Rec:\$40.00 Total:\$40.00 2022-985409 05/23/2022 02:23 PM

ALLING & JILLSON, LTD.

Pgs=5

APN: 1220-17-501-022

### When Recorded Mail To:

James R. Hales, Esq Alling & Jillson, Ltd. P.O. Box 3390 Lake Tahoe, NV 89449



KAREN ELLISON, RECORDER

E10

#### Send Tax Statements To:

Susan Soteriou 2255 Carmelita Drive San Carlos, CA 94070

# **DEATH OF GRANTOR AFFIDAVIT**

Susan Soteriou being duly sworn, deposes and says that Carole Leone, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Carole Greppi Leone, named as the grantor in the deed upon death recorded on December 1, 2021, as document number 2021-977868, records of Douglas County, Nevada, covering the real property commonly known as 973 Heavenly View Court, County of Douglas, State of Nevada, and more particularly described as:

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

Susan Soteriou is one of the beneficiaries to whom the real property is conveyed upon the death of the grantor Carole Greppi Leone. The beneficiaries listed in the deed upon death are: Susan Soteriou, an unmarried women, and John Soteriou, a married man, as his sole and separate property, who are to take the property as Joint Tenants with Right of Survivorship.

Per NRS 111.312, this legal description was previously recorded at Document No. 2021-977868, on December 21, 2021, in the official records of Douglas County, Nevada.

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

IN WITNESS WHEREOF, I have hereunto see my hand this 20 day of May, 2022.

Susan Soteriou

STATE OF NEVADA ) ss. COUNTY OF DOUGLAS )

Subscribed and sworn to on this 20th day of May, in the year 2022, before me, personally appeared Susan Soteriou 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 or she executed it.

WITNESS my hand and official seal.

PAULINA RUBIO AGUILAR
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 21-2860-05
My Appt. Expires June 23, 2025

NOTARY PUBLIC

APN: 1220-17-501-022

# EXHIBIT "A" LEGAL DESCRIPTION

THAT PORTION OF THE NORTHWEST ONE-QUARTER OF THE NORTHWEST ONE-QUARTER OF SECTION 17, TOWNSHIP 12 NORTH, RANGE 20 EAST, M.D.B.&.M. IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

#### PARCEL 3A:

BEGINNING AT THE NORTHEASTERLY CORNER OF PARCEL 1 OFTHAT CERTAIN PARCEL MAP #1019 FOR THE CLARK FAMILY TRUST, RECORDED IN BOOK 796 AT PAGE 4151 AS DOCUMENT NO. 392836 OF THE OFFICIAL RECORDS OF SAID DOUGLAS COUNTY; THENCE SOUTHERLY ALONG THE EASTERLY LINE OF SAID PARCEL MAP #1019, S. 0°37'40" W., 426.75 FEET TO THE TRUE POINT OF BEGINNING; THENCE CONTINUING SOUTHERLY ALONG SAID EASTERLY LINE, S. 0°37'40" W., 300.00 FEET; THENCE N. 69°40'13" W., 420.10 FEET; THENCE N. 89°27'40" W., 63.00 FEET TO AN ANGLE POINT IN THE WESTERLY LINE OF SAID PARCEL MAP #1019; THENCE NORTHERLY ALONG SAID WESTERLY LINE N. 0°32'20" E., 157.18 FEET; THENCE S. 89°32'00" E., 458.75 FEET TO THE TRUE POINT OF BEGINNING.

THE ABOVE DESCRIBED PARCEL IS SHOWN AS PARCEL 3A ON THAT CERTAIN RECORD OF SURVEY IN SUPPORT OF A BOUNDARY LINE ADJUSTMENT FOR THE CLARK FAMILY TRUST AND JEFFREY P. PISCIOTTA, RECORDED IN BOOK 0301 AT PAGE 1462 AS DOCUMENT NO. 509940 OF THE OFFICIAL RECORDS OF SAID DOUGLAS COUNTY.

EXCEPTING THEREFROM ANY AND ALL WATER RIGHTS APPURTENANT THERETO, INCLUDING, BUT NOT LIMITED TO, ALL OF THE PERMITTED, ADJUDICATED, DECREED AND/OR CERTIFIED RIGHTS AND/OR WATER RIGHTS, IF ANY, APPURTENANT THERETO.



CERTIFICATION OF VITAL RECORD

# **COUNTY OF SAN MATEO**

## **HEALTH SYSTEM**

SAN MATEO, CALIFORNIA

,	3052022083361 CI			ERTIFICATE OF DEATH				:	3202241001377			
	STATE FILE NUMBER  1 NAME OF DECEDENT- FIRST (Chren)		USE BLACK BIX COLY / NO CRASHING, WHITCOUTS OR ALTERATIONS  15-11 PREY SURB  2 MODULE  3 LAST FROM Y			L	LOCAL REGISTRATION NUMBER					
DECEDENT'S PERSONAL DATA	CAROLE		- MUCKE			LEONE					١.	1
	AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) CAROLE GREPPI LEONE				4 DATE OF BIRTH myn/dd/ccyy is AGE Yrs 10/19/1942 79		Month:	MORTHS Days H		FUNDER24 HOURS 6 SEX		
	9 BIRTH STATE/FOREIGN COUNTRY TO SOCIAL SECURITY OF CA		UMBEA   11 EVI	YES X NO	DRCES7		IS/SRDP* (at Time of		; NTE OF DEATH min /28/2022	Vdd/ccyy	а ноия 1020	(24 Hours)
	13 EDUCATION - Highest Level/Degree 14/15 WAS DECEDENT HISPANICATINO/AVSPANISHT (8 yes, see workstant on back)  Date workstant on back)  OALLOACIAN  OALLOACIAN											
	HS GRADUATE     YES   17 USUAL OCCUPATION - Type of work for most of life DO NOT USE RETIRED   PROPERTY MANAGER			18 KIND OF BUSINESS OR BUDUSTRY (9.9., grocery store, road construction, PROPERTY MANAGEMENT				nstruction, er	n, employment agency, etc.] 18 YEARS IN OCCUPATION 15			
USUAL RESIDENCE	20 OFCEDENT'S RESIDENCE (Street and number, or location) 973 HEAVENLY VIEW COURT											
	GARDNERVILLE DO		OUNTY/PROVINCE UGLAS		23 ZIP CODE 24 YEARS IN COUNTY 89460 12		750	23 STATE/FOREIGN COUNTRY NV			-	
INFOR-	26 DIP COMMANT'S NAME, RELATIONSHIP  27 INFORMANT'S NAME, RELATIONSHIP  28 SUE SOTERIOU, DAUGHTER  27 INFORMANT'S NAME, RELATIONSHIP  27 INFORMANT'S NAME, RELATIONSHIP  27 INFORMANT'S NAME, RELATIONSHIP  27 INFORMANT'S NAME, RELATIONSHIP  28 SUE SOTERIOU, DAUGHTER  29 SUE SOTERIOU, DAUGHTER  29 SUE SOTERIOU, DAUGHTER  20 SUE SOTERIOU, DAUGHTER  20 SUE SOTERIOU, DAUGHTER  20 SUE SOTERIOU, DAUGHTER  20 SUE SOTERIOU, DAUGHTER  21 SUE SOTERIOU, DAUGHTER  22 SUE SOTERIOU, DAUGHTER  23 SUE SOTERIOU, DAUGHTER  24 SUE SOTERIOU, DAUGHTER  25 SUE SOTERIOU, DAUGHTER  26 SUE SOTERIOU, DAUGHTER  27 SUE SOTERIOU, DAUGHTER  27 SUE SOTERIOU, DAUGHTER  27 SUE SOTERIOU, DAUGHTER  28 SUE SOTERIOU, DAUGHT											
SPOUSE/SRDP AND PARENT INFORMATION			20 MIDDLE 30 LAST (BIRTH NAME)			٧.	_/					
	31 NAME OF FATHER/PARENT-FIRST		22 MIDDLE 33 LAST			<del>\</del>	34 BIRTH STATE					
	CARLO as name of mother/parent-first		36 MIDDLE	<u> </u>	7	GREPPI					CA	
	DOROTHY	DUGGAN			/	38 BIRTH STAT			IAIE			
FUNERAL DIRECTORY LOCAL REGISTRAR	39 DISPOSITION DATE mm/dd/ccyy 04/07/2022	40 PLACE OF FINAL DISPOS 2255 CARMELI	SITON RESIDE TA DRIVE,	NCE OF S SAN CARL	UE SO	TERIOU A 94070	/		/			
	41 TYPE OF DISPOSITION(S)  CREMATE/RESIDEN	42 SIGNATURE OF EMBALMER					7	43 LICENSE NUMBER			BER	
	CREMATE/RESIDENCE  4 NOT EMBALMED  45 UCENSE NUMBER 46 SIGNATURE OF LOCAL REGISTRAN  CRIPPEN & FLYNN CARLMONT CHAPEL  FD1825  SCOTT MORROW MD					1	47 DATE mm/dd/coyy 04/06/2022					
PLACE OF DEATH	TOT PLACE OF DEATH RESIDENCE OTHER THAN OWN											
	104 COUNTY SAN MATEO	2255 CARMEL		E FOUND (Street and	76.	- ∟-~		Hospica	106 CITY SAN CA		lome _	X
	107 CAUSE OF DEATH	Enter the chert of events - des	MASS INCHES OF COMP BST OF VIENTICULAR FORCE	Scations — that deach son without ahomog th	y caused dead se etiology DC	n DO NOT arger to NOT ABBREVAT	eminel events such E	V	Time Interval Between Onsel and Death			O CORONER?
CAUSE OF DEATH	IMMEDIATE CAUSE (A) GLIOBI (Final disease or consistion resulting )	ASTOMA		"	<b>\</b>	$\Delta$			MOS	"-	ES trans, reposits	×Ω
	Sequentially, but conditions, if any,				_\	1			girt)		SY PERFOR	X NO
	learding to cause (C) on Lino A. Enlar UNDERLYING		<u> </u>						(CII)		PSY PERF	ORMED?
	CAUSE (disease or injury that inhaled the events OI resulted in death) LAST	$\overline{}$		·· · · · · · · · · · · · · · · · · · ·		-			(DT)		ES V DETERMINA	MG CAUSE?
3	112 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	JT NOT RESULTING R	N THE UNDERLYING	CAUSE GIVE	N IN 107		-	<u> </u>	М	S	NO.
	NONE  113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1127 (I) yes feat type of operation and date.)  113A W FEVALE PREGNANT IN LIST YEARD  NO											
		N. "	TOT 1127 (II yes latt	ype or operation and					ענון	YES	REGRAMT IN	LAST YEAR?
PHYSICIAN'S CERTIFICATION	114 I CERTIFY THAT TO THE BEST OF MY KIX AT THE HOUR, DATE, AND PLACE STATED FRO Decedent Atlanded Since	7%.	5 EKGNATURE AND T GARY ALA	MOVETED	NAK N	10	V	3)	18 LICENSE NUM G55926	l		. 1
	(A) mm/dd/ccyy (B)	mm/cid/ccyy 110	BOVET R	PHYSICIAN'S NAME	MAILING AT	ODRESS, ZIP COC	EGARY A	LAN F	PASTERN	AK, ME	)	-
	119 I CERTIFY THAT IN MY OPINION DEATH O	CCURRED AT THE HOUR, DATE AT	NO PLACE STATED FROM	THE CAUSES STATED	Could not be	120 INJURE	D AT WORK?		21 INJURY DATE	mm/dd/ccyy	122 HOUF	3 (24 Hours)
CORONER'S USE ONLY	MANNER OF DEATH Natural Acadent Homode Succide Parding Could not be Investigation determined YES NO UNK											
	124 DESCRISE HOW INJURY OCCURRED (Events which resided in young)											
	125 LOCATION OF INJURY (Street and number, or location, and city, and city)											
Ö												
· .	BURNATURE OF COHONER / DEPU	IT CUMUNER		127 DATE mmV	dd/ocyy	128 TYPE NAM	IE, TITLE OF COR	ONER/DE	PUTY CORONER			
STATE REGISTRAR A D C D E INCISMINING AND								CENSU	S TRACT			

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF SAN MATEO

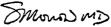
This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN MATEO COUNTY HEALTH SYSTEM.

DATE ISSUED \_\_\_\_\_\_05/16/2022

Christina Ogden



\*001149989\*



SCOTT MORROW, MD HEALTH OFFICER AND REGISTRAR

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Office

#### STATE OF NEVADA DECLARATION OF VALUE

1. Assessor Parcel Numb	er(s)		^				
a. 1220-17-501-022							
b.	<del></del>		\ \				
c.			\ \				
d.			\ \				
2. Type of Property:			\ \				
a. Vacant Land	b. Single Fam. Res.	FOR RECORD	ERS OPTIONAL USE ONLY				
c. Condo/Twnhse	d. 2-4 Plex	Book	Page:				
e. Apt. Bldg	f. Comm'l/Ind'l	Date of Recordi					
	h. Mobile Home	Notes:					
Other	M WIOONE HOME	TVOICOS.					
3.a. Total Value/Sales Price	e of Property	\$ 0.00					
	losure Only (value of prop						
c. Transfer Tax Value:	rosure omy (varae or prop	\$	/ /				
d. Real Property Transfer	Tax Due	\$ 0.00					
d. Real Property Transfer	Tux Buc	Ψ 0.00					
4. If Exemption Claimed	l:		)				
· · · · · · · · · · · · · · · · · · ·	nption per NRS 375.090, S	ection 10	/ /				
	r Exemption: A conveyand		v deed which became				
——————————————————————————————————————	death of the grantor pursu						
	ntage being transferred: 100						
The undersigned declares		<del></del>	ursuant to NRS 375 060				
_		7	their information and belief,				
	- Thu	76.	e information provided herein.				
		76. 76.	on, or other determination of				
	-	- 1	erest at 1% per month. Pursuant				
			e for any additional amount owed.				
to 14R3 373.030, file Buye	and selici shah or joining	and severally habit	o for any additional amount owed.				
Signature /	$I/\overline{\chi}/$	Capacity: Buye	r				
Signature / /		— Capacity. <u>201</u>	·				
Signature Man		Capacity: Selle	r				
Signature ///	1//	Capacity. Oone					
SELLER (GRANTOR)	NEORMATION	BUVER (CRA	NTEE) INFORMATION				
(REQUIR			EQUIRED)				
Print Name: Susan So			san Soteriou & John Soteriou				
Address: 2255 Carmelita I		Address: 2255 Carmeilta Drive					
City:San Carlos	SHVC	City: San Carlo					
State: CA	Zip: 94070	State:CA	Zip:94070				
		<del></del>					
COMPANY/PERSON R	<b>EQUESTING RECORD</b>	ING (Required if r	ot seller or buyer)				
Print Name: Alling & Jillson		Escrow#					
Address: PO Box 3390							
City: Stateline		State:NV	Zip: 89449				

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED