

APN: 1220-12-710-017

Recorded at the Request of:
Heritage Law Group, A Division of
KALICKI COLLIER, LLP
1625 Highway 88, Suite 304
Minden, Nevada 89423



KAREN ELLISON, RECORDER

E10

Mail Future Tax Statements To:
MICHAEL JOHNSON, ET AL.
1081 Cortez Lane
Gardnerville, NV 89410

The undersigned hereby affirms that this document submitted for recording **DOES** contain the social security number of a person.

DEATH OF GRANTORS AFFIDAVIT

MICHAEL ALAN JOHNSON, LINDA LEE BYSE, CHERYL ANN GREEN, and VICTOR RAY JOHNSON, being first duly sworn, depose and say, under the penalty of perjury, that the following is true of his and her own personal knowledge:

That he/she/they are over the age of 18;

That GERALD W. JOHNSON, the Decedent mentioned in the Nevada Certificate of Death attached hereto as **Exhibit 1**, and MECHELE M. JOHNSON, the Decedent mentioned in the Nevada Certificate of Death attached hereto as **Exhibit 2**, are the same persons as GERALD W. JOHNSON and MECHELE M. JOHNSON named as a Grantors in the *Transfer on Death Deed Pursuant to NRS Chapter 111.109* recorded on November 1, 2021, as Document No. 2021-976416, Official Records of Douglas County, Nevada, covering the real property commonly known as and located at 1081 Cortez Lane, Gardnerville, Douglas County, State of Nevada, and more particularly described as:

**SEE LEGAL DESCRIPTION ATTACHED AS EXHIBIT "A"
AND MADE A PART HEREOF**


Pursuant to NRS 111.312, the above legal description previously appeared in a Joint Tenancy Deed recorded on March 10, 1995, as Document Number 357673.

MICHAEL ALAN JOHNSON, LINDA LEE BYSE, CHERYL ANN GREEN, and VICTOR RAY JOHNSON are the beneficiaries to whom the real property is conveyed upon the death of the Grantors/surviving Grantor. MECHELE M. JOHNSON was the surviving

Grantor. The beneficiaries listed in the *Transfer on Death Deed Pursuant to NRS Chapter 111.109* are MICHAEL ALAN JOHNSON, LINDA LEE BYSE, CHERYL ANN GREEN, and VICTOR RAY JOHNSON.

THE UNDERSIGNED AFFIRM THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS PURSUANT TO NRS 440.380(1)(a).

Dated: October 8, 2021.


MICHAEL ALAN JOHNSON



LINDA LEE BYSE

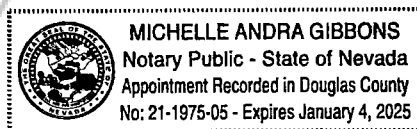

CHERYL ANN GREEN


VICTOR RAY JOHNSON

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On October 8, 2021, before me, a Notary Public, personally appeared MICHAEL ALAN JOHNSON, LINDA LEE BYSE, CHERYL ANN GREEN, and VICTORY RAY JOHNSON, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose name are subscribed to this instrument, and acknowledged that he/she/they executed it.


Notary Public



APN: 1220-12-710-017

**EXHIBIT "A"
LEGAL DESCRIPTON**

Parcel A, as set forth on Parcel Map for PINE NUT MANOR, LTD., filed for record in the office of the Douglas County Recorder on December 19, 1988 in Book 1288, Page 2482, Document No. 192852 of Official Records.

Said parcel being a resubdivision of Lots 36, 37 and 38, Block C, as set forth on the Plat of PINE NUT MANOR NO. 1 and 2, PHASE 2 filed for record in the office of the County Recorder of Douglas County, Nevada on June 15, 1980 in Book 680, Page 1361, Document No. 45348.

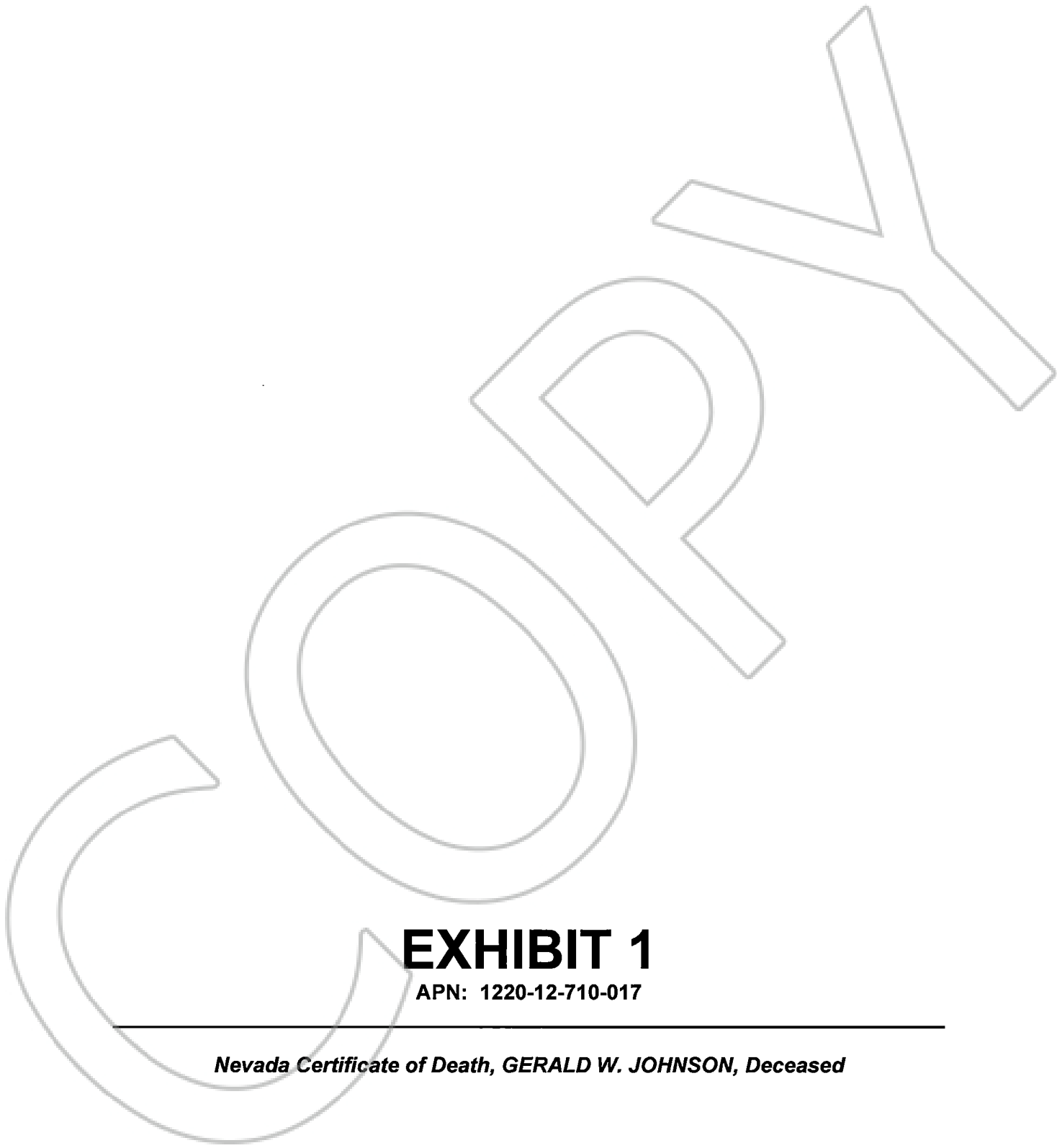


EXHIBIT 1

APN: 1220-12-710-017

Nevada Certificate of Death, GERALD W. JOHNSON, Deceased

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3919445

CERTIFICATE OF DEATH

2016018469
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) Gerald Walter JOHNSON		2. DATE OF DEATH (Mo/Day/Year) October 07, 2016		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and Inpatient)(Specify) 1081 Cortez Lane Home		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 85	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS
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) Married	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Mechele Margaret BOURBONNAIS
13. SOCIAL SECURITY NUMBER 8264		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Telephone Company	Ever in US Armed Forces? Yes
15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville	15d. STREET AND NUMBER 1081 Cortez Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) Walter Ray JOHNSON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Virginia BENSON		
18a. INFORMANT- NAME (Type or Print) Mechele JOHNSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1081 Cortez Lane Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 304R	20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701		
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) SIGNATURE AUTHENTICATED NITA SCHWARTZ M.D.			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) October 12, 2016		21c. HOUR OF DEATH 21:40		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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) Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703				23b. LICENSE NUMBER 9114	
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 13, 2016		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) Coronary Atherosclerosis DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____				Interval btwn onset and death Interval between onset and death Interval between onset and death 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) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes
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

033646295



CERTIFIED COPY OF VITAL RECORDS

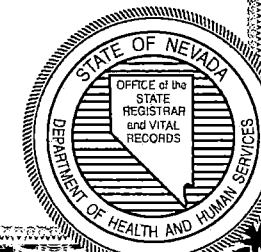
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 10/13/2016

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

Cody D. Phinney
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

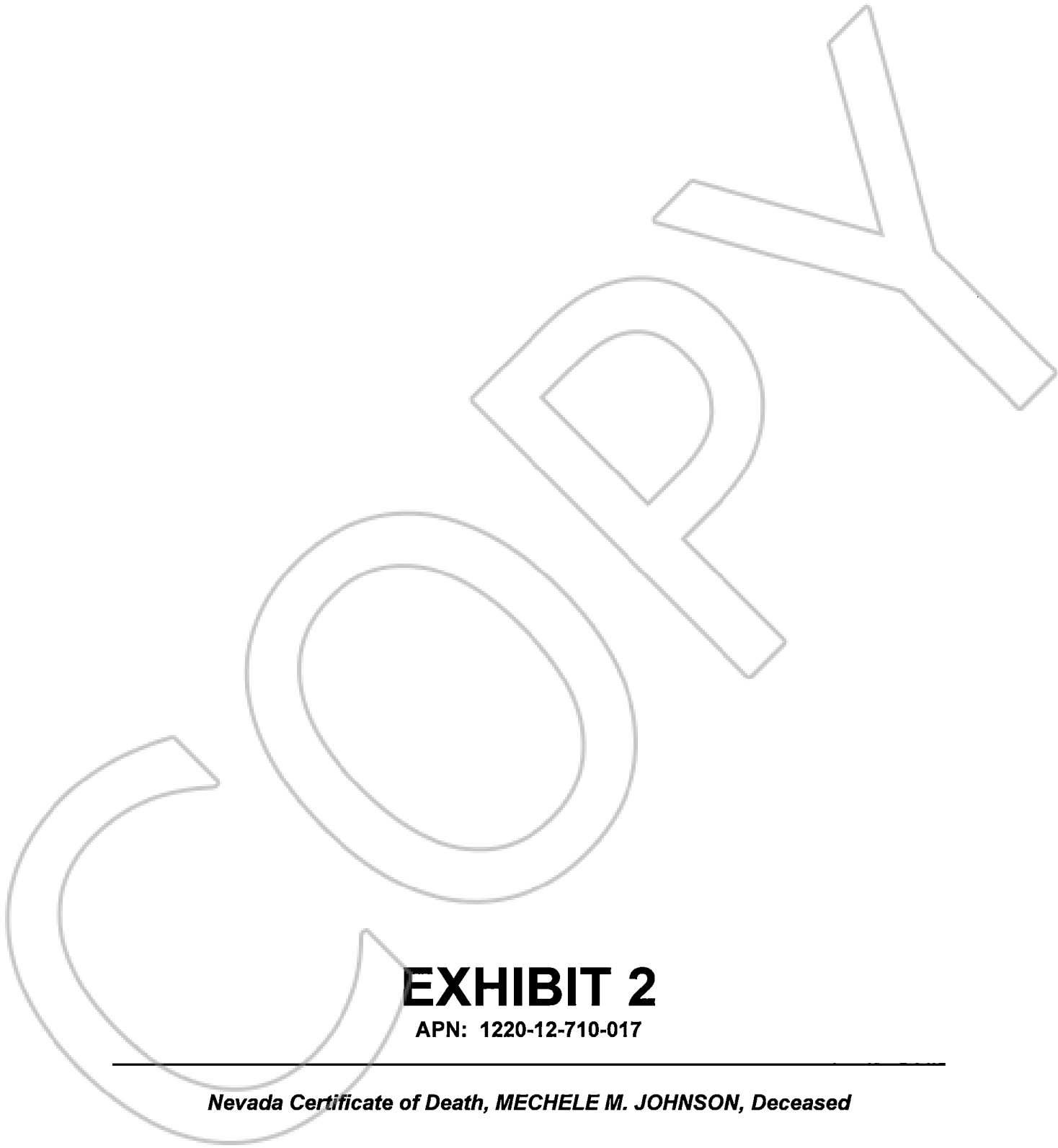


EXHIBIT 2

APN: 1220-12-710-017

Nevada Certificate of Death, MECHELE M. JOHNSON, Deceased

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4239541

CERTIFICATE OF DEATH

2021024252
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) Mechele Margaret JOHNSON		2 DATE OF DEATH (Mo/Day/Year) September 28, 2021		3a COUNTY OF DEATH Douglas	
3b CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c HOSPITAL OR OTHER INSTITUTION--Name(if not either, give street and number) 1081 Cortez Lane		3e If Hosp or Inst. indicate DOA,OP/Emr Rm Inpatient(Specify) Home	
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) November 13, 1933	
9a STATE OF BIRTH (If not US/CA, name country) Michigan		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 ██████-3443		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	
15d STREET AND NUMBER 1081 Cortez Lane		15e INSIDE CITY LIMITS (Specify Yes or No) Yes			
16 FATHER/PARENT - NAME (First Middle Last Suffix) Victor Freeman BOURBONNAIS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Eileen Johanna MURPHY		
18a INFORMANT- NAME (Type or Print) Michael JOHNSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1200 Glen Lochen Drive Virginia Beach, Virginia 23464			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services.		19c LOCATION City or Town State Carson City Nevada 89701	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD304		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
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) NITA SCHWARTZ 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) September 30, 2021		21c HOUR OF DEATH 16:46		22b DATE SIGNED (Mo/Day/Yr)	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c HOUR OF DEATH			
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703				23b LICENSE NUMBER 9114	
24a REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 04, 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) Emphysema					
DUE TO, OR AS A CONSEQUENCE OF					
(b)					
DUE TO, OR AS A CONSEQUENCE OF					
(c)					
DUE TO, OR AS A CONSEQUENCE OF.					
(d)					
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) 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	



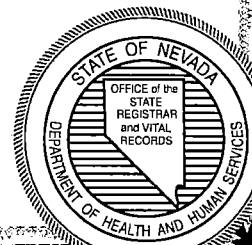
CERTIFIED COPY OF VITAL RECORDS

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: **10/6/2021**

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**

FOR RECORDER'S OPTIONAL USE ONLY	
Document/Instrument #	_____
Book: _____	Page: _____
Date of Recording:	_____
Notes:	_____

1. Assessor Parcel Number(s)
 a) 1220-12-710-017
 b) _____
 c) _____
 d) _____

- 2 Type of Property:
- | | |
|------------------------------------------|---------------------------------------------------------|
| a) <input type="checkbox"/> Vacant Land | b) <input checked="" type="checkbox"/> Single Fam. Res. |
| c) <input type="checkbox"/> Condo/Twnhse | d) <input type="checkbox"/> 2-4 Plex |
| e) <input type="checkbox"/> Apt. Bldg. | f) <input type="checkbox"/> Comm'l/Ind'l |
| g) <input type="checkbox"/> Agricultural | h) <input type="checkbox"/> Mobile Home |
| i) <input type="checkbox"/> Other _____ | |

3. Total Value/Sales Price of Property: \$ _____
 Deed in Lieu of Foreclosure Only (value of property) \$ _____
 Transfer Tax Value: \$ _____
 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: A conveyance of real property by deed which becomes effective upon the death of the Grantor(s) pursuant to NRS 111.655 to 111.699, inclusive.

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 therein. Furthermore, the 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: <u>[Signature]</u>	Capacity: <u>AGENT FOR Grantor</u>
Signature: <u>[Signature]</u>	Capacity: <u>AGENT FOR Grantee</u>

SELLER (GRANTOR) INFORMATION - REQUIRED
Name: Michael Johnson, et al.
Address: 1081 Cortez Lane
City, State, ZIP: Gardnerville, NV 89410

BUYER (GRANTEE) INFORMATION - REQUIRED
Name: Michael Johnson, et al.
Address: 1081 Cortez Lane
City, State, ZIP: Gardnerville, NV 89410

COMPANY/PERSON REQUESTING RECORDING (REQUIRED IF NOT THE SELLER OR BUYER)
Print Name: HERITAGE LAW, A Division of KALICKI COLLIER, LLP **Escrow #** _____
Address: 1625 Highway 88, Suite 304
City, State, ZIP: Minden, NV 89423

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)