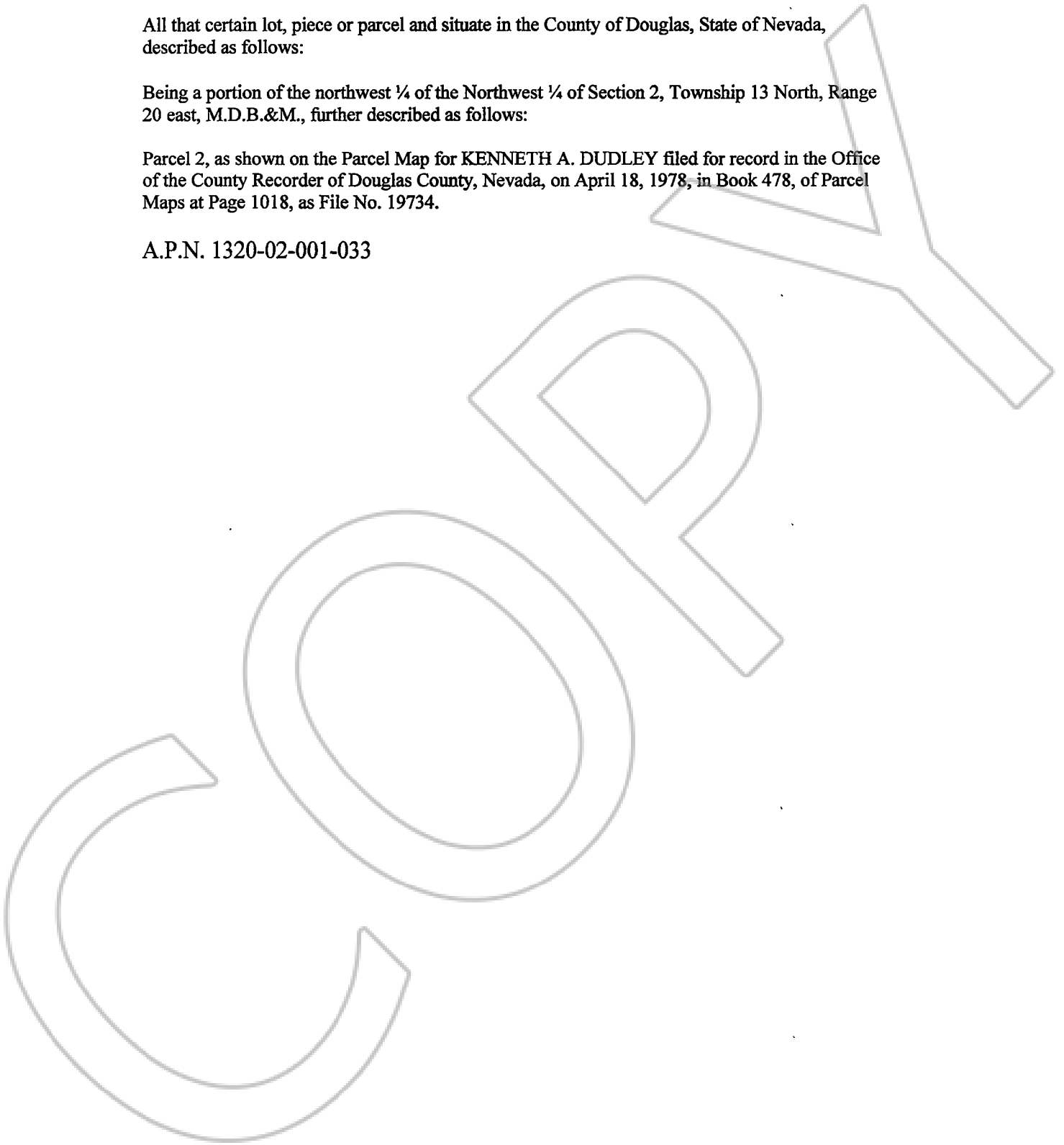
EXHIBIT "A"

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

Being a portion of the northwest $\frac{1}{4}$ of the Northwest $\frac{1}{4}$ of Section 2, Township 13 North, Range 20 east, M.D.B.&M., further described as follows:

Parcel 2, as shown on the Parcel Map for KENNETH A. DUDLEY filed for record in the Office of the County Recorder of Douglas County, Nevada, on April 18, 1978, in Book 478, of Parcel Maps at Page 1018, as File No. 19734.

A.P.N. 1320-02-001-033



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4087593

CERTIFICATE OF DEATH

2019012496
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) Kenneth Herman BORGES		2. DATE OF DEATH (Mo/Day/Year) June 14, 2019		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street ar number) Carson Valley Senior Living		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Assisted Living Facility	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthda (Years) 88		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) April 07, 1931		9a. STATE OF BIRTH (If not US/CA, name country) Hawaii		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER ████████-4511		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of AUTOMOBILE MECHANIC		14b. KIND OF BUSINESS OR INDUSTRY AUTOMOTIVE	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1641 Johnson Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Manuel BORGES			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mary DESOUZA		
18a. INFORMANT- NAME (Type or Print) Kenneth Louis BORGES JR		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 510 Kahului, Hawaii 96733			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmerelda Place Minden NV 89423	
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) MARK D CANTY 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) June 26, 2019		21c. HOUR OF DEATH 17:30		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Mark D Canty MD 1495 Mill Street Reno, NV 89502			
23b. LICENSE NUMBER 15475		24a. REGISTRAR (Signature) ANGELICA RAMIREZ SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 26, 2019		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) Senile Degeneration Of The Brain					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Unknown Etiology					
DUE TO, OR AS A CONSEQUENCE OF:					
(c)					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
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) 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	



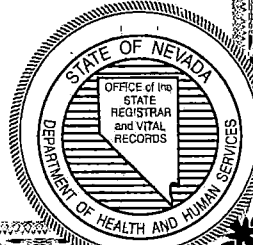
CERTIFIED COPY OF VITAL RECORDS

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: 6/27/2019

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

Ann Shughart
Interim Administrator
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF NEVADA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: _____

Book: _____ Page: _____

Date of Recording: _____

Notes: _____

1. Assessor Parcel Number (s)

(a) 1330-03-001-033

(b) _____

(c) _____

(d) _____

2. Type of Property:

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

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: 5

b. Explain Reason for Exemption: TRANSFER OF DEED UPON DEATH
875052

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 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 Kenneth L. Borges Capacity SON

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: KENNETH L. BORGES

Address: 810 MAALAH I ST

City: WAILUKU

State: HI Zip: 96793

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: KENNETH L. BORGES

Address: 810 MAALAH I ST.

City: WAILUKU, HI

State: HI Zip: 96793

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)