



KAREN ELLISON, RECORDER

E10

APN:1420.33.701.037  
Return document to:  
Valerie and Craig Tuthill  
2658 Clapham Ln  
Minden, NV 89432

Mail tax statements to:  
Valerie and Craig Tuthill  
2658 Clapham Ln  
Minden, NV 89423

STATE OF Nevada )  
COUNTY OF Douglas )

**DEATH OF GRANTOR AFFIDAVIT**  
Under NRS 111.699

THE AFFIANT, Valerie Tuthill , being duly sworn,  
deposes and says:

1. That Gary Gapch , the decedent mentioned  
in the attached certified copy of the Certificate of Death, is the same  
person as Gary Gapch , named as the grantor  
or as one of the grantors in the deed upon death recorded on  
05/09/2011 , as document or file number 0782957 ,  
book 0511 , at page 1411 , records of Douglas  
County, Nevada, covering the real property commonly known as  
2658 Clapham Ln , City of Minden ,  
County of Douglas , State of Nevada, and more particularly  
described as:  
Single Family Res *see exhibit A*

2. That the affiant, Valerie Tuthill , is the  
beneficiary or at least one of the beneficiaries to whom the real property is  
conveyed upon the death of the grantor, Gary Gapch ,  
or is the authorized representative of the beneficiary or at least one of the  
beneficiaries.

3. That the beneficiary or beneficiaries listed in the deed upon death are:  
Valerie Tuthill and Lynn Berg

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT  
SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY  
NUMBER OF A PERSON OR PERSONS, AS REQUIRED BY NRS 40.525  
AND NRS 440.380(1)(a).

Dated this 1 day of October, 2021.

Valerie Tuthill  
Affiant

Valerie Tuthill  
Print name

*Construe all terms with the appropriate gender and quantity  
required by the sense of this instrument.*

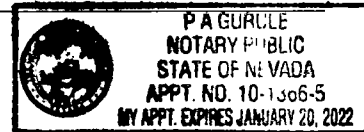
Subscribed and sworn to on this 1 day of October, in the year  
2021, before me, P. A. Gurule,

by Valerie Tuthill

P. A. Gurule  
Notary Public

P. A. Gurule  
Print name

My commission expires: January 20, 2022



ex January 20, 2022

**Grantee's Address:**

Mrs. Valerie And Craig Tuthill  
2658 Clapham Ln  
Minden, Nevada 89423

**Grantor's Address:**

Mrs. Lynn Berg  
1487 Grendon Way  
Gardnerville, Nevada 89410

**Mail Subsequent Tax Bills To:**

Valerie And Craig Tuthill  
2658 Clapham Ln  
Minden, Nevada 89423



Exhibit A

Parcel E on that certain Parcel Map for Harold E. Clapham, filed in the office of the County Recorder of Douglas County, State of Nevada, on February 3<sup>rd</sup> 1976. In book 276, at page 75, as Document No. 87065, of Official Records.

Document No. 0551118 in book 0802 at page 11290 on August 30, 2007.

# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4198275

### CERTIFICATE OF DEATH

2021005122  
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>Gary William GAPCH</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 18, 2021</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>2658 Clapham Ln.</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>74</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>November 03, 1946</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>New Jersey</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>16</b>		11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]-2957</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		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>Minden</b>	
15d. STREET AND NUMBER <b>2658 Clapham Ln.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Frank GAPCH</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Hellen TOBAC</b>		18a. INFORMANT- NAME (Type or Print) <b>Valerie TUTHILL</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1377 Elges Ave Gardnerville, Nevada 89460</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>NORMA M FINKES</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD967</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1637 Esmerelda Place Minden NV 89423</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>DAVID M BAKER 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>February 19, 2021</b>		21c. HOUR OF DEATH <b>15:40</b>		22b. DATE SIGNED (Mo/Day/Yr)	
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) <b>David M Baker MD 1470 Medical Pkwy Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>11681</b>	
24a. REGISTRAR (Signature) <b>SHANA B RHINEHART</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 25, 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).)				26. AUTOPSY (Specify Yes or No) <b>No</b>	
PART I				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
(a) <b>Dilated Cardiomyopathy</b>				Interval between onset and death <b>Chronic</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Atrial Fibrillation</b>				<b>Chronic</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Unknown Etiology</b>				<b>Chronic</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.					
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	



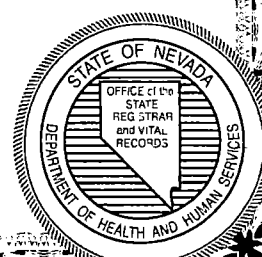
CERTIFIED COPY OF VITAL RECORDS

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: **3/2/2021**

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

*Shana B Rhinehart*  
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
a) 1420.33.701.037  
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 \_\_\_\_\_

<b>FOR RECORDERS OPTIONAL USE ONLY</b>	
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: Deed upon death of Grantor  
Doc # 0782957

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 Valerie Tutthill Capacity Grantee

Signature \_\_\_\_\_ Capacity \_\_\_\_\_

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

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

Print Name: Gary Gapch  
Address: 2658 Clapham Ln  
City: Minden  
State: NV Zip: 89423

Print Name: Valerie Tutthill  
Address: 2658 Clapham Ln  
City: Minden  
State: NV Zip: 89423

**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)