

DOUGLAS COUNTY, NV

2021-973324

RPTT:\$0.00 Rec:\$40.00

\$40.00 Pgs=6

08/30/2021 04:05 PM

STEWART TITLE COMPANY - NV

KAREN ELLISON, RECORDER

E05

A.P.N. No.:	1420-33-213-033
File No.:	1314277 MDD
Recording Requested By:	
Stewart Title Company	
When Recorded Mail To:	
Cindy S. Watkins	
7650 Diamond Vista Court	
Reno, NV 89506	

(for recorders use only)

Affidavit – Death of Grantor

Please complete Affirmation Statement below:

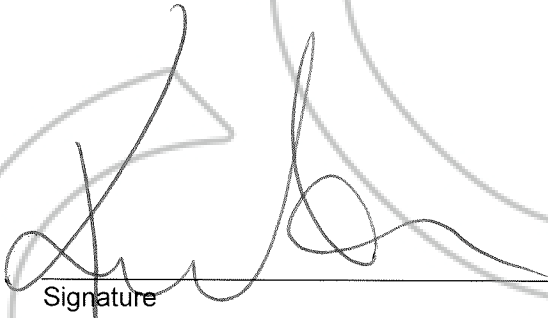
****This document is signed in counterpart****

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 (1)(5) & 40.525 (5))

(State specific law)



Signature

Escrow Assistant

Title

Keri Austin
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

Robert W. Watkins and Randall S. Watkins and Cindy S. Watkins, being duly sworn, deposes and says that Carol Lee Watkins, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Carol Lee Watkins, named as the grantor or as one of the grantors in the deed recorded on 11/15/2015, as instrument number 871222, Official Records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and made a part hereof.

Robert W. Watkins and Randall S. Watkins and Cindy S. Watkins, is the grantee or at least one of the grantees to whom the real property is conveyed upon the death of the grantor Carol Lee Watkins, or is the authorized representative of the grantee or at least one of the grantees.

Dated: August 18, 2021

Robert W. Watkins
Robert W. Watkins

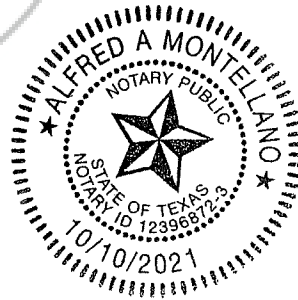
Randall S. Watkins
Randall S. Watkins

Cindy S. Watkins
Cindy S. Watkins

State of Texas
County of Dallas

On the 23 day of August, 2021, there personally appeared before me, a Notary Public, Robert W. Watkins who acknowledged to me that he/she executed the foregoing instrument.

Alfred A. Montellano
Notary Public
My Commission Expires: 10-16-2021



AFFIDAVIT – DEATH OF GRANTOR

Robert W. Watkins and Randall S. Watkins and Cindy S. Watkins, being duly sworn, deposes and says that Carol Lee Watkins, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Carol Lee Watkins, named as the grantor or as one of the grantors in the deed recorded on 11/15/2015, as instrument number 871222, Official Records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and made a part hereof.

Robert W. Watkins and Randall S. Watkins and Cindy S. Watkins, is the grantee or at least one of the grantees to whom the real property is conveyed upon the death of the grantor Carol Lee Watkins, or is the authorized representative of the grantee or at least one of the grantees.

Dated: August 18, 2021

Robert W. Watkins

Randall S. Watkins

Cindy S. Watkins

Cindy S. Watkins

State of Nevada
County of Washoe

On the 18th day of August, 2021, there personally appeared before me, a Notary Public, Cindy S. Watkins who acknowledged to me that he/she executed the foregoing instrument.

Notary Public
My Commission Expires: 10/16/21



AFFIDAVIT – DEATH OF GRANTOR

Robert W. Watkins and Randall S. Watkins and Cindy S. Watkins, being duly sworn, deposes and says that Carol Lee Watkins, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Carol Lee Watkins, named as the grantor or as one of the grantors in the deed recorded on 11/15/2015, as instrument number 871222, Official Records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and made a part hereof.

Robert W. Watkins and Randall S. Watkins and Cindy S. Watkins, is the grantee or at least one of the grantees to whom the real property is conveyed upon the death of the grantor Carol Lee Watkins, or is the authorized representative of the grantee or at least one of the grantees.

Dated: August 18, 2021

Robert W. Watkins

Randall S Watkins

Randall S. Watkins

Cindy S. Watkins

Cindy S. Watkins

State of California
County of El Dorado

On the 19th day of August, 2021, there personally appeared before me, a Notary Public, Sandy D. Hurley, Randall S. Watkins, who acknowledged to me that he/she executed the foregoing instrument.

Sandy D. Hurley

Notary Public

My Commission Expires: 3/27/2023

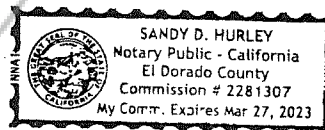
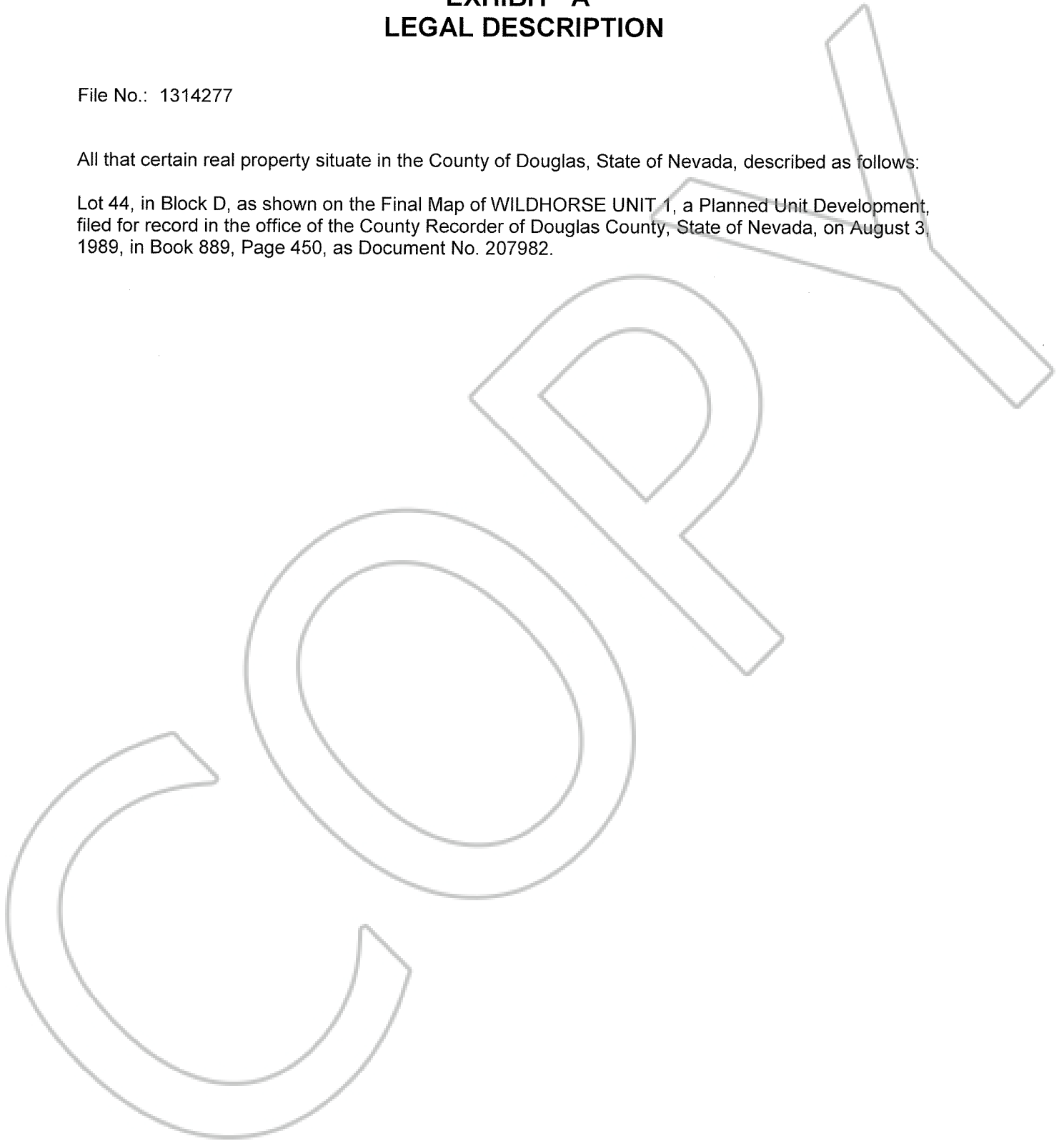


EXHIBIT "A"
LEGAL DESCRIPTION

File No.: 1314277

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

Lot 44, in Block D, as shown on the Final Map of WILDHORSE UNIT 1, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on August 3, 1989, in Book 889, Page 450, as Document No. 207982.



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4219563

CERTIFICATE OF DEATH

2021014588
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

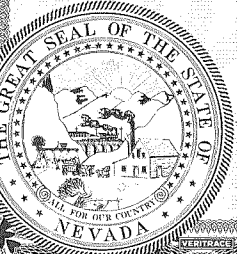
CERTIFIER

REGISTRAR

CAUSE OF
DEATH

CONDITIONS IF
ANY WHICH
HAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Carol Lee WATKINS		2. DATE OF DEATH (Mo/Day/Year) June 18, 2021		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 2706 Stirrup Ct.		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 84		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MIN	
8. DATE OF BIRTH (Mo/Day/Yr) February 17, 1937		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER ██████████1094		14a: USUAL OCCUPATION (Give Kind of Work Done During Most of) Medical Transcriptionist		14b: KIND OF BUSINESS OR INDUSTRY HOSPITAL	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2706 Stirrup Ct.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) AI ROONER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Minerva SPORN		
18a. INFORMANT- NAME (Type or Print) Cindy S. WATKINS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 7650 Diamond Vista Ct. Reno, Nevada 89506			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Anatomical Donation/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) DENICE PORTILLO SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD872		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706	
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) 21b. DATE SIGNED (Mo/Day/Yr) 21c. HOUR OF DEATH			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) JEREMY R CUNNINGHAM SIGNATURE AUTHENTICATED		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22b. DATE SIGNED (Mo/Day/Yr) June 22, 2021		22c. HOUR OF DEATH 12:38
			22d. PRONOUNCED DEAD (Mo/Day/Yr) June 17, 2021		22e. PRONOUNCED DEAD AT (Hour) 12:38
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Jeremy R Cunningham P.O Box 218 Minden, NV 89423					23b. LICENSE NUMBER
24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 22, 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				Interval between onset and death	
(a) PENDING DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:				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) Yes	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC., SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify) PENDING INVEST.		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 Nevada	

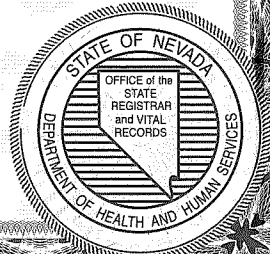


CERTIFIED COPY OF VITAL RECORDS

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: 6/24/2021

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 FORM**

1. Assessor Parcel Number(s)
 a) 1420-33-213-033
 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
 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: Transfer from parent to children without consideration due

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 [Handwritten Signature] Capacity Agent Grantor _____
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)
 Print Name: Carol Lee Watkins
 Address: 7650 Diamond Vista Court
 City: Reno
 State: NV Zip: 89506

BUYER (GRANTEE) INFORMATION
(REQUIRED)
 Print Name: Robert W. Watkins, Randall S. Watkins, and Cindy S. Watkins
 Address: 7650 Diamond Vista Court
 City: Reno
 State: NV Zip: 89506

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)
 Print Name: Stewart Title Company Escrow # 1314277 MDD
 Address: 5390 Kietzke Ln., Suite 101
 City: Reno State: NV Zip: 89511