

APN# 1022-09-001-040



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: E. Neal McGettigan

Address: 220 Montgomery St #1075

City/State/Zip: San Francisco, Ca 94104

Mail Tax Statements to:

Name: Ann B. Phipps

Address: 45 Beachmont Drive

City/State/Zip: San Francisco, 94132

Affidavit of Death of 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)


Signature

Charles T. Phipps
Printed Name

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

WHEN RECORDED MAIL TO:

E. NEAL McGETTIGAN, ESQ.
220 Montgomery St., Suite 1075
San Francisco, CA 94104

MAIL TAX STATEMENTS TO:

ANNA B. PHIPPS
45 Beachmont Drive
San Francisco, CA 94132

APN: 1022-09-001-040

AFFIDAVIT OF DEATH OF GRANTOR

.ANNA B. PHIPPS, of legal age, being duly sworn, deposes and says that JACK THOMAS FIGLIA, the decedent, mentioned in the attached certified copy of the Certificate of Death, is the same person as JACK T. FIGLIA, named as the grantor in the Deed Upon Death recorded on February 3, 2012, as Document Number 0796878, BOOK 0212, Page 533, records of Douglas County, Nevada, covering the following described real property in the County of Douglas, State of Nevada:

Lot 128, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 3, filed in the Office of the County Recorder of Douglas County, Nevada, on March 31, 1969, in Book 1 of Maps, Page 221, as Document 44091.

TOGETHER WITH all and singular the tenements, hereditaments, and appurtenances thereunto belonging or in any way appertaining.

CHARLES T. PHIPPS is one of the beneficiaries to whom the real property which is conveyed upon the death of the grantor JACK T. FIGLIA. The beneficiaries listed in the Deed Upon Death are:

ANNA B. PHIPPS, RICHARD L. PHIPPS, CHARLES T. PHIPPS and CHRISTOPHER J. PHIPPS, as joint tenants with right of survivorship.

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

DATED: June 2, 2020



CHARLES T. PHIPPS

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA
PUBLIC HEALTH DEPARTMENT
VITAL RECORDS AND REGISTRATION

3052020085376

CERTIFICATE OF DEATH

3202043003576

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

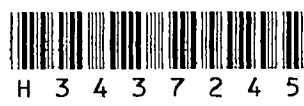
CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } DATE ISSUED
COUNTY OF SANTA CLARA } SS By 04/24/2020

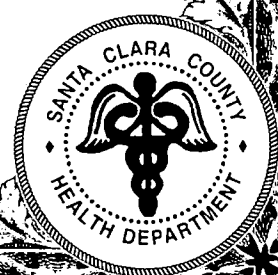
This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Signature of Sara H. Cody, Health Officer and Local Registrar of Births and Deaths



ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of San Francisco)

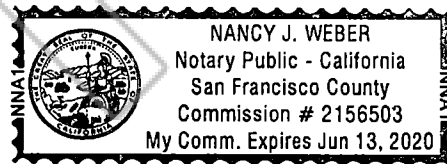
On June 2, 2020 before me, Nancy J. WEBER
CHARLES THOMAS PHIPPS
(insert name and title of the officer)

personally appeared CHARLES THOMAS PHIPPS
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Nancy J. Weber
Signature _____ (Seal)



STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
a) 1022-09-001-040
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: \$57,563.00
Deed in Lieu of Foreclosure Only (value of property) _____
Transfer Tax Value: \$57,563.00
Real Property Transfer Tax Due: \$ _____

4. If Exemption Claimed:
a. Transfer Tax Exemption per NRS 375.090, Section # 10
b. Explain Reason for Exemption: Conveyance effective upon the death of the grantor pursuant to NRS 111.655 to 111.699, inclusive

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 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 *Charles J. Figlia* Capacity _____ Grantee _____

Signature _____ Capacity _____

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

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

Print Name: JACK T. FIGLIA (DECEASED)
Address: 1855 MIRAMONTE AVE #125
City: MOUNTAIN VIEW,
State: CALIFORNIA Zip: _____

Print Name: SEE ATTACHED LIST
Address: _____
City: _____
State: _____ Zip: _____

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name: E. NEAL McGETTIGAN Escrow # _____
Address: 220 MONTGOMERY ST STE 1075
City: SAN FRANCISCO State: CALIFORNIA Zip: 94104

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)

GRANTEES

Anna B. Phipps (Sister)
45 Beachmont Drive
San Francisco, CA 94132

Richard L. Phipps (Nephew)
846 Richard Lane
Danville, CA 94526

Charles T. Phipps (Nephew)
21 Stratford Drive
San Francisco, CA 94132

Christopher J. Phipps (Nephew)
1953 Monroe Street
Santa Clara, CA 95050

