

APN No.: 1220-03-311-014

Escrow No.: P-20001838-DR

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

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

Mail Tax Statements to:
David Desautel
260 Secluded Way
Sequim, WA 98382

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: 440.380 (1) (state specific law).



SIGNATURE

Title Assistant

TITLE

Roseanne Cusumano
Print Signature

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

This cover page must be typed or printed in black ink.

SPACE BELOW FOR RECORDER

APN: 1220-03-311-014
Escrow No.: P-20001838-DR

When Recorded Return To:
Daniel Mills
26811 Calle Maria
Capistrano Beach, CA 92624

*Mail Tax statements:
Same AD Above*

SPACE ABOVE FOR RECORDER'S USE

DEATH OF GRANTOR AFFIDAVIT

Daniel Mills, of legal age, being duly sworn, deposes and says Barbara Elizabeth Wilkins, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Barbara E. Wilkins, an unmarried woman named as the grantor or as one of the grantors in the deed recorded on 1-29-08, recorded as Instrument No. 0716985 of Official Records of Douglas County, Nevada, covering the following described property.

Lot 12, in Block B, as set forth on Final Subdivision Map LDA 01-047, a Planned Unit Development for Arbor Gardens Phase 4, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on October 17, 2005, in Book 1005, page 7083, as Document No. 657923.

Daniel Mills, is the grantee or at least one of the grantees to whom the real property is conveyed upon the death of the grantor, , or is the authorized representative of the grantee or at least one of the grantees.

Dated: 1 May 20 2020

Daniel Mills

Daniel Mills

STATE OF NEVADA) ss:
COUNTY OF Carson City

SUBSCRIBED AND SWORN TO before me on this 20 day of May 2020, 2020, by Daniel Mills

Dena Reed

NOTARY PUBLIC

DENA REED
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 03-80676-5 - Expires March 14, 2023

SPACE BELOW FOR RECORDER

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4110698

CERTIFICATE OF DEATH

2019021769^A
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) Barbara Elizabeth WILKINS		2. DATE OF DEATH (Mo/Day/Year) October 25, 2019		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION-Name (If not either, give street or number) Carson Tahoe Regional Medical Center		3e. If Hosp or Inst. Indicate DOA, OPI/ Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Female		5 RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last Birthdays (Years) 81		7b. UNDER 1 YEAR (MOS DAYS)		7c. UNDER 1 DAY (HOURS MINS)	
8. DATE OF BIRTH (Mo/Day/Yr) March 31, 1938		9a. STATE OF BIRTH (If not US/CA, name country) New York		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER 2515		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
ADMINISTRATIVE ASSISTANT		INVESTMENT		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1381 Pin Oak Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. PARENT - NAME (First Middle Last Suffix) Donald Eugene NASH			17. PARENT - NAME (First Middle Last Suffix) Jessie Pearl HINCHCLIFFE		
18a. INFORMANT- NAME (Type or Print) Ronald MILLS			18b. MAILING ADDRESS (Street or R.F.D. No, City, or Town, State, Zip) 1242 Kingston Way Gardnerville, Nevada 89460		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME FitzHenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMAR R BEAULAC SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD870		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmeralda Place Minden NV 89423	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) CRAIG RAU MD SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) November 07, 2019		21c. HOUR OF DEATH 22:00		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	
		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) Craig Rau MD 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 10991	
24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 07, 2019		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I				Interval between onset and death	
(a) Cardiorespiratory Failure DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Angioedema DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Ludwig's Angina DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Chronic Atrial Fibrillation 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 1. Unknown Etiology				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	

000794219



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: **NOV 15 2019**

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

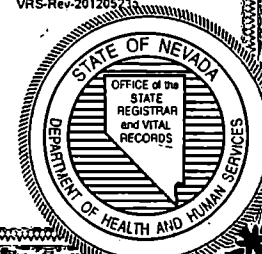
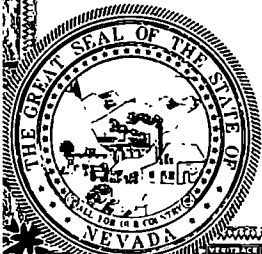
STATE REGISTRAR

Janey Shydel
Administrator

11/15/2019

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523



**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)
 a) 1220-03-311-014
 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: 0.00
 b. Deed in Lieu of Foreclosure Only (value of property) (\$0.00)
 c. Transfer Tax Value: _____
 d. Real Property Transfer Tax Due: 0.00

4. **IF EXEMPTION CLAIMED:**
 a. Transfer Tax Exemption, per NRS 375.090, Section: 5
 b. Explain Reason for Exemption: Mother to sons Pursuant to Deed Upon Death Record 2/14/17 as Dec. 2017-894706
 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 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: [Signature] Capacity: _____ Grantor
 Signature: [Signature] Capacity: _____ Grantee

SELLER (GRANTOR) INFORMATION
(REQUIRED)

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Barbara E. Wilkins
 Address: 1381 Pin Oak Drive
 City: Gardnerville
 State: NV Zip: 89410

Print Name: Daniel Mills
 Address: 26811 Calle Maira
 City: Capistrano Beach
 State: CA Zip: 92624

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

Print Name: First Centennial Title Company of Nevada Esc. #: P-20001838-DR
 Address: 896 W Nye Ln., Suite 104
 City: Carson City State: NV Zip: 89703

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED