

APN: 1220-03-311-033



KAREN ELLISON, RECORDER

E10

WHEN RECORDED MAIL TO:
KAREN MIKULSKI
1429 PIN OAK DRIVE
GARDNERVILLE, NV. 89410

DEATH OF GRANTOR AFFIDAVIT

STATE OF NEVADA)
)
COUNTY OF DOUGLAS)

SS

KAREN MIKULSKI, being duly sworn, deposes and says that GEORGE WINKELMAN, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as GEORGE WINKELMAN, named as the grantor or as one of the grantors in the deed upon death recorded on 1-10-2014, as document or file number 0B36633 book _____, at page _____, records of DOUGLAS County, Nevada, covering the real property commonly known as 1311 WHITE ASH DRIVE, city of GARDNERVILLE, county of DOUGLAS, state of Nevada [or located in the county of DOUGLAS, state of Nevada], and more particularly described as:

(Legal Description)

KAREN MIKULSKI is the beneficiary, or at least one of the beneficiaries, to whom the real property is conveyed upon the death of the grantor, GEORGE WINKELMAN or is the authorized representative of the beneficiary or at least one of the beneficiaries. The beneficiary or beneficiaries listed in the deed upon death are _____
KAREN MIKULSKI

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

DATE: 8/24/2021

Karen Mikulski

(Print name of Affiant)

KAREN MIKULSKI

(JURAT)

NEVADA NOTARY ACKNOWLEDGMENT

THE STATE OF NEVADA

COUNTY OF Douglas

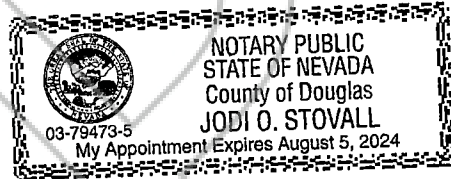
This instrument was acknowledged before me on August 24, 2021
(date) by Karen Mikulski, (name of person).

Jodi O. Stovall

Notary Public Signature

Print Jodi O. Stovall

Title Notary Public



(Seal)

EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 060301426

The land referred to herein is situated in the State of Nevada, County of Douglas described as follows:

Lot 42, Block F, as set forth on Final Subdivision Map LDA 01-047, Planned Unit Development for Arbor Gardens, Phase 4, filed for record in the office of the County Recorder of Douglas County, State of Nevada on October 17, 2005, Book 1005, Page 7083, as Document No. 657923.

Assessor's Parcel Number: 1220-03-311-033

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3946055

CERTIFICATE OF DEATH

2017009247
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) George H WINKELMAN		2 DATE OF DEATH (Mo/Day/Year) March 06, 2017		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address) 1311 White Ash Drive		3e. If Hosp. or Inst indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 88	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) April 03, 1928	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 12	
	11. MARITAL STATUS (Specify) Widowed		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER -1732		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1311 White Ash Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Herman WINKELMAN	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Herman WINKELMAN		17 MOTHER/PARENT - NAME (First Middle Last Suffix) Hannah WINKELMAN			
TRADE CALL	18a. INFORMANT - NAME (Type or Print) Karen MIKULSKI		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1429 Pin Oak Drive Gardnerville, Nevada 89410			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Reno		19c. LOCATION City or Town State Reno Nevada	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER		20b. FUNERAL DIRECTOR LICENSE NUMBER 854		20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services 3004 Research Way #63 Carson City NV 89706	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) BERNADETTE J SMITH SIGNATURE AUTHENTICATED					
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) May 17, 2017		21c. HOUR OF DEATH 11:25		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) BERNADETTE J SMITH SIGNATURE AUTHENTICATED	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr) March 06, 2017		22c. HOUR OF DEATH 11:25	
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Bernadette J Smith P.O. Box 218 Minden, NV 89423				23b. LICENSE NUMBER	
	24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 18, 2017		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I				26. AUTOPSY (Specify Yes or No) No	
	(a) Cardiac Arrest				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
		(b) Atherosclerotic Cardiovascular Disease				
		(c) DUE TO, OR AS A CONSEQUENCE OF				
		(d) DUE TO, OR AS A CONSEQUENCE OF				
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.						
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



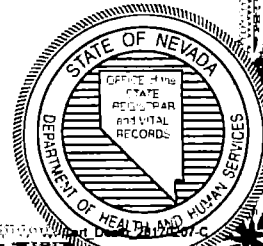
CERTIFIED COPY OF VITAL RECORDS

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: 5/23/2017

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

Cody L. Phinney
STATE REGISTRAR
SIGNATURE AUTHENTICATED



STATE OF NEVADA
DECLARATION OF VALUE

- 1. Assessor Parcel Number(s)
 - a) 1220-03-311-033
 - 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	
BOOK _____	PAGE _____
DATE OF RECORDING: _____	
NOTES: _____	

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

- 4. If Exemption Claimed:
 - a. Transfer Tax Exemption per NRS 375.090, Section # 10
 - b. Explain Reason for Exemption: Aff. Death of Grantor

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 Karen Mikulski Capacity GRANTEE

Signature _____ Capacity _____

**SELLER (GRANTOR) INFORMATION
(REQUIRED)**

**BUYER (GRANTEE) INFORMATION
(REQUIRED)**

Print Name: GEORGE WINKELMAN
 Address: 1311 WHITE ASH DRIVE
 City: GARDNERVILLE
 State: NV Zip: 89410

Print Name: KAREN MIKULSKI
 Address: 1429 PIN OAK DRIVE
 City: GARDNERVILLE
 State: NV Zip: 89410

**COMPANY/PERSON REQUESTING RECORDING
(required if not the seller or buyer)**

Print Name: _____ Escrow # _____
 Address: _____
 City: _____ State: _____ Zip: _____

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)