DOUGLAS COUNTY, NV

Rec:\$35.00 Total:\$35.00 2019-939025

12/03/2019 02:06 PM

Pgs=5

E05

CARLA M. YANT

ADVIII 1020 0 DD 101	1
APN# 1022-15-001-101	0010279920100023025055050
Recording Requested by/Mail to:	KAREN ELLISON, RECORDER E0
Name: Carla M. Jant	is man ===ioon, neoonoeth
Address: 1297 E. San Bernardino Are.	\ \
City/State/Zip: So. Lake Tuhoe, Ca. 96150	~ \ \
Mail Tax Statements to:	
Name: Genolyn Hackwy	
Address: 3905 Granite Way	
City/State/Zip: Wellington, WV. 89444	
	
MFidavit of Death Gran	itor
Title of Document (required)	
(Only use if applicable)	
The undersigned hereby affirms that the document subn	
DOES contain personal information as required by law:	(check applicable)
✓ Affidavit of Death – NRS 440.380(1)(A) & N	RS 40.525(5)
Judgment – NRS 17.150(4)	
Military Discharge - NRS 419.020(2)	
Carlam. Yant	
Signature	
Carla M. Yant	
Printed Name	
This document is being (re-)recorded to correct document #	and is correcting

DEATH OF GRANTOR AFFIDAVIT

Carle M. Yant (here insert name of affiant), being duly sworn, of poes and says that Gerald E. Meral + Esther Laverne Meral (horse insert name of decrees)
poes and says that Gerald E. Mead + Esther Laverne Mead (here insert name of decease
the decedent mentioned in the attached certified copy of the Certificate of Dear
is the same person as Gerald E. Mead + Esther Laverne Mead (here insert name of granto
named as the grantor or as one of the grantors in the deed upon death recorded
O7/05/20/6 (date), as document or file number 883793, book at pa
records of Douglas County, Nevada, covering the real property co
monly known as 3905 Granite way City of Welling ton Cour
monly known as 3705 Granite Way, City of Welling tow, Cour of Douglas, State of Nevada, or located in the County of Douglas, State
Nevada, and more particularly described as:
Lot 3, Black Vias shown on the map entitled Topaz Ranch Estates, Unit No. 4, filed
the office of the County Recorder of Douglas County State of Neverlay on Movember 10,1977,
Book of Maps, bage 224, as Document No. 50212.
(Legal Description)
THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTE
FOR RECORDING DOES NOT CONTAIN A SOCIAL SECURITY NUMBER.
(2-3-2019 (Date)
Carlom. Yant (Signature)
State of Nevada
State of Nevada } Sss. County of Dublas }
County of Salvery
2nd
Subscribed and sworn to on this 3rd day of December, in the year 2019 before me, 100 STOUALL (here insert name of notary public), 1
(here insert name of notary public), I
(here insert name of principal).
(Signature of Notary Public)
(Signature of Notary Public)
NOTARY SEAL
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
NOTARY PUBLIC STATE OF NEVADA
County of Douglas 03-79473-5 JODI O. STOVALL
My Appointment Expires August 5, 2020



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

CASE FILE NO. 4049	51	52
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CERTIFICATE OF DEATH

2018019753

TYPE OR									•	STAT	E FILE NUM	MBER	
PRINT IN	1a. DECEASED-NAME (FIRST		AST,SUFFIX)				1	2. DATE OF	DEATH (Mo/Da	y/Year)	3a, COUN	TY OF DEAT	'H
ERMANENT	Gera	ıld E			MEAD		ļ	Oct	ober 06, 201	8	\ \	Douglas	3
BLACK INK	3b, CITY, TOWN, OR LOCATIO	N OF DEAT		R OTHER IN	ISTITUTION -N	lame(if not e	either, give			indicate DO	A,OP/Emer		SEX
	Gardnerville		number)	Carson \	Valley Medi	cal Cente	er	in	patient(Specify) Intensi	ve Care I	Unit (ICU	\	Male
ECEDENT	5. RACE (Specify)		6. Hisp	anic Origin?	•			7b. UNDER	1 YEAR 7c. UN				IVIAIE
		/hite		lo - Non-Hi	spanic	(Years)	89	MOS	DAYS HOUR	S MINS	D 1	иле 28. 1	
IF DEATH	9a. STATE OF BIRTH (If not US	6/CA, 9t	CITIZEN OF WHA	COUNTRY	10.EDUCATION	ON 11. MARI		S (Specify)	12. SURVIVING S	POUSE'S NA	ME (Last name	e prior to first m	
CCURRED IN STITUTION SEE HANDBOOK	name country) Nebrask	(a	United Sta	tes	12			C.		770	L BRE	INER	
REGARDING OMPLETION OF	13. SOCIAL SECURITY NUMBI	ER 14	4a. USUAL OCCUPA	-		-	Most of	14b. KINI	D OF BUSINESS		TRY		JS Armed
RESIDENCE	-5896 15a, RESIDENCE - STATE	15b. COUN	(T) (Maintenanc				State of (California	<i>.</i>	Forces?	
				1	TOWN OR LO		A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS	EET AND N		-	Transportation of the least of	15e. INSIE LIMITS (S or No)	pecify Yes
	Nevada		Douglas	\	<u> Nellingto</u>			Granite				Or NO)	Yes
PARENTS	16. FATHER/PARENT - NAME	-	n Ira MEAD			17. M	OTHER/P/	ARENT - NA	ME (First Midd			1	7
i. V	18a, INFORMANT- NAME (Typ		II II A WIEAD	1106	MAILING ADDI	2566 (6)	and as D.F	D. No. Oile	Cathrine or Town, State,		<u> </u>		
<u>.</u>		HACKN	IEY	100.1	WAILING ADDI	100		75.	Wellington, I		NNO	"	N
Ş. 31	19a. BURIAL, CREMATION, RE			CEMETERY	OR CREMAT			ne vay			City or T	own Stat	•
SPOSITION	Crema		(3,			Sierra C		y			-	evada 897	76.07
n Ji	20a. FUNERAL DIRECTOR - S	IGNATURE	(Or Person Acting as	Such) 2	Ob. FUNERAL	DIRECTOR	20c. NAM	E AND ADI	DRESS OF FACI				
3 3	CARLE	N BLAI	NSETT	՝ ւ	ICENSE NUM		h.,	_/\	Valton's Fun	erals and	Cremati	ons	
3			HENTICATED		FD86	1,,,	N	152	1 Church Stre	et Gardne	arville NV	/ 89410	
ADE CALL	TRADE CALL - NAME AND AD					7	1						_
3	21a. To the best of my ke	nowledge, d	eath occurred at the	time, date ar	d place and du		2a. On the b	oasis of exam	nination and/or inv	estigation, in	my opinion	death occurre	d
30 30 30	o to the cause(s) stated:(8		OR PHAN MI		TENTIONE	g leed a	i une time, ci	ate ano piace	e and due to the ca	aușe(s) state	a. (Signature	e & Title)	
ČERTIFIER	21b. DATE SIGNED (Me		21c. HOUR	OF DEATH	1	Be Completed to	22b DATE	SIGNED (N	/lo/Day/Yr)	22c.	HOUR OF	DEATH	
ra V	October 12, 201			04:55	h			V	7/4				
 	요 는 21d. NAME OF ATTENI 은 병 (Type or Print)	DING PHYS	ICIAN IF OTHER TH	AN CERTIF	ER	O Be	22d. PROI	NOUNCED	DEAD (Mo/Day/`	(r) 22e	PRONOUN	ICED DEAD	AT (Hour)
j.	23a. NAME AND ADDRESS OF) (Type or Print)	- 1	23b. LICEN	SE NUMBER	
<u>.</u>	24a. REGISTRAR (Signature)	1161	or Phan MD 8					D BY REGIS	STRAR 124	C DEATH D	IJE TO COL	12765 MMUNICABL	EDIREARE
EGISTRAR		SIG	BREECE D FI	_		(Mo/Day/Yr	. 1	ober 16,	100	YE:	<u> </u>	NO X	E DISEASE
CAUSE OF	25. IMMEDIATE CAUSE		ONLY ONE CAUSE		OR (a) (b) AN	ID (c))	- 00.	0001 10,	20.0			etween onse	at and death
DEATH	PARTI (a) Cardiac		1			(-//					Minute		ot and death
ş Dexiii		AS A CONS	EQUENCE OF.				_				<u> </u>	etween onse	dresh breat
CONDITIONS IF	(b) Respirat	ory Fai	lure			- /	- /				Hours	etween onse	a and deali
GAVE RISE TO IMMEDIATE	DUE TO, OR	AS A CONS	EQUENCE OF									etween onse	et and death
	A Λenirotic	on Pnet	umonitis	h			_/				Hours		or and godin
CAUSE > STATING THE STATING THE CAUSE LAST	DUE TO, OR.		EQUENCE OF.	The same of the sa		7	/					petween ons	et and death
Si John Maria	(d) 011(d), 2		ostruction			1					Days		
e /	PART II OTHER SIGNIFICAN Hypertension, Abdom	CONDITIO	ONS-Conditions contr	buting to de	ath but not rest	ulting in the	underlying	cause giver	n in Part 1.	26. AUTO	PSY (Speci	27. WAS CAS	SE .
i / /	riyperterision, Abdom	inai Autic A	aleurysiii	The state of the s		No.				Yeş or No) No	(Specify Yes	or No)
į.	28a. ACC., SUICIDE, HOM., UNDET, OR PENDING INVEST. (Specify)	28b. DATE	OF INJURY (Mo/Day/Y	r) 280	. HOUR OF INJUI	RY 28d. 1	DESCRIBE H	IOW INJURY	OCCURRED			<u> </u>	Yes
ទី	OKT ENDING INVEST (Openly)		\wedge										
) 3	CO. IN III DV AT MORK (Co		OF OF BUILDY AVE	5 l .									
Š.	28e. INJURY AT WORK (Specif Yes or No)		CE OF INJURY- At h etc. (Specify)	ome, iarm, s	treet, factory, c	office 28g	LOCATIO	N STI	REET OR R.F.D	No. CI	TY OR TOW	٧N	STATE
3				/									 -
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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.

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STATE RECESTRAR
Administrator

Control of the state of the sta



EL DORADO COUNTY

HEALTH AND HUMAN SERVICES AGENCY

PLACERVILLE, CALIFORNIA

	30520192052	CERTIFICATE OF DEATH STATE OF CALFORMA USE BLACK DIX ONLY NO ENSURES WHITEOUTS OR ALTERATIONS "VS-1 HARPY JUST)							3201909		\			
	STATE FILE NUMB									LOCAL REGISTRATION NUMBER				
_	1. NAME OF DECEDENT-FIRST (GIV ESTHER	en)	2. MIODI	2. MIDDLE 3. LAST (Family) MEAD									1	
DECEDENT'S PERSONAL DATA	AKA. ALSO KNOWN AS - Include full AKA (FIRST MIDDLE, LAST) LAVERNE - MEAD			4. DATE OF BIRTH mm/dd/coyy 5. AGE Yns. 04/13/1933 86						Days		OURS Minutes	6, SEX	
's PERSC	e. BIRTH STATE/FOREIGN COUNTRY	URITY NUMBER 382	YES	X NO] usk	12, MARITAL STATUS/ WIDOWED		10	/11/2019)	а, ноия 073	(24 Hours)		
DEN	13. EDUCATION ~ Highest Level/Degrae (see worksheet on back)	1/15. WAS DECEDENT HIL YES	SPANIC/LATINO(AVSP/	ANISH? (II yes, se	es worksheet on bar	7 11.	B. DECEDENT'S RAG VHITE	CE - Up to 3 race	es may be i	Isled (see work	sheet on back)	. 1	. 1	
DECE	17, USUAL OCCUPATION - Type of wo	ork for most of life. DO N	OT USE RETIRED							nployment agen	EARS IN C	OCCUPATION		
	20, DECEDENT'S RESIDENCE (Street					•					-			
USUAL RESIDENCE	3912 GRANITE WAY	· · · · · · · · · · · · · · · · · · ·	22. COUNTY/PROVI	UNTY/PROVINCE 23 ZIP CODE 24, YEAF						5. STATE/FOR	IGN COUNTRY		_	
	WELLINGTON DOI			;	1	8944	4	34	١,	NV				
INFOR-	26. INFORMANT'S NAME, RELATION CARLA YANT, DAU				1297 E	AST	SAN BERN	IARDINO	, SOL	JTH LAK	Œ TAHO	E, CA	١.	
	28. NAME OF SURVIVING SPOUSE/S		29. MIDDLI		96150	1	30, LAST (BIRTH	EMAN		1				
SE/SRDP AND INFORMATION	31. NAME OF FATHER/PARENT-FIRS	32. MIDDLI								4. BIRTH	OTATE.			
SPOUSE/SRDP RRENT INFORM	JOHN		W.	The same of		h	BREINEI	R				4. BIRTH 1T	SIAIE	
SPOUS	35. NAME OF MOTHER/PARENT-FIR	ST	38. MIDDLI	- 1	N	1	37. LAST (BIRTH	NAME)	_	7		8. BIRTH	STATE	
	MARY KATHERN 39. DISPOSITION DATE mm/dd/ceyy	40 PLACE OF FINAL	LOUIS DISPOSITION EA		MEMOR	IAL E	MILLER	IOME		/	ļ\	10		
FUNERAL DIRECTORY LOCAL REGISTRAR	10/15/2019	1600 BUC	KEYE ROAL	SISIDE D, MINDE	EN, NV 8	9423	UNERAL	HOME	1	f				
DIREC	41. TYPE OF DISPOSITION(S)			JRE OF EMBALN	754	7		/		43. LICE	NSE NUN	MBER		
UNERAL LOCAL R	TR/CR/BU 44. NAME OF FUNERAL ESTABLISHM		EMBALI ENUMBER 1 46.		RE OF LOCAL REGI	STRAR		47. DATE mm/dd/ccyy						
E 3	45. LICENSE NUMBER 46. SIGNATURE OF LOCAL REGISTRAR 45. LICENSE NUMBER 46. SIGNATURE OF LOCAL REGISTRAR MORTUARY INC FD1180 NANCY J WILLIAMS, MD, MP							Primis.						
щ	102. IF HOSPITAL, SPECIFY ONE BARTON MEMORIAL SKILLED NURSING 102. IF HOSPITAL, SPECIFY ONE BARTON MEMORIAL SKILLED NURSING 103. IF OSPITAL, SPECIFY ONE BARTON MEMORIAL SKILLED NURSING 104. IF HOSPITAL, SPECIFY ONE BARTON MEMORIAL SKILLED NURSING 105. IF OSPITAL, SPECIFY ONE BARTON MEMORIAL SKILLED NURSING													
PLACE OF DEATH	BARTON MEMORIAL SKILLED NURSING P ERIOP DOA Hospitch 10s. COUNTY 10s. FACILITY ADDRESS OR LOCATION WHERE FOUND (Strest and number, or location) EL DORADO 2170 SOUTH AVE.								106, CITY SOUTH LAKE TAHOE					
	107. CAUSE OF DEATH	Enter the chain of eve	nts diseases, injunes	, or complication	s that directly o	aused dec	th. DO NOT enter terr	ninal events such		Time Interval 8	oween I 108 DEATH		TO CORONER?	
	IMMEDIATE CAUSE (A) VASC		NTIA	ullar tibnijetion wit	thout showing the	etiology. L	O NOT ABBREVIATE.	- 1	W	Onset and Dr (AT)	╗┸	YES X NO		
	(Find disease or condition resulting in death)				—⊸∖		-\		₩,	YEAR		109. BIOPSY PERFORMED?		
Ŧ	Sequentially, list conditions, if any,					_	__				<u> </u>	YES X NO		
DEAT	leading to cause on Line A, Driter (C): UNDERLYNG								(CT) 110, AUTO			FORMED?		
CAUSE OF DEATH	CAUSE (disease or injury that initiated the events (0)	├										N DETERMINING CAUSE?		
CAU	resulting in death) LAST										ES	NO		
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE													
	113. WAS OPERATION PERFORMED NO	FOR ANY CONDITION IN	ITEM 107 OR 1127.(lyes, list type of	f operation and d	ate.)	7				113A IF FEVALE, F		_	
	114. I CERTIFY THAT TO THE BEST OF MY	KNOWLEDGE DEATH OCCUP	RED 115, SIGNATU	RE AND TITLE O	OF CERTIFIER	-			. 1	116, LICENSE.	VES UMBER 117.	X NO	n/dd/ccyy	
CATTO	AT THE HOUR, DATE, AND PLACE STATED F Decedent Attended Since	ROM THE CAUSES STATED Decedent Last Seen Alw	MENN	INC ME	HDENG N	И.D.		F		C3244	5 10	/14/20	019	
PHYSICIAN'S CERTIFICATION	Deceder It all Sens Nov Deceder It all S													
	119. I CERTIFY THAT IN MY OPINION DEAT		R, DATE, AND PLACE ST	ATED FROM THE O	CAUSES STATED.		120. INJURE			121. INJURY C	ATE mm/dd/ccyy	122. HO	UR (24 Haurs)	
	MANNER OF DEATH Natural Accelerat Hirmoide Suicide Pending Could not be west justice WES NO UNK													
ONLY	123. PLACE OF INJURY (e.g., home, construction site, wooded area, stc.)													
S US	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)													
CORONER'S USE ONLY	125. LOCATION OF INVURY (Street and number, or location, and city, and zip)													
CO R														
128. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE mm/dd/ccyy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER														
	ATE A B	C	D E	+	(((()))))))))			1114L11FALADRENTISAN		FAX AUTH.	,	CENS	SUS TRACT	
REGIS	STRAR	//	<u> </u>		10400 1001 000 0111	*0100	001004337152*	TELECTRISTICATION CONTRACTOR	·			<u> </u>		

CERTIFIED COPY OF VITAL RECORDS STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health and Human Services Agency.

OCT 1 8 2019 DATE ISSUED

000199183

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DECLARATION OF VALUE Document/Instrument#: Book: _____ Page: ____ 1. Assessor Parcel Number (s) Date of Recording: _____ (a) 1022-15-001-101 Notes: ____ (b) _____ (c) _____ 2. Type of Property: a) Vacant Land c) Condo/Twnhse e) Apt. Bldg. g) Agricultural l) Other b) T Single Fam Res. d) 2-4 Plex f) Comm'l/Ind'l h) Mobile Home 3. Total Value/Sales Price of Property: \$ 8 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 to daughter per Dead Upon Death Doc. #883793 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 _ C Capacity Agent Signature **SELLER (GRANTOR) INFORMATION BUYER (GRANTEE) INFORMATION** (REQUIRED) (REQUIRED) Print Name: Genald + Esther L Meal Print Name: Gerolyn Hadeheil Address: Address: City: City: Zip: ४१४५५ State: State: COMPANY/PERSON REQUESTING RECORDING (REQUIRED IF NOT THE SELLER OR BUYER) _ Escrow # ______ Print Name: Address: _____ State: _____ Zip: _____ City:

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)

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STATE OF NEVADA