

APN# 1220-21-610-003



KAREN ELLISON, RECORDER E05

Recording Requested by/Mail to:

Name: Renee Stratman

Address: 2691 W. Tenuta St.

City/State/Zip: Meridian, ID 83646

Mail Tax Statements to:

Name: Renee Stratman

Address: 2691 W. Tenuta St.

City/State/Zip: Meridian, ID 83646

Death of Grantor Affidavit

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)



Signature

Renee Stratman

Printed Name

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

APN: 1220-21-610-003

RECORDING REQUESTED BY:

Renee Stratman
2691 W. Tenuta St
Meridian, ID 83646-3229

AFTER RECORDATION, RETURN BY MAIL TO:

Renee Stratman
2691 W. Tenuta St
Meridian, ID 83646-3229

SPACE ABOVE THIS LINE FOR RECORDER'S USE

DEATH OF GRANTOR AFFIDAVIT

RENEE MARIE STRATMAN, being duly sworn, deposes and says that TERRY LEE REMER, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as TERRY L. REMER, named as the grantor in the beneficiary Deed Upon Death recorded on November 3, 2014, as document number 2014-852071, records of Douglas County, Nevada, covering the real property commonly known as 1313 Yellowjacket Lane, Gardnerville, State of Nevada, , and more particularly described as:

Lot 360 as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record in the office of the County Recorder of Douglas County, Nevada, on May 29, 1973, as File No. 66512.

RENEE MARIE STRATMAN, is the beneficiary to whom the real property is conveyed upon the death of the grantor TERRY L. REMER or is the authorized representative of the beneficiary or at least one of the beneficiaries. The beneficiary or beneficiaries listed in the deed upon death are RENEE MARIE STRATMAN, a married woman as her sole and separate property, and KIRK WERNER REMER, a single man, as joint tenants with right of survivorship.

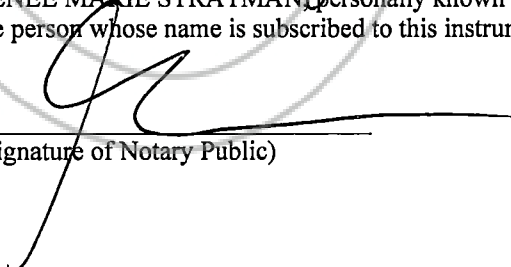
DATE: 05/28/2020



RENEE MARIE STRATMAN

State of Nevada)
) ss.
County of Douglas)

On this 28 day of May, in the year 2020, before me, Catherine P. Collier, personally appeared RENEE MARIE STRATMAN, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he executed it.



(Signature of Notary Public)

 **CATHERINE P. COLLIER**
Notary Public - State of Nevada
Appointment Recorded in Lyon County
No: 10-2072-12 - Expires April 14, 2022

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2020009238
STATE FILE NUMBER

CASE FILE NO. 4143027

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) Terry Lee REMER		2. DATE OF DEATH (Mo/Day/Year) May 02, 2020		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) Carson Valley Medical Center		3d. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		8. DATE OF BIRTH (Mo/Day/Yr) January 08, 1939			
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 81	
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
9a. STATE OF BIRTH (If not US/CA, name country) Minnesota		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER 9369		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) CIVIL ENGINEER		14b. KIND OF BUSINESS OR INDUSTRY TRANSPORTATION - PUBLIC	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1313 Yellow Jacket Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Everett CARSON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Hope Irene FISCHER		
18a. INFORMANT- NAME (Type or Print) Renee STRATMAN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2691 West Tenuta St. Meridian, Idaho 83646			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Crementation		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) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmerelda Place Minden NV 89423	
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) SIGNATURE AUTHENTICATED WARREN P THAI MD		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) May 06, 2020		21c. HOUR OF DEATH 18:00		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Warren P Thai MD 1107 Highway 395 Gardnerville, NV 89410				23b. LICENSE NUMBER 13174	
24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 07, 2020		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) Cardiopulmonary Arrest				Weeks	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) End Stage Systolic Congestive Heart Failure.				Months	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Cardiomyopathy				Months	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Atrial Fibrillation					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Renal Failure				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	

000815198



CERTIFIED COPY OF VITAL RECORDS

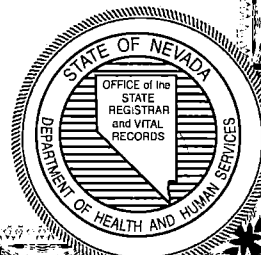
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

5/8/2020

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

Wesley T Storey
STATE REGISTRAR



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) 29-183-30
(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)
Transfer Tax Value:
Real Property Transfer Tax Due:

\$ 1
\$ _____
\$ _____
\$ _____

4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, Section: 5
b. Explain Reason for Exemption: Transfer from father to daughter & son per
Deed upon Death #852071

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 [Signature] Capacity Grantor
Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Renee Stratman
Address: 2691 W. Tenuta St.
City: Meridian
State: ID Zip: 83646

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Renee Stratman
Address: 2691 W. Tenuta St
City: Meridian
State: ID Zip: 83646

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

Print Name: _____ Escrow # _____
Address: _____
City: _____ State: _____ Zip: _____

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)