

**APN: 1320-30-111-010**

Recorded at the Request of:  
Heritage Law Group, A Division  
Of Kalicki Collier, LLP  
1625 Highway 88, Suite 304  
Minden, Nevada 89423



00106467202009420560050057

KAREN ELLISON, RECORDER

Mail Future Tax Statements To:  
Connie Wenner  
1337 Windsor Drive  
Gardnerville, NV 89410

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### DEATH OF GRANTOR AFFIDAVIT

CONNIE E. WENNER, being duly sworn, deposes and says that ROBERT L. WENNER, the Decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as ROBERT L. WENNER named as the Grantor in the Deed Upon Death recorded on May 1, 2019, as Document No. 2019-928543, Official Records of Douglas County, Nevada, covering the real property commonly known as 1337 Windsor Drive, Gardnerville, Nevada, County of Douglas, State of Nevada, or located in the County of Douglas, State of Nevada, and more particularly described as:

**PARCEL 1:**

**UNIT 18, IN BLOCK C, AS SHOWN ON THE FINAL MAP OF WESTWOOD PARK UNIT NO. IV, PHASE A, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON MARCH 4, 1993 IN BOOK 393, PAGE 797, AS DOCUMENT NO. 301078.**

**PARCEL 2:**

**A NON-EXCLUSIVE EASEMENT FOR USE, ENJOYMENT, INGRESS AND EGRESS OVER THE COMMON AREA AS SET FORTH IN DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS RECORDED OCTOBER 5, 1979, IN BOOD 1079, OF OFFICAL RECORDS, PAGE 530, AS DOCUMENT NO. 37453, AND FURTHER VARIOUS RECORDED AMENDMENTS THERETO.**

CONNIE E. WENNER is the beneficiary to whom the real property is conveyed upon the death of the Grantor ROBERT L. WENNER. The beneficiary listed in the Deed Upon Death is CONNIE E. WENNER.

THE UNDERSIGNED AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS.

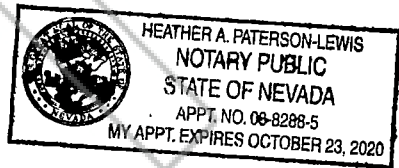
Dated: January 20, 2020.

*Connie Wenner*  
\_\_\_\_\_  
CONNIE E. WENNER

STATE OF NEVADA        )  
                                  ) ss:  
COUNTY OF DOUGLAS    )

Subscribed and sworn to (or affirmed) before me on this 20th day of January 2020, by CONNIE E. WENNER, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

*Heather A. Paterson-Lewis*  
\_\_\_\_\_  
Notary Public





# EXHIBIT 1

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*Nevada Certificate of Death for Robert Lewis Wenner*

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**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4115137

**CERTIFICATE OF DEATH**

2019023454  
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>Robert Lewis WENNER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 21, 2019</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) <b>1792 Mahogany Circle</b>		3e. If Hosp or Inst. indicate DOA,OP/Emer Rm Inpatient(Specify) <b>Home</b>	
4 SEX <b>Male</b>		7a. AGE-Last birthday (Years) <b>65</b>		8 DATE OF BIRTH (Mo/Day/Yr) <b>August 01, 1954</b>	
5 RACE (Specify) <b>White</b>		6 Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS   DAYS	
9a. STATE OF BIRTH (If not US/ICA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10 EDUCATION <b>13</b>	
11 MARITAL STATUS (Specify) <b>Divorced</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13 SOCIAL SECURITY NUMBER <b>██████████-8508</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>CHIEF DEPUTY</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>LAW ENFORCEMENT</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>1792 Mahogany Circle</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Lewis Earl WENNER</b>			17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Clara Barbara SKELTON</b>		
18a. INFORMANT- NAME (Type or Print) <b>Connie E WENNER</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1337 Windsor Drive Gardnerville, Nevada 89410</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CHRISTIE D WILDE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD917</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1637 Esmerelda Place Minden NV 89423</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>NITA SCHWARTZ 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>November 26, 2019</b>		21c. HOUR OF DEATH <b>23:50</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>9114</b>	
24a. REGISTRAR (Signature) <b>SHANA B RHINEHART</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 02, 2019</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))				26 AUTOPSY (Specify Yes or No) <b>No</b>	
PART I				27 WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
(a) <b>Esophageal Cancer With Metastasis</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF.				Interval between onset and death	
(b)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.					
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	

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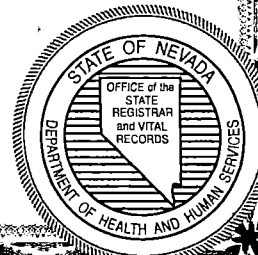
CERTIFIED COPY OF VITAL RECORDS

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: 12/4/2019

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

*Shana B Rhinehart*  
Administrator  
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
a) 1320-30-111-010  
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: \$ 173,994  
Deed in Lieu of Foreclosure Only (value of property) \_\_\_\_\_  
Transfer Tax Value: \$ \_\_\_\_\_  
Real Property Transfer Tax Due: \$ 678.60

4. If Exemption Claimed:  
a. Transfer Tax Exemption per NRS 375.090, Section # \_\_\_\_\_  
b. Explain Reason for Exemption: \_\_\_\_\_

5. Partial Interest: Percentage being transferred: 100.00 %

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 Connie Wenner Capacity Buyer

Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION  
(REQUIRED)**

**BUYER (GRANTEE) INFORMATION  
(REQUIRED)**

Print Name: Estate of Robert L. Wenner  
Address: 1792 Mahogany  
City: Minden  
State: NV Zip: 89423

Print Name: Connie E. Wenner  
Address: 1337 Windsor Dr  
City: Gardnerville  
State: NV Zip: 89410

**COMPANY/PERSON REQUESTING RECORDING**

(required if not the seller or buyer)

Print Name: Heritage Law a Division of Kalicki Collier Escrow # N/A  
Address: 1625 Highway 88 Ste 304  
City: Minden State: NV Zip: 89423