

APN# 1318-15-511-005



Recording Requested by/Mail to:
Name: ADLER & VILLANUEVA, LLC
Address: 204 N. Minnesota St, Suite A
City/State/Zip: Carson City, NV 89703

KAREN ELLISON, RECORDER E10

Mail Tax Statements to:
Name: Stephen Atherton
Address: 13050 Pierce Road
City/State/Zip: Saratoga, CA 95070

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)

Signature

Stephen Atherton

Printed Name

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

A.P.N.: 1318-15-511-005

WHEN RECORDED MAIL TO:
Ernest E. Adler, Esq.
ADLER & VILLANUEVA, LLC
204 N. Minnesota Street, Suite A
Carson City, NV 89703

MAIL TAX STATEMENTS TO:
Stephen Atherton
13050 Pierce Road
Saratoga, CA 95070

DEATH OF GRANTOR

STATE OF NEVADA)
 :ss.
CARSON CITY)

STEPHEN C. ATHERTON, being duly sworn, deposes and says that JEAN L. ATHERTON, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as JEAN L. ATHERTON, named as the grantor in the deed upon death recorded on May 28, 2004, as Document Number 0614524, of the Official Records of Douglas County, Nevada, covering the real property commonly known as, 313 Paiyute Drive, Zephyr Cove, 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, 1966.

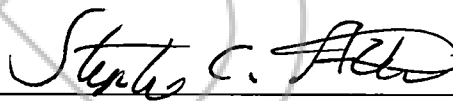
Together with all structures, fixtures, tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

STEPHEN C. ATHERTON is the beneficiary or at least one of the beneficiaries to

whom the real property is conveyed upon the death of the grantor JEAN L. ATHERTON. The beneficiaries listed in the deed upon death are STEPHEN C. ATHERTON, as a married man, as his sole and separate property, all right, title and interest in the same real property and DONNA H. DUNN, as a married woman, as her sole and separate property, all right, title and interest in the same real property.

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS.

Dated 30th day of April, 2021.

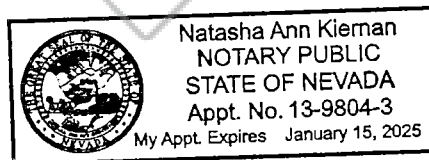


STEPHEN C. ATHERTON, Beneficiary

SUBSCRIBED and SWORN to on this 30th day of April, in the year 2021, before me, Natasha Kiernan, by Stephen C. Atherton, who personally appeared and proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to this instrument, and acknowledged that she executed it.



NOTARY PUBLIC



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	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Jean Lenore AHERTON		2. DATE OF DEATH (Mo/Day/Year) March 28, 2021		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) Renown Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer Rm. Inpatient(Specify) Inpatient	
DECEDENT	4. SEX Female		5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 91		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8 DATE OF BIRTH (Mo/Day/Yr) June 23, 1929		9a STATE OF BIRTH (If not US/CA, name country) California		9b CITIZEN OF WHAT COUNTRY United States	
	10 EDUCATION 18		11. MARITAL STATUS (Specify) Never Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
PARENTS	13 SOCIAL SECURITY NUMBER 0055		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) TEACHER		14b. KIND OF BUSINESS OR INDUSTRY EDUCATION	
	15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c. CITY, TOWN OR LOCATION Zephyr Cove	
PARENTS	15d. STREET AND NUMBER 313 Paiute Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Oliver Hope AHERTON	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mable Lenore CALVERT		18a INFORMANT - NAME (Type or Print) Stephen AHERTON		18b. MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) 13050 Pierce Road Saratoga, California 95070	
CREMATION	19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89503	
	20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMAR R BEAULAC SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD870		20c NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502	
TRADE CALL	TRADE CALL - NAME AND ADDRESS					
	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) ALI SAADI MD 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) March 31, 2021		21c HOUR OF DEATH 21:50		22b DATE SIGNED (Mo/Day/Yr)		
REGISTRAR	21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Ali Saadi MD 1155 Mill Street Reno, NV 89502		23b. LICENSE NUMBER 19464	
CAUSE OF DEATH	24a REGISTRAR (Signature) CARMEN M MENDOZA SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 31, 2021		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) Intracranial Hemorrhage DUE TO, OR AS A CONSEQUENCE OF. (b) Ischemic Stroke DUE TO, OR AS A CONSEQUENCE OF. (c) _____ DUE TO, OR AS A CONSEQUENCE OF. (d) _____		Interval between onset and death		Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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) 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				

000414201 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. Assessors Parcel Number(s)
a) 1318-15-511-005
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'l/Ind'l
g) Agricultural h) Mobile Home
i) Other _____

FOR RECORDERS OPTIONAL USE ONLY	
DOCUMENT/INSTRUMENT #:	_____
BOOK _____	PAGE _____
DATE OF RECORDING:	_____
NOTES:	_____

3. Total Value/Sales Price of Property: \$ \$0.00
Deed in Lieu of Foreclosure Only (value of property) (\$0.00
Transfer Tax Value: \$ \$0.00
Real Property Transfer Tax Due: \$ \$0.00

4. If Exemption Claimed:
a. Transfer Tax Exemption per NRS 375.090, Section # 10
b. Explain Reason for Exemption: Transferring upon death of grantor to beneficiaries without consideration.

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 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 [Signature] Capacity Attorney for Grantee
Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION (REQUIRED)
Print Name: Jean L. Atherton
Address: PO BOX 1193
City: Zephyr Cove
State: Nevada Zip: 89448

BUYER (GRANTEE) INFORMATION (REQUIRED)
Print Name: Stephen C. Atherton & Donna H. Dunn
Address: 13050 Pierce Road
City: Saratoga
State: California Zip: 95070

COMPANY/PERSON REQUESTING RECORDING
(required if not the seller or buyer)
Print Name: ADLER & VILLANUEVA, LLC Escrow # n/a
Address: 204 N. Minnesota Street, Suite A
City: Carson City State: Nevada Zip: 89703