

APN: 1420-33-411-010

After Recording, Mail to:

Russell LeBlanc
1135 Firth Way
El Dorado Hills, CA 95762



KAREN ELLISON, RECORDER E05

Mail Tax Statements to:

Same as above

The undersigned affirms that this document does contain the social security number of any person, as required by NRS 440.380. (NRS 239B.030).

DEATH OF GRANTOR AFFIDAVIT

RUSSELL J. LEBLANC JR., being duly sworn, deposes and says that SHIRLEY JANE LEBLANC, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as SHIRLEY J. LEBLANC named as the grantor in the Transfer on Death Deed recorded on May 18, 2020, as Document Number 2020-946260, Official Records of Douglas County, Nevada, covering the following described real property in the County of Douglas State of Nevada:

Lot 3, as set forth upon that certain subdivision map entitled WILDHORSE ANNEX, UNIT NO. 1, a Planned Unit, filed in the office of the County Recorder of Douglas County, State of Nevada, on January 6, 1994, in Book 194, Page 1080, as Document No. 327012.

EXCEPT THEREFROM: all minerals, oil, gas and other hydrocarbons, as excepted in the Deed to Stock Petroleum Co., Inc., recorded on March 13, 1980 in Book 380, Page 1315, Official Recorder of Douglas County, Nevada as Document No. 42677.

Per NRS 111.312, this legal description was previously recorded at Document No. 0536325, Book 0302, Page 02008, on March 6, 2002.

RUSSELL J. LEBLANC JR. is one of the grantees to whom the real property is conveyed upon the death of the grantor SHIRLEY J. LEBLANC or is the authorized representative of the grantee or at least one of the grantees.

Dated: 4/13/21

RUSSELL J. LEBLANC JR.

CALIFORNIA NOTARY ACKNOWLEDGMENT

For An Individual Acting In His/Her Own Right:

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 Sacramento) ss.

On 4/13/2021 before me, Donald Miller Notary Public, personally appeared
Russell J. Leblanc Jr.

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


Signature

Donald Miller
Print Name

[NOTARIAL SEAL]



My commission expires: 12/15/2022

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
HEALTH AND HUMAN SERVICES AGENCY
 PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH

3202109000204

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 3/06)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) SHIRLEY		2. MIDDLE JANE		3. LAST (Family) LEBLANC	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 08/10/1933		5. AGE Yrs 87	
		6. SEX F		7. DATE OF DEATH mm/dd/yyyy 02/07/2021	
9. BIRTH STATE/FOREIGN COUNTRY NY		10. SOCIAL SECURITY NUMBER 1101		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION - Highest Level/Degree (see worksheet on back) PROFESSIONAL		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED REGISTERED NURSE		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) HEALTHCARE		19. YEARS IN OCCUPATION 45	
20. DECEDENT'S RESIDENCE (Street and number, or location) 2635 FAWN FESCUE COURT					
21. CITY MINDEN		22. COUNTY/PROVINCE DOUGLAS		23. ZIP CODE 89423	
24. YEARS IN COUNTY 23		25. STATE/FOREIGN COUNTRY NV			
26. INFORMANT'S NAME, RELATIONSHIP RUSSELL J. LEBLANC JR, SON		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1135 FIRTH WAY, EL DORADO HILLS, CA 95762			
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST HAROLD		32. MIDDLE LEIGHTON		33. LAST BURKE	
34. BIRTH STATE NY		35. NAME OF MOTHER/PARENT - FIRST MABEL		36. MIDDLE AUGUSTA	
37. LAST (BIRTH NAME) CARNEY		38. BIRTH STATE WI			
39. DISPOSITION DATE mm/dd/yyyy 02/10/2021		40. PLACE OF FINAL DISPOSITION NORTHERN NEVADA VETERANS MEMORIAL CEMETERY 14 VETERAN'S WAY, FERNLEY, NV 89408			
41. TYPE OF DISPOSITION(S) CR/TR/BU		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT GREEN VALLEY MORTUARY & CEMETERY		45. LICENSE NUMBER FD1551		46. SIGNATURE OF LOCAL REGISTRAR NANCY J WILLIAMS, MD, MPH	
47. DATE mm/dd/yyyy 02/10/2021					
101. PLACE OF DEATH SON'S RESIDENCE-HOSPICE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other	
104. COUNTY EL DORADO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1135 FIRTH WAY		106. CITY EL DORADO HILLS	
107. CAUSE OF DEATH Enter the chain of events - disease, injury, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) PNEUMONIA (B) METASTATIC LUNG CANCER		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO INTERNAL NUMBER		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 VALVULAR HEART DISEASE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date.) NO		114. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: Decedent Last Seen Alive (A) mm/dd/yyyy: (B) mm/dd/yyyy 12/08/2020: 02/03/2021		115. SIGNATURE AND TITLE OF CERTIFIER SHARMILA PRABHAKAR AMOLIK M.D.		116. LICENSE NUMBER A76753	
117. DATE 02/09/2021		118. ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE SHARMILA PRABHAKAR AMOLIK M.D. 2575 E BIDWELL ST STE 100, FOLSOM, CA 95630			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours)					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
				CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health and Human Services Agency.

FEB 12 2021

DATE ISSUED



000211224

Nancy Williams
 NANCY J WILLIAMS MD, MPH
 COUNTY HEALTH OFFICER

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CAELDORADO1

**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)

- a) 1420-33-411-010
- b) _____
- c) _____
- d) _____

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument #:	_____
Book:	_____ Page: _____
Date of Recording:	_____
Notes:	_____

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 _____

3. Total Value/Sales Price of Property:

\$ -0-

Deed in Lieu of Foreclosure Only (value of property):

\$ -0-

Transfer Tax Value:

\$ -0-

Real Property Transfer Tax Due:

\$ -0-

4. If Exemption Claimed:

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

b. Explain Reason for Exemption: This is a transfer from the deceased person to her children, without consideration

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 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: *Karen L. Winters for Russell LeBlanc Jr.* Capacity: Attorney for Grantees

Signature: _____ Capacity: _____

SELLER (GRANTOR) INFORMATION (Required)

Print Name: Shirley J. LeBlanc (deceased)

Address: _____

City/State/Zip: _____

BUYER (GRANTEE) INFORMATION (Required)

Print Name: Russell J. LeBlanc Jr.

Address: 1135 Firth Way

City/State/Zip: El Dorado Hills, CA 95762

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: Law Office of Karen L. Winters Esc.# _____

Address: P.O. Box 1987

City: Minden State: NV Zip: 89423