

APN# 1022-15-001-101



**Recording Requested by/Mail to:**

KAREN ELLISON, RECORDER E05

Name: Carla M. Yant

Address: 1297 E. San Bernardino Ave.

City/State/Zip: So. Lake Tahoe, Ca. 96150

**Mail Tax Statements to:**

Name: Gerolyn Hackney

Address: 3905 Granite Way

City/State/Zip: Wellington, Nv. 89444

Affidavit of Death 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)

Carla M. Yant  
Signature

Carla M. Yant  
Printed Name

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

DEATH OF GRANTOR AFFIDAVIT

Carla M. Yant (here insert name of affiant), being duly sworn, deposes and says that Gerald E. Mead + Esther Laverne Mead (here insert name of deceased), the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Gerald E. Mead + Esther Laverne Mead (here insert name of grantor), named as the grantor or as one of the grantors in the deed upon death recorded on 07/05/2016 (date), as document or file number 883793, book \_\_\_\_\_, at page \_\_\_\_\_, records of Douglas County, Nevada, covering the real property commonly known as 3905 Granite Way, City of Wellington, County of Douglas, State of Nevada, or located in the County of Douglas, State of Nevada, and more particularly described as:

Lot 3, Block V, as shown on the map entitled Topaz Ranch Estates, Unit No. 4, filed in the office of the County Recorder of Douglas County, State of Nevada, on November 16, 1970, in Book of Maps, Page 224, as Document No. 50212.

(Legal Description)

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

12-3-2019 (Date)

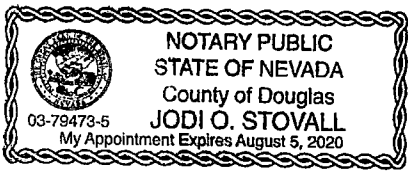
Carla M. Yant (Signature)  
Carla M. Yant

State of Nevada }  
County of DOUGLAS } ss.

Subscribed and sworn to on this 3<sup>rd</sup> day of December, in the year 2019, before me, Jodi O Stovall (here insert name of notary public), by CARLA M. YANT (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. 4045152

**CERTIFICATE OF DEATH**

**2018019753**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

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>Gerald E MEAD</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 06, 2018</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) <b>Carson Valley Medical Center</b>		3e. If Hosp. or Inst indicate DOA,OP/Emmer. Rm. Inpatient(Specify) <b>Intensive Care Unit (ICU)</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>89</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Nebraska</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
13. SOCIAL SECURITY NUMBER <b>██████████-5896</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Wellington</b>	
15d. STREET AND NUMBER <b>3912 Granite Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		11. MARITAL STATUS (Specify) <b>Married</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>William Ira MEAD</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Cathrine HANFELDT</b>			
18a. INFORMANT- NAME (Type or Print) <b>Gerolyn HACKNEY</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>3912 Granite Way Wellington, Nevada 89444</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CARLEN BLANSETT</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD861</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</b>	
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>TREVOR PHAN MD</b> <b>SIGNATURE AUTHENTICATED</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>October 12, 2018</b>		21c. HOUR OF DEATH <b>04:55</b>		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Trevor Phan MD 801 W Williams Ave Fallon, NV 89406</b>		23b. LICENSE NUMBER <b>12765</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
24a. REGISTRAR (Signature) <b>BREECE D FLORES</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 16, 2018</b>		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				Interval between onset and death	
(a) <b>Cardiac Arrest</b>				Minutes	
DUE TO, OR AS A CONSEQUENCE OF.				Interval between onset and death	
(b) <b>Respiratory Failure</b>				Hours	
DUE TO, OR AS A CONSEQUENCE OF.				Interval between onset and death	
(c) <b>Aspiration Pneumonitis</b>				Hours	
DUE TO, OR AS A CONSEQUENCE OF.				Interval between onset and death	
(d) <b>Small Bowel Obstruction</b>				Days	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Hypertension, Abdominal Aortic Aneurysm</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</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	

000795041



CERTIFIED COPY OF VITAL RECORDS

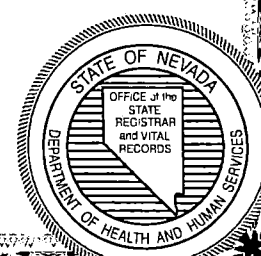
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

11/25/2019

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

*[Signature]*  
STATE REGISTRAR  
**Administrator**



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY

HEALTH AND HUMAN SERVICES AGENCY

PLACERVILLE, CALIFORNIA

3052019205246

CERTIFICATE OF DEATH

3201909000977

Form containing fields for decedent's personal data, residence, informant, spouse/parent information, funeral director, place of death, cause of death, physician's certification, and coroner's use only.

STATE REGISTRAR, FAX AUTH., CENSUS TRACT, and barcode area.

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.

DATE ISSUED

OCT 18 2019



000199183

Signature of Nancy J. Williams, MD, MPH, County Health Officer

NANCY J. WILLIAMS MD, MPH COUNTY HEALTH OFFICER

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CAELDORAD1

# 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) 1022-15-001-101
- (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

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

Deed in Lieu of Foreclosure Only (value of property) \$ 0  
Transfer Tax Value: \$ 0  
Real Property Transfer Tax Due: \$ 0

### 4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, Section: #5
- b. Explain Reason for Exemption: Transfer to daughter per Deed Upon Death  
Doc. #883793

### 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 Carla M. Yant Capacity Agent  
Signature \_\_\_\_\_ Capacity \_\_\_\_\_

### SELLER (GRANTOR) INFORMATION

(REQUIRED)  
Print Name: Gerald + Esther L Mead  
Address: 3912 Granite Way  
City: Wellington  
State: NV Zip: 89444

### BUYER (GRANTEE) INFORMATION

(REQUIRED)  
Print Name: Geralyn Hadeney  
Address: 3905 Granite Way  
City: Wellington  
State: NV Zip: 89444

### COMPANY/PERSON REQUESTING RECORDING (REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_