

APN No.: **1022-11-002-048**

Escrow No.: **20010191-ES**

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

When Recorded Return to:  
Jessica Lemich  
4917 Seely St  
Oswego, IL 60543

Mail Tax Statements to:  
**James Lee Fletcher and Virginia Whitson  
Fletcher, Trustees of James Lee Fletcher and  
Virginia Whitson Fletcher Revocable Trust  
7700 Fox Road #F219  
Hughson, CA 95326**

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: NRS 440.380 (state specific law).

*Liz Summingser*  
SIGNATURE

Escrow Holder  
TITLE

Liz Summingser  
Print Signature

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

SPACE BELOW FOR RECORDER

APN: 1022-11-002-048  
Escrow No.: 20010191-ES

When Recorded Return To:  
Jessica Lemich and Nichole Lemich  
4917 Seely St  
Oswego, IL 60543

SPACE ABOVE FOR RECORDER'S USE

**DEATH OF GRANTOR AFFIDAVIT**

Jessica Lemich and Nichole <sup>Montani</sup> Lemich, of legal age, being duly sworn, deposes and says Randy Joseph Lemich, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Randy J. Lemich, named as the grantor or as one of the grantors in the deed recorded on January 21, 2020, recorded as Instrument No. 2020-941116 of Official Records of Douglas County, Nevada, covering the following described property.

Lot 18, of Topaz Ranch Estates #1, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on December 4th, 1963, as Document No. 23962.

Assessors Parcel No.: 1022-11-002-048

Jessica Lemich and Nichole Lemich, are the grantees 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: November 6, 2020

Jessica Lemich  
Jessica Lemich

Nichole Lemich Montani  
Nichole Lemich Montani

STATE OF NEVADA } ss:  
COUNTY OF DUPAGE

SUBSCRIBED AND SWORN TO before me on this 5th day of November, 2020, by Jessica Lemich and Nichole Lemich Montani

[Signature]  
NOTARY PUBLIC



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. 4148899

**CERTIFICATE OF DEATH**

**2020011621**  
STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

DECEDENT

IF DEATH  
OCCURRED IN  
INSTITUTION SEE  
HANDBOOK  
REGARDING  
COMPLETION OF  
RESIDENCE  
ITEMS

PARENTS

POSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF  
DEATH

CONDITIONS IF  
ANY WHICH  
HAVE RISEN  
TO IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Randy Joseph LEMICH</b>		2. DATE OF DEATH (Mo/Day/Year) <b>June 05, 2020</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Wellington</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>4140 Red Canyon Ave</b>		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>65</b>		7b. UNDER 1 YEAR MOS: <b>  </b> DAYS: <b>  </b>		7c. UNDER 1 DAY HOURS: <b>  </b> MINS: <b>  </b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>October 24, 1954</b>		9a. STATE OF BIRTH (if not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>14</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Maria PEARSON</b>	
13. SOCIAL SECURITY NUMBER <b>██████████-9095</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>CONSTRUCTION CONTRACTOR</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>CONSTRUCTION</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Wellington</b>	
15d. STREET AND NUMBER <b>4140 Red Canyon Ave</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Joseph LEMICH</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Audrey SCHULENBERG</b>		
18a. INFORMANT - NAME (Type or Print) <b>Jessica LEMICH</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>315 Golden Pick Drive Dayton, Nevada 89403</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CRAIG R COLEMAN</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD921</b>		20c. NAME AND ADDRESS OF FACILITY <b>Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703</b>	
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) <b>REED DOPF MD</b>			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) <b>June 06, 2020</b>		21c. HOUR OF DEATH <b>08:15</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)		23b. LICENSE NUMBER <b>13920</b>	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, DR. CORONER) (Type or Print) <b>Reed Dopf MD 907 Mountain Street Carson City, NV 89703</b>				23c. LICENSE NUMBER	
24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 08, 2020</b>		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) <b>Respiratory Arrest</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Acute On Chronic Respiratory Failure</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Malignant, Metastatic Gastric Carcinoid Tumor</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) <b>Hypertension</b>				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I				26. AUTOPSY (Specify Yes or No) <b>No</b>	
26a. ACC, SUICIDE, HOM, UNDET. OR PENDING INVEST. (Specify)				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
28a. DATE OF INJURY (Mo/Day/Yr)		28b. HOUR OF INJURY		28c. DESCRIBE HOW INJURY OCCURRED	
28d. INJURY AT WORK (Specify Yes or No)		28e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

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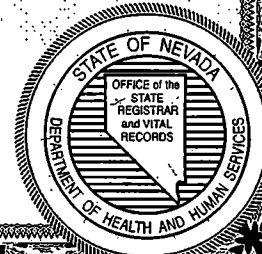
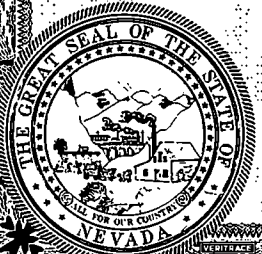
CERTIFIED COPY OF VITAL RECORDS

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:

STATE REGISTRAR  
*[Signature]*

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



**STATE OF NEVADA  
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)  
 a) 1022-11-002-048  
 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) \$  
 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: Daughters of Grantor w/out consideration  
 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 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: Escrow Holder  
 Signature: \_\_\_\_\_ Capacity: Grantor  
 Signature: \_\_\_\_\_ Capacity: Grantee

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

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

Print Name: Randy J. Lemich      Print Name: Jessica Lemich and Nichole Lemich  
 Address: 4917 Seely St            Address: 4917 Seely St  
 City: Oswego                      City: Oswego  
 State: IL                              State: IL                              Zip: 60543

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

Print Name: First Centennial Title Company of Nevada Esc. #: 20010191-ES  
 Address: 896 W Nye Ln, Ste 104  
 City: Carson City                      State: NV                              Zip: 89703

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED