

APN# 1220-04-112-037



KAREN ELLISON, RECORDER

E10

Recording Requested by/Mail to:

Name: mark V. Hull

Address: 1324 Kingslane Ct.

City/State/Zip: Gardnerville NV 89410

Mail Tax Statements to:

Name: mark V. Hull

Address: 1324 Kingslane Ct.

City/State/Zip: Gardnerville NV 89410

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)

Mark V. Hull

Signature

Mark V. Hull

Printed Name

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEATH OF GRANTOR AFFIDAVIT

mark V. Hull (here insert name of affiant), being duly sworn, deposes and says that Suzanne H. Parker (here insert name of deceased), the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Suzanne H. Parker (here insert name of grantor), named as the grantor or as one of the grantors in the deed upon death recorded on 8/21/2015 (date), as document or file number 245968518, book \_\_\_\_\_, at page \_\_\_\_\_, records of Douglas County, Nevada, covering the real property commonly known as 1324 Kingslane Ct., City of Gardnerville, County of Douglas, State of Nevada, or located in the County of Douglas, State of Nevada, and more particularly described as:

Lot 121, as shown on the map of Kingslane Unit 2, Filed in the office of the county recorder of Douglas County Nevada on December 20, 1971, in Book 94, Page 517, AS (Legal Description) File No. 55958, Assessor's Parcel Number 120-04-112-037

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING DOES NOT CONTAIN A SOCIAL SECURITY NUMBER.

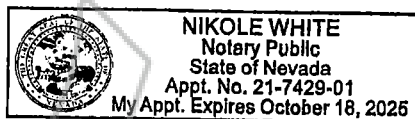
3/4/22 (Date)  
Mark V. Hull (Signature)  
mark V. Hull

State of Nevada }  
County of Douglas ss.

Subscribed and sworn to on this 4 day of March, in the year 2022 before me, Nikole White (here insert name of notary public), by mark Hull (here insert name of principal).

[Signature] (Signature of Notary Public)

NOTARY SEAL



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4268546

**CERTIFICATE OF DEATH**

2022004667  
STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

DECEASED

IF DEATH  
OCCURRED IN  
STITUTION SEE  
HANDBOOK  
REGARDING  
COMPLETION OF  
RESIDENCE  
ITEMS

PARENTS

POSITION

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) <b>Suzanne Hull PARKER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 17, 2022</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street ar number) <b>2397 Empire Ranch Road</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Assisted Living Facility</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>78</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Wyoming</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)		8. DATE OF BIRTH (Mo/Day/Yr) <b>February 23, 1943</b>	
13. SOCIAL SECURITY NUMBER <b>██████████-3239</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>TEACHER</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Preschool</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>1762 Heather Circle</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Sherman HULL</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Betty WILLIAMS</b>		
18a. INFORMANT- NAME (Type or Print) <b>Catherine KERRY</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2869 E. Jackson Ave Unit A Anaheim, California 92806</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION / City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BLAKE HOWE</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD622</b>		20c. NAME AND ADDRESS OF FACILITY <b>Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BLAKE HOWE</b>					
20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD622</b>					
20c. NAME AND ADDRESS OF FACILITY <b>Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703</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>REED DOPF MD</b>			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 22, 2022</b>			22b. DATE SIGNED (Mo/Day/Yr)		
21c. HOUR OF DEATH <b>03:43</b>			22c. HOUR OF DEATH		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22e. PRONOUNCED DEAD AT (Hour)		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Reed Dopf MD 907 Mountain Street Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>13920</b>	
24a. REGISTRAR (Signature) <b>BLAISE STRESSMAN</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 22, 2022</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) <b>Respiratory Arrest</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Acute Respiratory Failure</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) <b>Neurologic Degeneration Of The Brain</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) <b>Etiology Is Not Specified</b> 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) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
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	



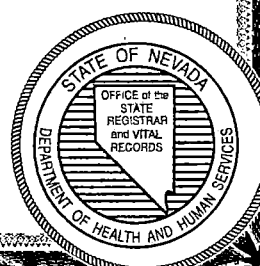
CERTIFIED COPY OF VITAL RECORDS

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: 2/28/2022

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

*Blaise Stressman*  
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**STATE OF NEVADA  
DECLARATION OF VALUE FORM**

**1. Assessor Parcel Number(s)**

- a) 1220-04-112-037
- 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
- Other

<b>FOR RECORDER'S OPTIONAL USE ONLY</b>	
Book: _____	Page: _____
Date of Recording: _____	
Notes: _____	

**3. Total Value/Sales Price of Property** \$ 0

Deed in Lieu of Foreclosure Only (value of property) ( \_\_\_\_\_ )

Transfer Tax Value: \$ 0

Real Property Transfer Tax Due \$ 0

**4. If Exemption Claimed:**

- a. Transfer Tax Exemption per NRS 375.090, Section 10
- b. Explain Reason for Exemption: Transfer Deed upon death  
Document # 2015-868518

**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 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 Mark V Hull Capacity Grantee

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

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

Print Name: Suzanne H. Parker  
Address: 1762 Heather Circle  
City: Minden  
State: NV Zip: 89423

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

Print Name: Mark V Hull  
Address: 1324 Kingslane Ct.  
City: Gardnerville  
State: NV Zip: 89410

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

Print Name: \_\_\_\_\_ Escrow #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_