

APN: 1220-152-410-088



KAREN ELLISON, RECORDER

E10

After Recording, Mail to:

Daron Overturf  
828 Annkim Circle  
Gardnerville, NV 89410

Mail Tax Statements to:

Same as above

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

### DEATH OF GRANTOR AFFIDAVIT

Daron Overturf, being duly sworn, deposes and says that Donald Eugene Overturf, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Donald Overturf named as the grantor in the Transfer on Death Deed recorded on April 27, 2017 in Document Number 2017-897904 of the official records of Douglas County, Nevada, covering the following described property in the County of Douglas, State of Nevada:

LOT 36, IN BLOCK L AS SAID LOT AND BLOCK ARE SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 4, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON APRIL 10, 1967.

Per NRS 111.312, this legal description was previously recorded at Document No. 195211, Book 189, Pages 3586-87 in the official records of the Douglas County Recorder on January 26, 1989.

Daron Eugene Overturf is the grantee to whom the real property is conveyed upon the death of the grantor Donald Overturf.

Dated:

7/6/2021

Daron Gene Overturf

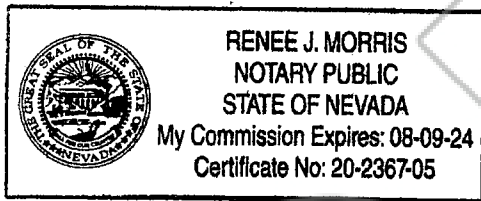
**ACKNOWLEDGMENT**

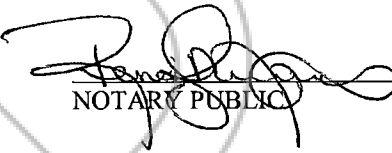
STATE OF NEVADA )  
 ) : ss.  
COUNTY OF DOUGLAS )

On July 6, 2021, before me, Reneé J. Morris, Notary Public, personally appeared Daron Overturf, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument the persons, or the entity upon behalf of which the persons acted, executed the instrument.

WITNESS my hand and official seal.

Seal



  
NOTARY PUBLIC

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

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

CASE FILE NO. 4210048

**CERTIFICATE OF DEATH**

2021010645  
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) <b>Donald Eugene OVERTURF</b>		2 DATE OF DEATH (Mo/Day/Year) <b>April 26, 2021</b>		3a COUNTY OF DEATH <b>Douglas</b>	
3b CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>828 Annkim Circle</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 No - Non-Hispanic	
7a AGE-Last birthday (Years) <b>79</b>		7b UNDER 1 YEAR MOS   DAYS		7c UNDER 1 DAY HOURS   MINS	
8 DATE OF BIRTH (Mo/Day/Yr) <b>August 30, 1941</b>		9a STATE OF BIRTH (If not US/CA, name country) <b>Iowa</b>		9b CITIZEN OF WHAT COUNTRY <b>United States</b>	
10 EDUCATION <b>12</b>		11 MARITAL STATUS (Specify) <b>Divorced</b>		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13 SOCIAL SECURITY NUMBER <b>██████████-1915</b>		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>LABORER</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>Gardnerville</b>	
15d STREET AND NUMBER <b>828 Annkim Circle</b>		15e INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Herbert Lee OVERTURF</b>	
17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Opal Evelyn CRILL</b>		18a INFORMANT - NAME (Type or Print) <b>Daron OVERTURF</b>		18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) <b>828 Annkim Circle Gardnerville, Nevada 89460</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>DENICE PORTILLO</b> SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER <b>FD872</b>		20c NAME AND ADDRESS OF FACILITY <b>Cremation Society of Nevada - Capitol City</b> <b>1614 N Curry Street Carson City NV 89703</b>	
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>DENVER J MILLER MD</b> SIGNATURE AUTHENTICATED					
21b DATE SIGNED (Mo/Day/Yr) <b>April 30, 2021</b>		21c HOUR OF DEATH <b>22:41</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)	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b DATE SIGNED (Mo/Day/Yr)		22c HOUR OF DEATH	
23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Denver J Miller MD 5538 Longley Lane Reno, NV 89511</b>		23b LICENSE NUMBER <b>7330</b>		22d PRONOUNCED DEAD (Mo/Day/Yr)	
24a REGISTRAR (Signature) <b>BLAISE SATARIANO</b> SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 03, 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>Acute Cardiopulmonary Arrest</b>				Interval between onset and death <b>Minutes</b>	
(b) <b>Hypoxia</b>				Interval between onset and death <b>Minutes</b>	
(c) <b>Senile Degeneration Of The Brain Not Elsewhere Classified</b>				Interval between onset and death <b>Months</b>	
(d) <b>ETIOLOGY UNKNOWN</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 1.				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	



CERTIFIED COPY OF VITAL RECORDS

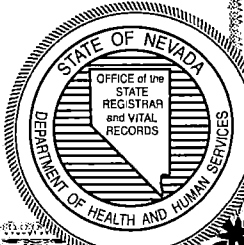
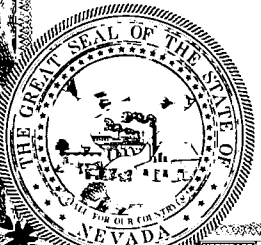
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 5/6/2021

*Blaise Satariano*  
STATE REGISTRAR

This copy is 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) 1220-152-410-088
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

<b>FOR RECORDERS OPTIONAL USE ONLY</b>	
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:**

\$ \_\_\_\_\_  
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, Section: 10
- b. Explain Reason for Exemption: This is a conveyance of real property that becomes effective on the death of the grantor pursuant to NRS 111.655 to 111.699 .

**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: N/A Capacity: Grantor

Signature: *Daron Overturf* Capacity: Grantee

**SELLER (GRANTOR) INFORMATION (Required)**

Print Name: Donald Overturf  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

**BUYER (GRANTEE) INFORMATION (Required)**

Print Name: Daron Overturf  
Address: 828 Annkim Circle  
City/State/Zip: Gardnerville, NV 89460

**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