

DOUGLAS COUNTY, NV **2020-945371**
RPTT:\$877.50 Rec:\$40.00
\$917.50 Pgs=3 **04/30/2020 10:13 AM**
FIRST CENTENNIAL - RENO (MAIN OFFICE)
KAREN ELLISON, RECORDER

APN No.: 1420-07-411-057

Escrow No.: 20000431-ES

Recording Requested By:
First Centennial Title Company of Nevada
896 W Nye Ln., #104
Carson City, NV 89703

When Recorded Return to:
First Centennial Title Company of Nevada
896 W Nye Ln., #104
Carson City, NV 89703

Mail Tax Statements to:
Martha A. Birch
3 Admiral Drive, Unit 459
Emeryville, CA 94608

SPACE ABOVE FOR RECORDERS USE

DEATH OF GRANTOR AFFIDAVIT

(Title of Document)

Please complete Affirmation Statement below:

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 440.380 (state specific law).

Jim Summingow
SIGNATURE

Escrow Officer
TITLE

Liz Stenning
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

SPACE BELOW FOR RECORDER

APN: 1420-07-411-057
Escrow No. 20000431-ES

When Recorded Return to:
Martha A. Birch
3 Admiral Drive, Unit 459
Emeryville, CA 94608

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DEATH OF GRANTOR AFFIDAVIT


Martha A. Birch, of legal age, being duly sworn, deposes and says under penalty of perjury

That the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Homer Bailey named as one of the parties in that certain Deed Upon Death dated August 29, 2019 executed by Homer Bailey to John E. Phillips and Patricia A. Phillips, husband and wife and Martha Birch, an unmarried woman recorded as Instrument No. 2019-934601, on August 30, 2019 in the Official Records of Douglas County, Nevada, covering the following described property.

Lot(s): 22, of Ridgeview Estates, according to the map thereof filed in the Office of the County Recorder of Douglas County, Nevada, on December 27th, 1972, as Document No. 63503.

Martha A. Birch
Martha A. Birch

Dated: 4/23/2020

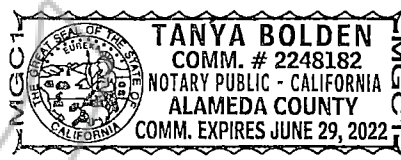
State of Nevada Ca 

County of Alameda

Signed and sworn to before me the 23 day of Apr, 2020.

Tanya Bolden
Notary Public

Affix stamp/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. 4119180

CERTIFICATE OF DEATH

2019025165
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) Homer Franklin BAILEY		2. DATE OF DEATH (Mo/Day/Year) December 15, 2019		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH (number) Carson City		3c. HOSPITAL OR OTHER INSTITUTION Name (If not either, give street and Inpatient)(Specify) Home		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 81	
7b. UNDER 1 YEAR MCS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) November 01, 1938	
9a. STATE OF BIRTH (If not US/CA name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 18	
11. MARITAL STATUS (Specify) Never Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER 5139		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Medical Engineer		14b. KIND OF BUSINESS OR INDUSTRY MEDICAL	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 892 Granite Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Homer BAILEY			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Curran THRUSTON		
18a. INFORMANT - NAME (Type or Print) Patricia Ann PHILLIPS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 18798 Reno, Nevada 89511			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) HARRISON CODY BILLIAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD943		20c. NAME AND ADDRESS OF FACILITY Truckee Meadows Cremation and Burial 616 South Wells Avenue Reno NV 89502	
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) NITA SCHWARTZ 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) December 24, 2019		21c. HOUR OF DEATH 10:45		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)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703			
23b. LICENSE NUMBER 9114		24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 24, 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) Acute Myeloid Leukemia With Multilineage Dysplasia Not Having Achieved Remission Interval between onset and death (b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death (c) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death (d) DUE TO, OR AS A CONSEQUENCE OF: 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.					
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	

000798966



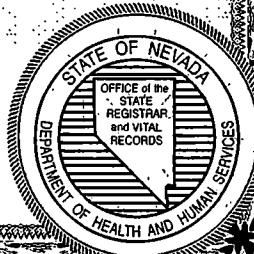
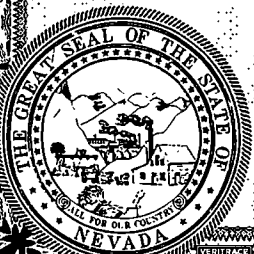
CERTIFIED COPY OF VITAL RECORDS

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: 12/30/2019

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

Wesley T Storey
ADMINISTRATOR REGISTRAR



**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)
 a) 1420-07-411-057
 b) _____
 c) _____
 d) _____

2. Type of Property:
 a) Vacant Land b) Sgl. Fam. Residence
 c) Condo/Twnhse d) 2-4 Plex
 e) Apt. Bldg. f) Comm'l/Ind'l
 g) Agricultural h) Mobile Home
 Other: _____

FOR RECORDER'S OPTIONAL USE ONLY	
Document/Instrument No.:	_____
Book _____	Page _____
Date of Recording:	_____
Notes:	_____

3. a. Total Value/Sale Price of Property: \$225,000.00
 b. Deed in Lieu of Foreclosure Only (value of property) \$
 c. Transfer Tax Value: \$225,000.00
 d. Real Property Transfer Tax Due: \$877.50

4. **IF EXEMPTION CLAIMED:**
 a. Transfer Tax Exemption, per NRS 375.090, Section: _____
 b. Explain Reason for Exemption: _____
 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 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.** *Esc. Holder*

Signature: *[Signature]* Capacity: Grantor
 Signature: _____ Capacity: Grantee

SELLER (GRANTOR) INFORMATION
(REQUIRED)

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: <u>Homer Bailey-deceased</u>	Print Name: <u>Martha A. Birch</u>
Address: <u>c/o 3 Admiral Drive, Unit 459</u>	Address: <u>3 Admiral Drive, Unit 459</u>
City: <u>Emeryville</u>	City: <u>Emeryville</u>
State: <u>CA</u> Zip: <u>94608</u>	State: <u>CA</u> Zip: <u>94608</u>

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

Print Name: First Centennial Title Company of Nevada Esc. #: 20000431-ES
 Address: 896 W Nye Ln., #104
 City: Carson City State: NV Zip: 89703