

APN# 1022-16-001-109



KAREN ELLISON, RECORDER

E10

Recording Requested by/Mail to:

Name: Vicky Diane Lopez

Address: 1505 Topaz Ranch Dr.

City/State/Zip: Wellington, NV 89444

Mail Tax Statements to:

Name: Vicky Diane Lopez

Address: 1505 Topaz Ranch Dr.

City/State/Zip: Wellington, NV 89444

Death of Grantor Affidavit

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)

Vicky Diane Lopez

Signature

Vicky Diane Lopez

Printed Name

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

APN: 1022-16-001-109

RECORDING REQUESTED BY:

Vicky Diane Lopez
1505 Topaz Ranch Dr.
Wellington, NV 89444

AFTER RECORDATION, RETURN BY MAIL TO:

Vicky Diane Lopez
1505 Topaz Ranch Dr.
Wellington, NV 89444

SPACE ABOVE THIS LINE FOR RECORDER'S USE

DEATH OF GRANTOR AFFIDAVIT

Vicky Diane Lopez, being duly sworn, deposes and says that IRMA MAY FAULKNER, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as IRMA M. FAULKNER, named as the grantor in the Deed Upon death recorded on November 17, 2017, as document number 2017-907097, records of Carson City, Nevada, covering the real property commonly known as 1505 Topaz Ranch Drive, Wellington, State of Nevada, and more particularly described as:

LOT 1 IN BLOCK J, AS SET FORTH ON THE OFFICIAL MAP OF TOPAZ RANCH ESTATES UNIT NO. 4, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON NOVEMBER 26, 1970, IN BOOK 81, PAGE 214, AS DOCUMENT NO. 50212, OFFICIAL RECORDS.

Vicky Diane Lopez, is the beneficiary to whom the real property is conveyed upon the death of the grantor, IRMA M. FAULKNER, 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 is Vicky Diane Lopez, a married woman as her sole and separate property.

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

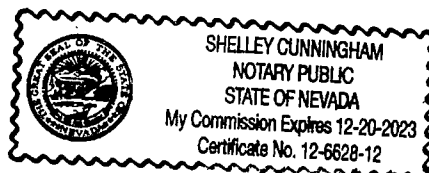
DATE: 9-20-2021

Vicky Diane Lopez
Vicky Diane Lopez

State of Nevada)
) ss.
County of Lyon)

On this 20th day of September, in the year 2021, before me, Shelley Cunningham, personally appeared Vicky Diane Lopez, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he executed it.

Shelley Cunningham
(Signature of 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. 4232931

CERTIFICATE OF DEATH

2021020968
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
STARTING THE
UNDERLYING
CAUSE LAST

1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Irma May FAULKNER		2 DATE OF DEATH (Mo/Day/Year) August 27, 2021		3a COUNTY OF DEATH Carson City	
3b CITY, TOWN, OR LOCATION OF DEATH Carson City		3c HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) Carson Tahoe Regional Medical Center		3e If Hosp or Inst indicate DOA,OP/Emer Rm Inpatient(Specify) Inpatient	
4 SEX Female		5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) 87		7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS	
8 DATE OF BIRTH (Mo/Day/Yr) May 14, 1934		9a. STATE OF BIRTH (If not US/CA, name country) Illinois		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)	
13 SOCIAL SECURITY NUMBER ██████████-3312		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) Operator		14b KIND OF BUSINESS OR INDUSTRY Telecommunication	
15a RESIDENCE - STATE Nevada		15b COUNTY Lyon		15c CITY, TOWN OR LOCATION Wellington	
15d STREET AND NUMBER 1505 Topaz Ranch Rd		15e INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Clarence Clinton SIEBERT			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Vera Olivia CROWELL		
18a. INFORMANT- NAME (Type or Print) James Clinton PARRISH		18b MAILING ADDRESS (Street or R F D No. City or Town, State, Zip) P.O. Box 3649 Sunriver, Oregon 97707			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c LOCATION City or Town State Carson City Nevada 89701	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BETHANY J RASMUSSEN SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD969		20c NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmeralda Place Minden NV 89423	
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) JOSHUA S TARTAKOFF DO 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) August 31, 2021		21c HOUR OF DEATH 23:25		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) Joshua S Tartakoff DO 1664 N Virginia St Reno, NV 89557			
23b. LICENSE NUMBER DO2736		24a REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 01, 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) Cardiopulmonary Arrest		Interval between onset and death			
(b) Severe Sepsis With Septic Shock		Interval between onset and death			
(c) Perforated Diverticulitis		Interval between onset and death			
(d) Ischemic Bowel, Unclear Etiology		Interval between onset and death			
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	



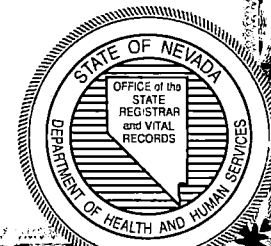
CERTIFIED COPY OF VITAL RECORDS

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: **9/8/2021**

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

Blaise Satariano
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1022-16-001-109
 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: A conveyance of real property by deed which becomes effective upon the death of the grantor pursuant to NRS 111.655 to 111.699, inclusive

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 Vicky D. Lopez Capacity _____ Grantee _____

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Irma May Faulkner
 Address: 1505 Topaz Ranch Rd
 City: Wellington
 State: NV Zip: 89444

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Vicky Diane Lopez
 Address: 1505 Topaz Ranch Rd
 City: Wellington
 State: NV Zip: 89444

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

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