

APN: 14-20-07-310-014

Recording Request and
Return to:
Debby A Dodds
3488 Carnelian Way
Carson City, NV 89705



KAREN ELLISON, RECORDER E05

Mail Tax Statements to:
Debby A Dodds
3488 Carnelian Way
Carson City, NV 89705

DEATH OF GRANTOR AFFIDAVIT

Debby Ann Dodds, being duly sworn, deposes and says that Mary Louise Brown, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Mary L. Brown, named as the grantor or as one of the grantors in the deed upon death recorded on 07/23/2018, as document or file number 2018-917118, Book 27, Page 645, as file No. 26519, records of Douglas County, Nevada, covering the real property commonly known as 3488 Carnelian Way, City of Carson, County of Douglas, State of Nevada, and more particularly described as:

Lot Six (6) Block "F", as shown on the Map of Vista Grande Subdivision, Unit No. 1, filed in the Office of the County Recorder of Douglas County, Nevada, on November 9, 1964, as File No. 26518.

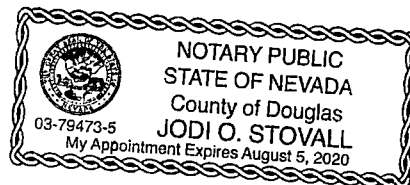
Debby Ann Dodds is the beneficiary or at least one of the beneficiaries to whom the real property is conveyed upon the death of the grantor Mary Louise Brown or is the authorized representative of the beneficiary or at least one of the beneficiaries. The beneficiary or beneficiaries listed in the deed upon death are Debby Ann Dodds and Richard Veri Dodds.

6-30-2020 (Date) *Debby A. Dodds* (Signature)
Debby A. Dodds

State of Nevada }
 } ss.
County of Douglas }

Subscribed and sworn to on this 30 day of June, in the year 2020, before me, Jodi O. Stovall personally appeared Debby Ann Dodds, 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 she executed it.

Jodi O. Stovall
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4150804

2020012620
STATE FILE NUMBER

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Mary L BROWN		2. DATE OF DEATH (Mo/Day/Year) June 16, 2020		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and city) 3488 Carnelian Way		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm Inpatient(Specify) Home	
DECEDENT	4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 89		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Massachusetts		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)			
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-4992		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
DISPOSITION	15d. STREET AND NUMBER 3488 Carnelian Way		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Charles C ROBISHAW	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Margaret Mary SMITH		18a. INFORMANT- NAME (Type or Print) Debby A DODDS			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3488 Carnelian Way Carson City, Nevada 89705		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory	
	19c. LOCATION City or Town State Carson City Nevada 89706		20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES P SMOLENSKI		20b. FUNERAL DIRECTOR LICENSE NUMBER FD217	
CERTIFIER	20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley		20d. SIGNATURE AUTHENTICATED			
	20e. ADDRESS OF FACILITY 1281 N Roop Carson City NV 89706		21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) B A BOTTENBERG DO			
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) June 20, 2020		21c. HOUR OF DEATH 09:37		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
	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)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
CAUSE 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) B A Bottenberg DO 550 W Washington #1 Carson City, NV 89706				23b. LICENSE NUMBER DO674	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) WESLEY T STOREY		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 22, 2020		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	24d. SIGNATURE AUTHENTICATED		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) ALZHEIMERS DISEASE, UNSPECIFIED DUE TO, OR AS A CONSEQUENCE OF: (b) NO KNOWN ETIOLOGY DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) 			
STATE REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.		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		28h. STREET OR R.F.D. No		28i. CITY OR TOWN		
28j. STATE						

STATE REGISTRAR

000821073



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.

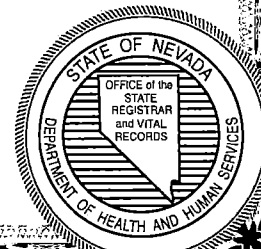
DATE ISSUED:

JUN 26 2020

STATE REGISTRAR
Administrator

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

VR6-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
a) 14-20-07-310-014
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: \$ _____
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 # 15
b. Explain Reason for Exemption: From Mother's Estate to daughter

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 Debby A. Dodds Capacity Daughter

Signature _____ Capacity _____

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

Print Name: Estate of Mary L. Brown
Address: 3488 Carnelian Way
City: Carson City
State: NV Zip: 89703

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

Print Name: Debby A. Dodds
Address: _____
City: same
State: _____ Zip: _____

**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/MICROFILMED)