

APN# 1022-16-002-032

Recording Requested by/Mail to:

Name: Dionna B. Negrete

Address: 2685 Buckboard Ct.

City/State/Zip: Minden, NV 89423

Mail Tax Statements to:

Name: Same

Address: _____

City/State/Zip: _____



00126150202109596320040048

KAREN ELLISON, RECORDER

E05

Affidavit 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)

Dionna B. Negrete
Signature

Dionna B. Negrete
Printed Name

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

DEATH OF GRANTOR AFFIDAVIT

Dara Fort

Dionna B. Negrete (here insert name of affiant), being duly sworn, de-
poe and says that Beverly Campodonica (here insert name of deceased),
the decedent mentioned in the attached certified copy of the Certificate of Death,
is the same person as Beverly Campodonica (here insert name of grantor),
named as the grantor or as one of the grantors in the deed upon death recorded on
5/24/2019 (date), as document or file number 2019-929512, book n/a, at page
n/a, records of Douglas County, Nevada, covering the real property com-
monly known as 1530 Flint Rd., City of Wellington, County
of Douglas, State of Nevada, or located in the County of Douglas, State of
Nevada, and more particularly described as:

lot 26, in Block K, as shown on the map entitled
TOPAZ RANCH ESTATES UNIT NO. 4, filed for record November
16, 1970, in the Office of the County Recorder of Douglas County,
(Legal Description) Nevada as Document No. 50212
Assessor's Parcel No. 1022-16-002-032.

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED
FOR RECORDING DOES NOT CONTAIN A SOCIAL SECURITY NUMBER.

1-8-2021 (Date)

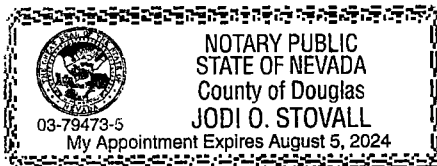
Dionna B. Negrete (Signature)
Dionna B. Negrete

State of Nevada }
County of Douglas } ss.

Subscribed and sworn to on this 8th day of January, in the year 2021,
before me, Jodi O Stovall (here insert name of notary public), by
DIONNA B NEGRETE (here insert name of principal).

Jodi O Stovall (Signature of Notary Public)

NOTARY SEAL



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4183742

CERTIFICATE OF DEATH

2020028452
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,MIDDLE,LAST,SUFFIX) Beverly Ann CAMPODONICA		2 DATE OF DEATH (Mo/Day/Year) December 08, 2020		3a COUNTY OF DEATH Carson City	
3b CITY, TOWN, OR LOCATION OF DEATH Carson City		3c HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) Skyline Estates		3e If Hosp. or Inst indicate DOA,OP/Emer Rm Inpatient(Specify) Assisted Living Facility	
4. SEX Female		5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) 74		7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS	
8 DATE OF BIRTH (Mo/Day/Yr) November 11, 1946		9a STATE OF BIRTH (If not US/CA, name country) California		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)	
13 SOCIAL SECURITY NUMBER ██████████-2721		14a USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Minden	
15d STREET AND NUMBER 2685 Buckboard Ct.		15e INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Elmer Eugene ZIEMKE			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Christene Mae GAEDE		
15a INFORMANT- NAME (Type or Print) Dionna NEGRETE		18b MAILING ADDRESS (Street or R F D. No, City or Town, State, Zip) 2685 Buckboard Ct. Minden, Nevada 89423			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		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) NORMA M FINKES		20b FUNERAL DIRECTOR LICENSE NUMBER FD967		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 JEFFREY BASA 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) December 14, 2020		21c HOUR OF DEATH 14:45		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)			
23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Dr. Jeffrey Basa MD 2874 N. Carson Street, Ste 200 Carson City, NV 89706				23b LICENSE NUMBER 8079	
24a REGISTRAR (Signature) BLAISE SATARIANO		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 18, 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))		Interval between onset and death			
PART I (a) Chronic Obstructive Lung Disease		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
(b) Unknown Etiology		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
(c) 		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF.		Interval between onset and death			
(d) 		Interval between onset and death			
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 STREET OR R F D. No CITY OR TOWN STATE	



CERTIFIED COPY OF VITAL RECORDS

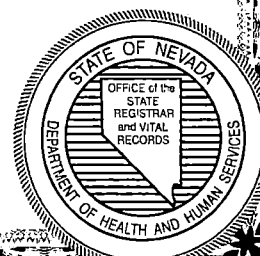
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

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

12/28/2020

STATE REGISTRAR
Jan J. [Signature]



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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) 1022-10-002-32
- (b) _____
- (c) _____
- (d) _____

- 2. Type of Property:**
- | | |
|--|--|
| a) <input type="checkbox"/> Vacant Land | b) <input type="checkbox"/> Single Fam Res. |
| c) <input type="checkbox"/> Condo/Twnhse | d) <input type="checkbox"/> 2-4 Plex |
| e) <input type="checkbox"/> Apt. Bldg. | f) <input type="checkbox"/> Comm'l/Ind'l |
| g) <input type="checkbox"/> Agricultural | h) <input checked="" type="checkbox"/> Mobile Home |
| i) <input type="checkbox"/> 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: \$ _____

4. If Exemption Claimed:

a. Transfer Tax Exemption, per NRS 375.090, Section: #5

b. Explain Reason for Exemption: Transfer Mother to daughters per Deed Upon Death Doc. # 2019-929512

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: Dionna B. Negrete Capacity: Grantee

Signature: _____ Capacity: _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Beverly Campadonica

Address: 1530 Flint Rd.

City: Wellington

State: NV Zip: 89444

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Dionna B. Negrete

Address: 2685 Buckboard Ct.

City: Minden

State: NV Zip: 89423

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

Print Name: _____ Escrow # _____

Address: _____

City: _____ State: _____ Zip: _____