

DOUGLAS COUNTY, NV **2021-967890**
RPTT:\$0.00 Rec:\$40.00
\$40.00 Pgs=5 **05/21/2021 01:50 PM**
STEWART TITLE COMPANY - NV
KAREN ELLISON, RECORDER E05

A.P.N. No.:	1420-07-411-015
File No.:	1249183AG
Recording Requested By:	
Stewart Title Company	
When Recorded Mail To:	
Laura Kate Borst	
725 Norfolk Dr.	
Carson City NV 89703	

(for recorders use only)


Affidavit – Death of Grantor

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

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: Per NRS 440.380
(State specific law)



Signature

Escrow Assistant

Title

Annette Claypool]
Print Signature

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

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

AFFIDAVIT – DEATH OF GRANTOR

Kenneth Shawn Anderson, being duly sworn, deposes and says that Margaret Anderson, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Margaret Anderson, named as the grantor or as one of the grantors in the deed recorded on 09/19/2012, as instrument number 0809322 Official Records of Douglas County, Nevada, covering the following described property:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 1, as shown on the official map of RIDGEVIEW ESTATES, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 27, 1972, in Book 1272, Page 690, as Document No. 63503, Official Records.

Kenneth Shawn Anderson, is the grantee or at least one of the grantees to whom the real property is conveyed upon the death of the grantor Margaret Anderson, or is the authorized representative of the grantee or at least one of the grantees.

Dated: 5/19, 2021

Laura Kate Borst

Kenneth Shawn Anderson by Laura Kate Borst, his attorney in fact

State of Nevada

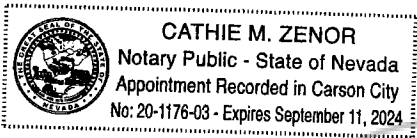
County of ~~Douglas~~ Carson City

On the 19th day of May, 2021, there personally appeared before me, a Notary Public, Kenneth Shawn Anderson who acknowledged to me that he/she executed the foregoing instrument.

Cathie M. Zenor

Notary Public

My Commission Expires: 9-11-2024



STATE OF NEVADA

COUNTY OF

Carson City

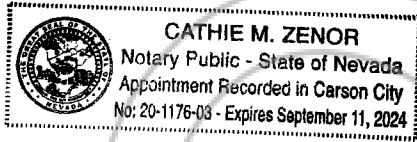
} s.s.

On , before me, the undersigned, a Notary Public in and for said County and State, personally appeared Laura Kate Borst, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, as the Attorney in fact of Kenneth Shawn Anderson and acknowledged to me that Laura Kate Borst subscribed the name of Kenneth Shawn Anderson thereto as principal and his/her own name as Attorney in fact.

WITNESS my hand and official seal.

Cathie M. Zenor

NOTARY PUBLIC for said County and State



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2012019600

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Margaret Louise ANDERSON		2. DATE OF DEATH (Mo/Day/Year) November 27, 2012		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 number) 3448 Toumaline Dr.		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 90	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. UNDER 1 DAY HOURS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) July 24, 1922		9a. STATE OF BIRTH (If not U.S.A., name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 6		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)	
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-9114		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
DISPOSITION	15d. STREET AND NUMBER 3448 Toumaline Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Orlando CRANE	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mandé EWLES		18a. INFORMANT- NAME (Type or Print) Kenneth ANDERSON		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1209 West 4th Street Carson City, Nevada 89703	
TRADE CALL	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) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) CHRISTOPHER FORMAN M.D. SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) November 29, 2012		21c. HOUR OF DEATH 08:54	
	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)	
REGISTRAR	22c. HOUR 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) Dr. Christopher Forman M.D. 2874 N. Carson Street, Suite 2 Carson City, NV 89706		23b. LICENSE NUMBER 5528		24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 12, 2012		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		Interval between onset and death Minutes	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(b) Electrolyte and Nutritional Deficiencies		(c) Esophageal Stricture		Interval between onset and death Days	
	(d) Osteoarthritis, Chronic Obstructive Pulmonary Disease		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
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

3696280

462270

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.

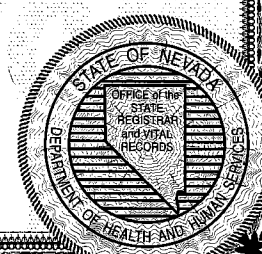
DATE ISSUED:

12/14/2012

R. J. [Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

VRS-Rev-20120523a



**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)
 a) 1420-07-411-015
 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'/Ind'l
 g. Agricultural h. Mobile Home
 Other _____

FOR RECORDERS OPTIONAL USE ONLY
 Book _____ Page: _____
 Date of Recording: _____
 Notes: _____

3. a. Total Value/Sales Price of Property \$ 0.00
 b. Deed in Lieu of Foreclosure Only (value of property) ()
 c. Transfer Tax Value: \$ 0.00
 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: Mother to Son Pursuant to Deed Upon Death Document No. 809322

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 *Kenneth Anderson* Capacity *Agent*
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)
 Print Name: Kenneth Shawn Anderson (Margaret Anderson Deceased)
 Address: 725 Norfolk Dr
 City: Carson City
 State: NV Zip: 89703

BUYER (GRANTEE) INFORMATION
(REQUIRED)
 Print Name: Kenneth Shawn Anderson
 Address: 725 Norfolk Dr
 City: Carson City
 State: NV Zip: 89703

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)
 Print Name: Stewart Title Company Escrow # 1249183 AMG
 Address: 2310 S. Carson St., Suite 5A
 City: Carson City State: NV Zip: 89701