DOUGLAS COUNTY, NV Rec:\$40.00 Total:\$40.00

GERALD A. BROWN

2022-980806

02/04/2022 03:57 PM

This document does contain a social security number pursuant to NRS 440.380(1)(a) & NRS 40.525(5)

KAREN ELLISON, RECORDER

E10

Natalia K. Vander Laan, Esq.

APN: 1220-22-110-039

Recording requested by: Gerald Anthony Brown)
956 Bar J Road	Ś
Gardnerville, NV 89410	j (
)
When recorded mail to:)
Gerald Anthony Brown)
956 Bar J Road)
Gardnerville, NV 89410)
)
Mail tax statement to:)
Gerald Anthony Brown)
956 Bar J Road)
Gardnerville, NV 89410)

AFFIDAVIT – DEATH OF GRANTOR

I, GERALD ANTHONY BROWN, of legal age, being first duly sworn, declare under penalty of perjury that:

PATRICIA ELLEN BROWN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as PATRICIA E. BROWN, named as one of the grantors in the Deed Upon Death recorded on July 15, 2011, as Document No. 0786438, in Book 0711, at page 2733, records of Douglas County, Nevada, covering real property commonly known 757 Lassen Way, Gardnerville, NV 89460 (county of Douglas), and more particularly described as:

Lot 36, AS SHOWN BY MAP OF GARDNERVILLE RANCHOS UNIT NO. 5, RECORDED IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER ON NOVEMBER 4, 1970, IN BOOK 80, PAGE 675, AS DOCUMENT NO. 50056.

PATRICIA ELLEN BROWN died on June 5, 2020.

GERALD VINCENT BROWN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as GERLAD V. BROWN, named as one of the grantors in the Deed Upon Death recorded on July 15, 2011, as Document No. 0786438, in Book 0711, at page 2733, records of Douglas County, Nevada, covering real property commonly known 757 Lassen Way, Gardnerville, NV 89460 (county of Douglas), and more particularly described as:

Lot 36, AS SHOWN BY MAP OF GARDNERVILLE RANCHOS UNIT NO. 5, RECORDED IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER ON NOVEMBER 4, 1970, IN BOOK 80, PAGE 675, AS DOCUMENT NO. 50056.

GERALD VINCENT BROWN died on October 10, 2021.

GERALD ANTHONY BROWN is one of the beneficiaries to whom the real property is conveyed upon the death of GERALD VINCENT BROWN.

The beneficiaries listed in the Deed Upon Death are: GERALD A. BROWN, a married man as his sole and separate property, and JEFFREY A. BROWN, a married man as his sole and separate property, as joint tenants with right of survivorship.

Executed on this January 27, 2022, in Douglas County, State of Nevada.

GERALD ANTHONY BROWN

STATE OF NEVADA

): ss

COUNTY OF Douglas

Signed and sworn to (or affirmed) before me on this January 27, 2022, by GERALD ANTHONY BROWN.

THOMAS RUSSELL VANDER LAAN
Notary Public-State of Nevada
APPT. NO. 14-15458-5
My Appt. Expires 12-02-2022

NOTARY PLIBLIC

This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

			^CD1	CICIOATE	0F DE	A		_	1	1		
CASE FI	LE NO. 4149163			TIFICATE	OF DE				STAT	200118 E FILE NUM	372 BER	
PRINT IN	1a DECEASED-NAME (FIRST M		IX)		-	2	DATE OF	DEATH (Mo/Da	y/Year)	3a COUNT	Y OF DEA	TH
PERMANENT BLACK INK	Patricia Ellen BROWN 3b CITY, TOWN, OR LOCATION OF DEATH 3c HOSPITAL OR OTHER INSTITUTION -Name(If not either, gi						Jı	ine 05, 2020			Dougla	as_
	36 CITY, TOWN, OR LOCATION	OF DEATH 3C HO	SPITAL OR OTHE	ER INSTITUTION -	-Name(If not	either, give s			indicate DC	A,OP/Emer	Rm. 4	SEX
DECEDENT	Gardnerville	numbe	Gard	dnerville Healt				patient(Specify)	Inpatie	t L		Female
	Wr	5. RACE (Specify) White 6. Hispanic Origin? Specify No - Non-Hispanic (Years) 75. Under the day of the control of the contr						DAYS HOUR	S MINS	Jan	uary 16.	. 1943
IF DEATH OCCURRED IN INSTITUTION SEE	9a STATE OF BIRTH (If not US/ name country) Massachuse	etts Un	ited States	TRY 10 EDUCAT	-	Married	(Specify)	12. SURVIVING S	POUSE'S NA Berald V	ME (Last name incent B	Poor to first in ROWN	marnage)
HANDBOOK REGARDING COMPLETION OF RESIDENCE	13. SOCIAL SECURITY NUMBER	3 SOCIAL SECURITY NUMBER 14a. USUAL OCCUPATION (Give Kind of Work Done Dunng Most of 14b KIND OF BUSINESS OR INDUSTRY Ever in US						US Armed				
ITEMS	15a RESIDENCE - STATE 1	5b COUNTY	15c C	ITY, TOWN OR LO	CATION	15d STRE	ET AND N			-	15e INS	DE CITY
<u> </u>	Nevada	Douglas		Gardnerv			assen \				or No)	Specify Yes Yes
PARENTS		Valter NIEDZ\			17 N	MOTHER/PAI	RENT - NA	ME (First Midd Helen K			1	1
	18a INFORMANT- NAME (Type	•	[1	186 MAILING ADD	100		794	or Town, State,			1	V 7
		cent BROWN					า Way G	ardnerville, N				
DISPOSITION	19a BURIAL, CREMATION, REM Cremation		ecify) 19b CEMET			rematory	,)	19c l		City or To n City Ne		700
	20a FUNERAL DIRECTOR - SIG		Acting as Such)					RESS OF FACIL				
		N THOMAS		LICENSE NUM	-	W		unerals & Cr				ılley
TDADECALL	TRADE CALL - NAME AND ADD	URE AUTHENTIC	ATED	1 50	<u> </u>	7	/	1281 N Roop	Carson C	ity NV 89	3 706	
TRADE CALL					- 1		<i>r</i>					
CERTIFIER	21a To the best of my kno	nature & Title) CARDO ALMA	SIGNATURE A	AUTHENTICATI	en 4 % .	at the time, dat	te and place	ination and/or inve and due to the ca	use(s) state	d. (Signature	& Title)	ed
CERTIFIER	June 10, 2020 06:23											
	은뜽 (Type or Print)	/ /		The same of the sa	Ph.		76	DEAD (Mo/Day/Y	r) 22e	PRONOUNC	CED DEAD	AT (Hour)
;		CERTIFIER (PHYSIC ardo Almaguer I						(Type or Print)	2	3b LICENS	E NUMBER 925	₹ .
REGISTRAR	24a. REGISTRAR (Signature)	WESLE	Y T STORE	Υ		RECEIVED	BY REGIS	TRAR 240	. DEATH D	UE TO COM	MUNICABI	LE DISEASE
			AUTHENTICAT		(Mo/Day/Y	^{r)} Jur	ne 10, 20	20	YE	<u> </u>	ио 🗵	
CAUSE OF	25 IMMEDIATE CAUSE PART I . Cardiopul	(ENTER ONLY ON Monary Arre	E CAUSE PER LII	NE FOR (a), (b), A	ND (c))		<u>-</u>	·		Interval be	tween ons	et and death
DEATH		A CONSEQUENCE								_		
CONDITIONS IF	, Pulmonar	y Arrest								Interval be	tween ons	et and death
GAVE RISE TO IMMEDIATE	DUE TO, OR AS Brain Her	s a consequence norrhage	OF	_		7				Interval be	tween ons	et and death
STATING THE > UNDERLYING CAUSE LAST	(0)	A CONSEQUENCE	OF.			/				Interval be	etween ons	et and death
/ /	PART II OTHER SIGNIFICANT	CONDITIONS-Condit	ions contributing to	o death but not res	ulting in the	underlying ca	ause given	ın Part 1	26 AUTO	PSY (Specif	27 WAS CA!	SE TO CORONER
/ /	380 ACC SHIGHT HOM HART	FOL DATE OF THE	41.10		and the same of th				Yes or No	No	REFERRED (Specify Yes	or No) No
	28a ACC , SUICIDE, HOM , UNDET OR PENDING INVEST (Specify)	286 DATE OF INJURY	(Mo/Day/Yr)	28c HOUR OF INJU	JRY 28d	DESCRIBE HO	YRULNI WC	DCCURRED				
	28e INJURY AT WORK (Specify Yes or No)	28f PLACE OF INJ building, etc. (Speci	URY- At home, far	m street, factory,	office 28g	LOCATION	STR	EET OR R F D	No CIT	Y OR TOWN	1	STATE





DATE ISSUED:

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. 2/2/2022

STATE REGISTRAR

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





DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

CASE FILE NO. 4242876

CERTIFICATE OF DEATH

2021026679

TYPE OR	12 DECEASED-NAME (EIRST M	UDDI É LACT CLIECT							E FILE NU	MBER	
SPRINTIN BERMANENT		SED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Gerald Vincent BROWN 2 DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH Optober 10, 2021						ATH			
BLACK INK	}		October 10, 2021 Carson City								
3) 3		CATION OF DEATH IS. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street an 3e if Hosp. or Inst. indicate DOA, OP/Emer Rm						r Rm Z	4. SEX		
ECEDENT	Carson City				Medical Center			Inpatier	nt		Male
	5 RACE (Specify)	6. Hispanic Origin? Specify No - Non-Hispanic (Years) 7a. AGE-Last birthday 7b. UNDER 1 YEAR 7c. UNDER 1 DAY MOS DAYS HOURS MINS 8. DATE OF BIRTH (Mo						(Mo/Day/Yr)			
i				•	82	1 1				April 14, 1	
IF DEATH OCCURRED IN	name country) Massachuse	ATE OF BIRTH (If not US/CA. 9b, CITIZEN OF WHAT COUNTRY 10 FOLICATION 11, MARITAL STATUS (Specify) 12, SURVIVING SPOUSES NAME (I ast page 2004 to first at						mamage)			
STITUTION SEE HANDBOOK REGARDING	13. SOCIAL SECURITY NUMBER	NIMMED 44 USUA OCCUPATION OF A COLUMN						<u> </u>			
RESIDENCE	-2865	1 12 000 12	L. VO. III 00 /-								
ITEMS	15a. RESIDENCE - STATE 1	Hon worker Forces? No									
ã L>	Nevada	Douglas		Gardnervi	IIe 757 I	Lassen \	May		Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, which i	LIMITS (or No)	(Specify Yes Yes
PARENTS	16. FATHER/PARENT - NAME (F		ffix)	Caranervi				Middle Last St	uffix)	- T	163
FARENIS		Vincent BRO\	٧N			No.	7%	rine WHEL	•	1	
() 경	18a INFORMANT-NAME (Type of		18	Bb MAILING ADD	, , , , , , , , , , , , , , , , , , , ,	F D. No, City				7	
Š.		ony BROWN			956 Bar-	J Road G	ardnerville	e, Nevada 89	9410		()
SPOSITION	19a. BURIAL, CREMATION, REM Crematio	OVAL, OTHER (Speci	fy) 19b. CEMETE				1	9c. LOCATION	City or 1	Town Sta	ate
Ä	20a FUNERAL DIRECTOR - SIG			7	Paloma Reno				no Neva	da 89511	1 4
<u>े</u> इं		N OLSON	(cting as Such)	LICENSE NUM	DIRECTOF 20c. NAM	ME AND ADD	107				
6 2		IRE AUTHENTICAT	red	FD77	7%	5301 L		a Paloma Re ne Suite E-180		NV 8051	1
ADE CALL	TRADE CALL - NAME AND ADDR					7	Jong by Lan	O GUNG E 100	, reno	110 0001	' -
ज अ	≥ 21a. To the best of my know	wledge, death occurre	d at the time, date	and place and d	ue 22a On the	basis of exam	ination and/or	r investigation, in	my opinion	death occurr	ed
3	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) DWARAKANATH 21b. DATE SIGNED (Mo/Day/Yr) October 22, 2021 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 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) 22b. DATE SIGNED (Mo/Day/Yr) 22c. HOUR OF DEATH 01:20 22d. PRONOUNCED DEAD (Mo/Day/Yr)										
ERTIFIER	21b. DATE SIGNED (Mo/Day/Yr) 21c. HOUR OF DEATH 22b DATE SIGNED (Mo/Day/Yr) 22c HOUR OF DEATH										
5000	October 22, 2021 01:20										
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22e. PRONOUNCED DEAD AT (Hour)										
9/ 9/ 2	230 MAME AND ADDRESS OF CENTRED CONCIONAL PRESSURE										
9	Durgrokenoth Munnelenski MED 4000 MARI										
EGISTRAR	24a. REGISTRAR (Signature) DARAN GRISSOM DARAN GR										
		SIGNATURE A			(Mo/Day/Yr) Oct	tober 27, 2	2021	YES	_	NO X	
CAUSE OF	25. IMMEDIATE CAUSE	(ENTER ONLY ONE	CAUSE PER LIN	E FOR (a), (b), Al	VD (c)				Interval i		et and death
DEATH	PARTI (a) Dementia Of Alzheimer's type With Behavioral Disturbances										
	DUE TO, OR AS A CONSEQUENCE OF:										
ONDITIONS IF ANY WHICH	(b) Wyocardial Infarction										
CAVE RISE TO IMMEDIATE CAUSE	DUE TO, OR AS A CONSEQUENCE OF Unknown Etiology										
TATING THE	DUE TO, OR AS A CONSEQUENCE OF										
CAUSE LAST		A CONSEQUENCE (Tr. The same of	-				1 1	Interval	petween ons	set and death
. /	(d) PART II OTHER SIGNIFICANT C	CONDITIONS-Condition	ne contribution to	doub but not an	ula na ili di na na di di di			i i			
1 / /	Trace a construction	On Direction	ins contributing to	deall but not les	ulling in the underlying	g cause given	in Part 1.	26 AUTO	PSY (Speci	1 27. WAS CA REFERRED	
š	28a. ACC , SUICIDE, HOM , UNDET. OR PENDING INVEST. (Specify)	285 DATE OF INJURY (M	Ap/Dav/Yr)	28c. HOUR OF INJU	RY 28d DESCRIBE	HOM IN HOS ?	OCCUBOSE		No	(Specify Yes	TO CORONER s of No)
3	OR PENDING INVEST. (Specify)			200 110011 07 11400	ZOU DESCRIBE	HOVE INJURY	JCCURRED				İ
	28e INJURY AT WORK (Specify Yes or No)	28f. PLACE OF INJUI puilding, etc (Specify)	RY- At home, farn	n, street, factory, o	office 28g. LOCATIO	N STR	REET OR R	F,D No. CIT	Y OR TOV	√N	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:

11/9/2021

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



1. Assessor Parcel Numbers 2.4 Piex 3. 1/20 - 29 - 1/10 3.9 5.0	STATE OF NEVADA	
a) 1270 - 29 - 110 - 033 b)	DECLARATION OF VALUE	•
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 BOOK PAGE DATE OF RECORDING. Apt. Bldg f) Comm' l/Ind'l BOOK PAGE DATE OF RECORDING. NOTES: 3. Total Value/Sales Price of Property: Deed in Lieu of Foreclosure ofly (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: The Local Forecless of their information and belief, and can be supported by documentation if called upon to substantiate the information and belief, and can be 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 Capacity SPACE SALES STALES SIGNATURE STALES INFORMATION (REQUIRED) Print Name: SPACE SALES CALT Address: STALES CALT Address: STALES CALT Address: State: July Zip: B9 460 State: July State: Zip: B9 410 State: Zip: B9 410 State: Zip: Zip: State: Zip: State: Zip: Zip: State: Zip: Zip: Zip: Zip: Zip: Zip: Zip: Zip	1. Assessor Parcel Number(s)	\wedge
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 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: Transfer Tax Due: 7. Partial Interest: Percentage being transferred: 8. Partial Interest: Percentage being transferred: 7. Partial Interest: Percentage being transferred: 8. 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 and belief, and can be supported by documentation if called upon to substantiate the information and belief, and can be supported by documentation if called upon to substantiate the information and belief, and can be supported by documentation if called upon to substantiate the information and belief, and can be supported by documentation if called upon to substantiate the information and belief, and can be supported by documentation if called upon to substantiate the information and belief, and can be supported by documentation if called upon to substantiate the information and belief, and can be supported by documentation if called upon to substantiate the information and belief, and can be supported by documentation if called upon to substantiate the information and belief, and can be supported by documentation if 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 Capacity SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: Capacity Seller March Capacity Address: Address: Address: Zip: Zip: Zip: Zip: Zip: Zip: Zip:	a) (CCO - 27 = 110 41) 2	
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 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: Transfer Tax Due: 7. Partial Interest: Percentage being transferred: 8. Partial Interest: Percentage being transferred: 7. Partial Interest: Percentage being transferred: 8. 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 and belief, and can be supported by documentation if called upon to substantiate the information and belief, and can be supported by documentation if called upon to substantiate the information and belief, and can be supported by documentation if called upon to substantiate the information and belief, and can be supported by documentation if called upon to substantiate the information and belief, and can be supported by documentation if called upon to substantiate the information and belief, and can be supported by documentation if called upon to substantiate the information and belief, and can be supported by documentation if called upon to substantiate the information and belief, and can be supported by documentation if called upon to substantiate the information and belief, and can be supported by documentation if 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 Capacity SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: Capacity Seller March Capacity Address: Address: Address: Zip: Zip: Zip: Zip: Zip: Zip: Zip:	0)	\ \
2. Type of Property: a) Vacant Land b) 2-4 Plex c) Condo/Twnhse d) 2-4 Plex BOOK PAGE Apricultural h) Mobile Home 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: 4. If Exemption Claimed: a. Transfer Tax Exemption per NRS 375.090, Section # 10 b. Explain Reason for Exemption: TOLDAY WAR JOHN DATE OF MAIL TO CHILDRAY 5. Partial Interest: Percentage being transferred: When 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 375.033 the Buyer and Seller shall be jointly and severally liable for any additional amount owed. Signature Capacity SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: CAPACITY STANCE STAN	d)	
a) Vacant Land b) Single Fam. Res. c) Condo/Twnhse d) 2-4 Plex e) Apt. Bldg f) Comm'l/Ind'l BOOK PAGE DATE OF RECORDERS OPTIONAL USE ONLY BOOK PAGE NOTES: 3. Total Value/Sales Price of Property: Deed in Lieu of Foreclosure Only (value of property) Transfer Tax Value: Real Property Transfer Tax Date: 4. If Exemption Claimed: a. Transfer Tax Exemption per NRS 375.090, Section # 10 b. Explain Reason for Exemption: TADAS END FINAL TO CHILDRAN PAGE PAGE NOTES: 5. Partial Interest: Percentage being transferred: 6. 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 Capacity SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: SELLER (STANTOR) SELLER (STANTOR) STANT SELLER (STANTOR) SELLER (STANTOR) STANT SELLER (STANTOR) SELLER (S	d)	\ \
a) Vacant Land b) Single Fam. Res. c) Condo/Twnhse d) 2-4 Plex e) Apt. Bldg f) Comm'l/Ind'l BOOK PAGE DATE OF RECORDERS OPTIONAL USE ONLY BOOK PAGE NOTES: 3. Total Value/Sales Price of Property: Deed in Lieu of Foreclosure Only (value of property) Transfer Tax Value: Real Property Transfer Tax Date: 4. If Exemption Claimed: a. Transfer Tax Exemption per NRS 375.090, Section # 10 b. Explain Reason for Exemption: TADAS END FINAL TO CHILDRAN PAGE PAGE NOTES: 5. Partial Interest: Percentage being transferred: 6. 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 Capacity SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: SELLER (STANTOR) SELLER (STANTOR) STANT SELLER (STANTOR) SELLER (STANTOR) STANT SELLER (STANTOR) SELLER (S	2 Trung of Droporty	\ \
Condo/Twnhse di	· · · · · · · · · · · · · · · · · · ·	\ \
Apt. Bldg f) Comm'!/Ind'1 Agricultural h) Mobile Home 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: 4. If Exemption Claimed: a. Transfer Tax Exemption per NRS 375.090, Section # 10 b. Explain Reason for Exemption: 10.045 fee2. If the DEFAL TO CHILLIAN PLANS 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 Capacity SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: CAPACITY ADMINISTRICAL BAND Print Name: CAPACITY Address: 956 FANCE FROORDING (required if not the seller or buyer) Print Name: State: July Spate Seller or buyer) Print Name: Escrow # Address: 250 COMPANY/PERSON REQUESTING RECORDING (required if not the seller or buyer) Print Name: Escrow # Address: 251 Company Address: 252 Company Address: 252 Company Address: 253 Company Address: 254 Company Address: 255 Company Add		
Agricultural h) Mobile Home Agricultural h) Mobile Home 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: 4. If Exemption Claimed: a. Transfer Tax Exemption per NRS 375.090, Section # 10 b. Explain Reason for Exemption: TALOUS FORE. For Many To CHILDIAN For Many To CHILDIAN 5. Partial Interest: Percentage being transferred: White 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 and be supported by documentation if called upon to substantiate the information provided incan be supported by documentation if called upon to substantiate the information provided incan be supported by documentation if called upon to substantiate the information provided incan be supported by documentation if called upon to substantiate the information provided incan be supported by documentation if called upon to substantiate the information provided incan be supported by documentation if called upon to substantiate the information provided incan be supported by documentation 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 SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: Capacity Address: 75	/ 	
g) Agricultural h) Mobile Home i) 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: 4. If Exemption Claimed: a. Transfer Tax Exemption per NRS 375.090, Section # 10 b. Explain Reason for Exemption: TALALS FOR ANY DEFINE TO CHILLAGE PAT OF 8 4 3 22. 5. Partial Interest: Percentage being transferred: 9% 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 Capacity SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: Capacity SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: Capacity Capacit	e) [Apt. Bldg f) Comm'l/Ind'l	BOOK PAGE
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: Transfer Tax Due: 5. Partial Interest: Percentage being transferred:	g) Agricultural h) Mobile Home	
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: Transfer Tax Due: 7. 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 Burer and Seller shall be jointly and severally liable for any additional amount owed. Signature Capacity Capacity SELLER (GRANTOR) INFORMATION BUYER (GRANTEE) INFORMATION (REQUIRED) Print Name: Capacity	<i>S</i> ,	NOTES.
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: TALOWY FOLL AND TO CHILDREN DEED TO THE OFFICE OF THE OFFI	i) 🗀 Olioi	
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: TALAMY FOLL AND TO CHILDRAN b. Explain Reason for Exemption: TALAMY FOLL AND TO CHILDRAN 5. Partial Interest: Percentage being transferred: W 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 Capacity SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: Capacity Capacity Address: 757 CASS CAPY Address: 758 CAPACITY City: CAPACITY CITY CITY CITY CITY CITY CITY CITY	2 Total Valua/Salas Price of Property:	
Transfer Tax Value: Real Property Transfer Tax Due: 4. If Exemption Claimed: a. Transfer Tax Exemption: Transfer Tax Due: b. Explain Reason for Exemption: Transfer Tax Due: Transfer Tax Exemption: Transfer Tax Due:		
Real Property Transfer Tax Due: 4. If Exemption Claimed: a. Transfer Tax Exemption per NRS 375.090, Section # 10 b. Explain Reason for Exemption: TILDES FOR FIRE TO CHILDREN 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 Capacity Capacity SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: Capacity Capacity Address: 757 2000 the Buyer and Seller Shall December 2000 (REQUIRED) Print Name: Capacity Capacity Capacity Capacity Capacity		S
4. If Exemption Claimed: a. Transfer Tax Exemption per NRS 375.090, Section # 10 b. Explain Reason for Exemption: Transfer Tax Exemption: Transfer T		\$
a. Transfer Tax Exemption per NRS 375.090, Section # 10 b. Explain Reason for Exemption:		
a. Transfer Tax Exemption per NRS 375.090, Section # 10 b. Explain Reason for Exemption:	4. If Exemption Claimed:	
b. Explain Reason for Exemption: 77.045 CM. White DEPTH TO CHILDREN p.F. DX. 4 0786438 5. Partial Interest: Percentage being transferred:	T F T F NDC 275 000 Con	tion # 10
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 Capacity SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: CAPACIA BARD PRINCIA BARD Print Name: CAPACIA BARD BUYER (GRANTEE) INFORMATION (REQUIRED) Address: 757 ACSOL CLAY Address: 956 BARD BROWN TROP City: CAPACIA BARD BROWN State: Live Zip: BOALD COMPANY/PERSON REQUESTING RECORDING (required if not the seller or buyer) Print Name: Bard Bard Bard Bard Bard Bard Bard Bard	b. Explain Reason for Exemption: LACKS EE	or JOH DEPAH TO CHILDREN
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 Capacity SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: CAPACIA BARD PRINCIA BARD Print Name: CAPACIA BARD BUYER (GRANTEE) INFORMATION (REQUIRED) Address: 757 ACSOL CLAY Address: 956 BARD BROWN TROP City: CAPACIA BARD BROWN State: Live Zip: BOALD COMPANY/PERSON REQUESTING RECORDING (required if not the seller or buyer) Print Name: Bard Bard Bard Bard Bard Bard Bard Bard	PET DX # 0786438	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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 Capacity SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: Capacity Print Name: Capacity Print Name: Capacity Address: 757 LASSA CAPY Address: 956 BACO ENDICATED City: CAPADULOLULE State: LIV Zip: 89460 State: LIV Zip: 89460 COMPANY/PERSON REQUESTING RECORDING (required if not the seller or buyer) Print Name: Escrow # Address: City: State: Zip: Escrow # Address: City: State: Zip: Escrow # Address: City: State: Zip:		
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 Capacity SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: Capacity Print Name: Capacity Print Name: Capacity Address: 757 LASSA CAPY Address: 956 BACO ENDICATED City: CAPADULOLULE State: LIV Zip: 89460 State: LIV Zip: 89460 COMPANY/PERSON REQUESTING RECORDING (required if not the seller or buyer) Print Name: Escrow # Address: City: State: Zip: Escrow # Address: City: State: Zip: Escrow # Address: City: State: Zip:	5. Partial Interest: Percentage being transferred:	%
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 Capacity SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: CARANTOR FAMILIES TO BUYER (GRANTEE) INFORMATION (REQUIRED) Print Name: CARANTOR FAMILIES TO STAND FORMATION City: CARANTOR STAND FORMATION (REQUIRED) City: CARANTOR STAND FORMATION (REQUIRED) State: Zip: 89410 Escrow # Address: City: State: Zip: State: Z		
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 Capacity SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: CARANTEE) INFORMATION (REQUIRED) Print Name: CARANTEE) INFORMATION (REQUIRED) Print Name: CARANTEE CARANTEE City: City: City: City: City: Carantee City: Cit	The undersigned declares and acknowledges, under pen	alty of perjury, pursuant to NRS 375.060 and NRS
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 Capacity SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: SOLKA FROM PATICIA FROM Print Name: SOLKA FROM Address: 956 FACT FROM Address: 956 FACT FROM City: GANDINGULUC City: GANDINGULUC State: VIV Zip: 89460 State: VIV Zip: 89460 State: Zip: 83410 COMPANY/PERSON REQUESTING RECORDING (required if not the seller or buyer) Print Name: State: State: Zip: State: Z	375.110, that the information provided is correct to the	best of their information and belief, and can be
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 Capacity SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: SOLKA FROM PATICIA FROM Print Name: SOLKA FROM Address: 956 FACT FROM Address: 956 FACT FROM City: GANDINGULUC City: GANDINGULUC State: VIV Zip: 89460 State: VIV Zip: 89460 State: Zip: 83410 COMPANY/PERSON REQUESTING RECORDING (required if not the seller or buyer) Print Name: State: State: Zip: State: Z	supported by documentation if called upon to substantia	te the information provided herein. Furthermore, the
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 Capacity GRANTOR SELLER (GRANTOR) INFORMATION BUYER (GRANTEE) INFORMATION (REQUIRED) Print Name: GRANTOR PATICAR ROW Print Name: GRANTEE INFORMATION (REQUIRED) Print Name: GRANTOR PATICAR ROW Print Name: GRANTOR PROBLEM City: GRANTEE CITY: GRANTOR State: LIV Zip: 89460 State: LIV Zip: 89460 State: LIV Zip: 89410 COMPANY/PERSON REQUESTING RECORDING (required if not the seller or buyer) Print Name: Escrow # Address: City: State: Zip: Zip: State:	parties agree that disallowance of any claimed exemption	on, or other determination of additional tax due, may
Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed. Signature Capacity CAAATAC Signature Capacity SELLER (GRANTOR) INFORMATION BUYER (GRANTEE) INFORMATION (REQUIRED) Print Name: CARACI BRAND PATRICIA BRAND Print Name: CARACI BRAND PRINT Name: CARACI BRAND PRINT Name: City: CAMONOMILLE City: CAMONOMILLE State: LIV Zip: 89460 State: LIV Zip: 89410 COMPANY/PERSON REQUESTING RECORDING (required if not the seller or buyer) Print Name: Escrow #	result in a penalty of 10% of the tax due plus interest at	1% per month.
Signature Capacity CADATAS Signature Capacity CADATAS SELLER (GRANTOR) INFORMATION BUYER (GRANTEE) INFORMATION (REQUIRED) Print Name: BOLKA BOWN PATICIA BOWN Print Name: 6 PACO FROM Address: 757 LASSA CLAY Address: 956 PACO FROM City: 6 ANDWENGLUCE City: 6 ANDWENGLUCE State: 10 Zip: 89460 State: 10 Zip: 89410 COMPANY/PERSON REQUESTING RECORDING (required if not the seller or buyer) Print Name: Escrow # Address: City: State: Zip:		1 1
Signature Capacity SELLER (GRANTOR) INFORMATION BUYER (GRANTEE) INFORMATION (REQUIRED) Print Name: 60141 Brown Patricla Brown Print Name: 60141 Errown Address: 757 LASSA CLAY Address: 956 BROWN TOOM City: 60101000000000000000000000000000000000	Pursuant to NRS 375.030, the Buyer and Seller shall be jointly	y and severally liable for any additional amount owed.
Signature Capacity SELLER (GRANTOR) INFORMATION BUYER (GRANTEE) INFORMATION (REQUIRED) Print Name: 62141 Brand PATICIA Brand Print Name: 62141 Error Address: 757 LASSA CLAY Address: 956 BALT ROPO City: 641016111111111111111111111111111111111		
SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: GRANTED PATACIA BROWN Print Name: GRANTEE) INFORMATION (REQUIRED) Print Name: GRANTED PATACIA BROWN Print Name: GRANTEE) INFORMATION (REQUIRED) Print Name: GRANTEE	Signature	Capacity 614to1765
SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: GRANTED PATACIA BROWN Print Name: GRANTEE) INFORMATION (REQUIRED) Print Name: GRANTED PATACIA BROWN Print Name: GRANTEE) INFORMATION (REQUIRED) Print Name: GRANTEE INFORMATION (REQUIRED)		<u>/</u> /
Print Name: BRAW BROWN PATRICIA BROWN Print Name: BRAW BROWN Address: 757 LAGGOL CUAY Address: 956 BACT ROAD City: GANDWENGLUG City: GALDWENGLUG State: LW Zip: B9460 State: Zip: B9410 COMPANY/PERSON REQUESTING RECORDING (required if not the seller or buyer) Print Name: Escrow # Address:	Signature	Capacity
Print Name: BRAW BROW PATRICIA BROW Print Name: BRAW BROWN Address: 757 LAGGO CUAY Address: 956 BACT ROAD City: GANDWENGLUG City: GALDWENGLUG State: LW Zip: B9460 State: Zip: B9410 COMPANY/PERSON REQUESTING RECORDING (required if not the seller or buyer) Print Name: Escrow # Address:	THE TO CONTINUE NO THE PROPERTY OF	DUMED (CD ANTEEN INFORMATION)
Print Name: 62A0 130 PATRICIA BROW Print Name: 62A0 1200 Address: 757 LASSON CUAY Address: 956 1300 T ROAD City: 6400000011115 City: 6020000011115 State: 100 Zip: 89460 State: 100 Zip: 89410 COMPANY/PERSON REQUESTING RECORDING (required if not the seller or buyer) Print Name: Escrow # Address:		
Address: 757 LACSOL CUAY City: GANDUENULUC State: LIV Zip: 89460 City: 601010111111 COMPANY/PERSON REQUESTING RECORDING (required if not the seller or buyer) Print Name: Address: City: State: Zip:	(REQUIRED)	(REQUIRED)
Address: 757 LACSOL CUAY City: GANDUENULUC State: LIV Zip: 89460 City: 601010111111 COMPANY/PERSON REQUESTING RECORDING (required if not the seller or buyer) Print Name: Address: City: State: Zip:	D: 121 MAR A MARK DO DO DO NO DO	int Name: 600 At 1 to Man
City: GANDMENULLC State: City: GALDMANULCE State: Liv Zip: 89460 State: Zip: 89410 COMPANY/PERSON REQUESTING RECORDING (required if not the seller or buyer) Print Name: Escrow # Address: Zip: Zip:	Print Name: 65LPCI) 15/LCMO 12/13/C/R 6 CM PT.	Idrogo OSA BULL TUDO
State: Zip: 89466 State: Zip: 89410 COMPANY/PERSON REQUESTING RECORDING (required if not the seller or buyer) Escrow #		
COMPANY/PERSON REQUESTING RECORDING (required if not the seller or buyer) Print Name: Address: City: State: Zip:	City: 6441)451(21206 Ci	
(required if not the seller or buyer) Print Name: Escrow # Address: City: State: Zip:	State:	ate
(required if not the seller or buyer) Print Name: Escrow # Address: City: State: Zip:	COMPANY/PERSON REQUESTING RECORDING	
Print Name: Escrow # Address:		•
Address: Zip:		Escrow #
City: State: Zip:		
		Zip: