

APN:1318-15-511-005



**RECORDING REQUESTED BY AND  
WHEN RECORDED MAIL TO:**

KAREN ELLISON, RECORDER      E10

Jamie L. Walker, Esq.  
c/o ALLING & JILLSON, LTD.  
276 Kingsbury Grade, Suite 2000  
Post Office Box 3390  
Lake Tahoe, Nevada 89449-3390

**AFFIDAVIT OF DEATH OF GRANTOR**

**COMES NOW STEPHEN C. ATHERTON**, being first duly sworn, depose and says:

1. That Jean Lenore Atherton, died the 31<sup>st</sup> day of March, 2021 and is the Decedent mentioned in the attached certified copy of the Certificate of Death.

2. That Jean Lenore Atherton is the same person as Jean L. Atherton, named as the Grantor in the Grant, Bargain, Sale Deed For Transfer On Death, recorded on May 28, 2004, as Document 0614524, Book 0504, at Page 14344, in the official records of Douglas County, Nevada, covering the real property commonly known as 313 Paiute Drive, located in the County of Douglas, State of Nevada, and more particularly described as:

LOT 3 BLOCK B, AS SHOWN ON THE MAP OF ROUND HILL VILLAGE UNIT NO.4 FILED IN THE OFFICE OF THE COUNTY RECORDER, DOUGLAS COUNTY, APRIL 25, 1996

3. That I am one of two beneficiaries to whom the real property is conveyed upon the death of the Grantor Jean L. Atherton; the other beneficiary listed in the Grant, Bargain, Sale Deed For Transfer On Death is my sister, Donna H. Dunn.

4. That said Grant, Bargain, Sale Deed For Transfer On Death provides that upon the death of Grantor, the above mentioned real property shall be conveyed to:

“DONNA A. DUNN, a married woman, as her sole and separate property, and STEPHEN C. ATHERTON, a married man, as his sole and separate property, GRANTEES, equally, their heirs and assigns forever.”

IN WITNESS WHEREOF, the undersigned has executed this document at Douglas County, Nevada, on this 1<sup>st</sup> day of June 2021.

*Stephen C. Atherton*

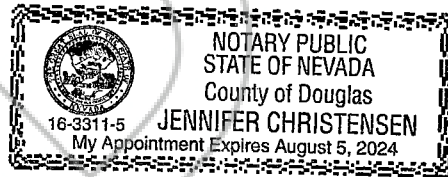
STEPHEN C. ATHERTON

STATE OF NEVADA     )  
  ) ss.  
COUNTY OF DOUGLAS    )

This instrument was acknowledged before me on June 1st, 2021, by Stephen C. Atherton.

WITNESS my hand and official seal.

*Jennifer Christensen*  
\_\_\_\_\_  
NOTARY PUBLIC



**EXHIBIT "A"**

**CERTIFICATE OF DEATH**

COPY

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**WASHOE COUNTY HEALTH DISTRICT**  
VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4205501

**CERTIFICATE OF DEATH**

**2021007988**  
STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

DECEDENT

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

PARENTS

Cremation

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) <b>Jean Lenore ATHERTON</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 28, 2021</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) <b>Renown Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) <b>Inpatient</b>	
4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>91</b>		7b. UNDER 1 YEAR <b>MOS   DAYS</b>		7c. UNDER 1 DAY <b>HOURS   MINS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>June 23, 1929</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>18</b>		11. MARITAL STATUS (Specify) <b>Never Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER <b>0055</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>TEACHER</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>EDUCATION</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Zephyr Cove</b>	
15d. STREET AND NUMBER <b>313 Paiute Dr</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>Oliver Hope ATHERTON</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Mable Lenore CALVERT</b>		
18a. INFORMANT - NAME (Type or Print) <b>Stephen ATHERTON</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>13050 Pierce Road Saratoga, California 95070</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sierra Crematory</b>		19c. LOCATION City or Town State <b>Reno Nevada 89503</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TAMAR R BEAULAC</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD870</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno</b> <b>5890 S Virginia St. Suite 4-E Reno NV 89502</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>ALI SAADI MD</b> SIGNATURE AUTHENTICATED			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>March 31, 2021</b>		21c. HOUR OF DEATH <b>21:50</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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>Ali Saadi MD 1155 Mill Street Reno, NV 89502</b>				23b. LICENSE NUMBER <b>19464</b>	
24a. REGISTRAR (Signature) <b>CARMEN M MENDOZA</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 31, 2021</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>Intracranial Hemorrhage</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Ischemic Stroke</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b></b> DUE TO, OR AS A CONSEQUENCE OF: (d) <b></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>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		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	

000414203 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.

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED:

4/1/2021

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF NEVADA  
DECLARATION OF VALUE

1. **Assessor Parcel Number(s):**  
 (a) 1318-15-511-005  
 (b) \_\_\_\_\_  
 (c) \_\_\_\_\_  
 (d) \_\_\_\_\_

**FOR RECORDERS OPTIONAL USE ONLY**

Document/Instrument #: \_\_\_\_\_  
 Book: \_\_\_\_\_ Page: \_\_\_\_\_  
 Date of Recording: \_\_\_\_\_  
 Notes: \_\_\_\_\_

2. **Type of Property:**  
 (a)  Vacant Land                      x (b) SFR  
 (c)  Condo/Townhouse               (d) 2-4 Plex  
 (e)  Apartment Building             (f) Commercial/Ind.  
 (g)  Agricultural                       (h) Mobile Home  
 (i)  Other: \_\_\_\_\_

3. **Total Value/Sale Price of Property:** \$ 0  
 Deed in Lieu of Foreclosure Only (value of property): \$ \_\_\_\_\_  
 Transfer Tax Value: \$ \_\_\_\_\_  
 Real Property Transfer Tax Due: \$ 0

4. **If Exemption Claimed:**  
 a. Transfer Tax Exemption, per NRS 375.090(10).  
 b. Explain Reason for Exemption: A conveyance of real property by deed which becomes effective upon the death of the grantor pursuant to NRS 111.655 to 111.699, inclusive.

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: [Signature] Capacity Seller, Jamie L. Walker, Esq., Legal Representative  
 Signature: [Signature] Capacity Buyer, Jamie L. Walker, Esq., Legal Representative

**SELLER (GRANTOR) INFORMATION**  
 (Required)  
 Name Stephen C. Atherton, a Married Man as his Sole and Separate Property  
 Address 13050 Pierce Road  
 City/State/Zip Saratoga, CA 95070

**BUYER (GRANTEE) INFORMATION**  
 (Required)  
 Name Stephen C. Atherton, a Married Man as his Sole and Separate Property  
 Address 13050 Pierce Road  
 City/State/Zip Saratoga, CA 95070

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

Print Name: ALLING & JILLSON, LTD.  
 Address: Post Office Box 3390  
 Lake Tahoe, NV 89449