

APN# 1320-33-716-026



Recording Requested by/Mail to:

Name: Lynn G. Pierce, Esq.

Address: 515 Court Street

City/State/Zip: Reno, NV 89501

KAREN ELLISON, RECORDER

E05

Mail Tax Statements to:

Name: Margaret L. Pitcher

Address: 1359 Petar Drive

City/State/Zip: Gardnerville, NV 89410

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)

Lynn G. Pierce  
Signature

Lynn G. Pierce  
Printed Name

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APN: 1320-33-716-026

**Recording Requested by/Mail to:**

Lynn G. Pierce, Esq.  
515 Court Street  
Reno, NV 89501

**Mail Tax Statements to:**

Margaret L. Pitcher  
1359 Petar Drive  
Gardnerville, NV 89410

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**DEATH OF GRANTOR AFFIDAVIT**

Lynn G. Pierce, Esq., being duly sworn, deposes and says that HASTINGS A. PITCHER, decedent named in the attached certified copy of the Certificate of Death, is the same person as HASTINGS A. PITCHER named as Grantor in the Deed Upon Death recorded on October 6, 2005, as Document Number 0657101, Book 1005, at Page 2505, in the Office of the County Recorder of Douglas County, conveying upon his death all his right, title and interest in the real property commonly known as 1359 Petar Lane, City of Gardnerville, County of Douglas, State of Nevada, and more particularly described as:

Lot 26, Block B, as set forth on Final Subdivision Map No. 1006-8 for Chichester Estates, Phase 8, filed in the office of the County Recorder of Douglas County, Nevada and recorded June 12, 2001 in Book 0601, Page 2589, as Document No. 516199,

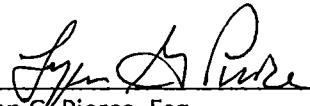
Together with all singular tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

HASTINGS A. PITCHER held a fifty percent ownership in said real property as tenants in common with M. Louise Pitcher by a Grant Deed recorded on October 6, 2005, as Document Number 0657100, Book 1005, at Page 2503, in the Office of the County Recorder of Douglas County.

The DEED UPON DEATH became irrevocable July 30, 2007, the date of death of Grantor HASTINGS A. PITCHER. The beneficiaries listed in the Deed Upon Death are JEANNETTE GALLAGHER, LINDA CAYWOOD, DANNY PITCHER and KARLEE GULSTROM, as joint tenants. Lynn G. Pierce, Esq., is the authorized representative of beneficiary LINDA CAYWOOD. The beneficiaries can be contacted through the law offices of Lynn G. Pierce, Esq., 515 Court Street, Reno, Nevada 89501, (775) 785-9100, LGPierceLtd@live.com.

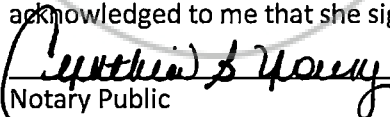
THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS.

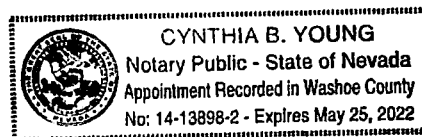
Executed this 18<sup>th</sup> day of June, 2020, at Reno, Nevada.

  
\_\_\_\_\_  
Lynn G. Pierce, Esq.

STATE OF NEVADA        )  
  ) ss  
COUNTY OF WASHOE    )

On this 18<sup>th</sup> day of June, 2020, before me, the undersigned Notary Public in and for said State and County, personally appeared Lynn G. Pierce, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and she acknowledged to me that she signed this instrument.

  
\_\_\_\_\_  
Notary Public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2007004910

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 Hastings			1b. MIDDLE A		1c. LAST PITCHER		2. DATE OF DEATH (Mo/Day/Year) July 30, 2007		3a. COUNTY OF DEATH Washoe			
3b. CITY, TOWN, OR LOCATION OF DEATH Reno			3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) Berryman Rehabilitation Center			3d. If Hosp. or Inst. Indicate DOA, OPI/Emer. Rm. Inpatient(Specify) Inpatient		4. SEX Male				
5 RACE-(e.g., White, Black, American Indian) (Specify) White		8 Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic		7a AGE-Last birthday (Years) 80		7b UNDER 1 YEAR MOS   DAYS		7c UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) November 15, 1926		
9a. STATE OF BIRTH (If not U.S.A., name country) Michigan		9b. CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12 SURVIVING SPOUSE (if wife, give maiden name) Margaret STURGEON				
13 SOCIAL SECURITY NUMBER [REDACTED] 1849			14a USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Owner / Operator			14b KIND OF BUSINESS OR INDUSTRY Wine And Beer Distribution						
15a RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1359 Petar Road		15e. INSIDE CITY LIMITS (Specify Yes or No) YES				
16 FATHER - NAME (First Middle Last Suffix) Frank PITCHER						17 MOTHER - NAME (First Middle Last Suffix) Estella HASTINGS						
18a INFORMANT - NAME (Type or Print) Margaret PITCHER				18b MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1359 Petar Road Gardnerville, Nevada 89410								
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			19b. CEMETERY OR CREMATORY - NAME Sierra Crematory			19c. LOCATION City or Town State Reno Nevada 89501						
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMMY DERMODY SIGNATURE AUTHENTICATED				20b FUNERAL DIRECTOR LICENSE 09		20c. NAME AND ADDRESS OF FACILITY John Sparks Memorial Cremation 644 Pyramid Way Sparks NV 89431						
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 LAURENCE GEORGE GAY M.D.					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) August 01, 2007			21c. HOUR OF DEATH 23:40			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH			
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) Laurence George Gay M.D. PO Box 19936 Reno, NV 895110871								23b LICENSE NUMBER 5152				
24a REGISTRAR (Signature) LAURA DANIELS SIGNATURE AUTHENTICATED				24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 02, 2007			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) Cardiac arrest DUE TO, OR AS A CONSEQUENCE OF (b) Aspiration pneumonia DUE TO, OR AS A CONSEQUENCE OF (c) PART II Hypertension, Dementia, Atrial fibrillation							Interval between onset and death Seconds		Interval between onset and death Days		Interval between onset and death	
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	

STATE REGISTRAR

526153

000078018

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

DEPUTY REGISTRAR

*Norma Jackson*

DATE ISSUED:

MAR 14 2012

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
 a) 1320-33-716-026  
 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: <u>Deed upon Death 657101</u>	
<u>Per Lynn-OK to Add Seller</u>	
Address _____	

3. Total Value/Sales Price of Property: \$ \_\_\_\_\_  
 Deed in Lieu of Foreclosure Only (value of property) \_\_\_\_\_  
 Transfer Tax Value: \$ \_\_\_\_\_  
 Real Property Transfer Tax Due: \$ \_\_\_\_\_

4. If Exemption Claimed:  
 a. Transfer Tax Exemption per NRS 375.090, Section # 5  
 b. Explain Reason for Exemption: from Father to his adult children

5. Partial Interest: Percentage being transferred: 50 %

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 Lynn G. Pierce Capacity Authorized Representative of Beneficiary Linda Caywood  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

SELLER (GRANTOR) INFORMATION  
(REQUIRED)

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

Print Name: Hastings A. Pitcher, deceased  
 Address: 515 Court Street  
 City: Reno  
 State: NV Zip: 89501

Print Name: Lynn G. Pierce, Esq.  
 Address: 515 Court Street  
 City: Reno  
 State: Nevada Zip: 89501

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

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_