

APN# 1320-32-715-016

Recording Requested by/Mail to:

Name: Day R. Williams, Esq.

Address: 1601 Fairview Drive, Suite C

City/State/Zip: Carson City, NV 89701

Mail Tax Statements to:

Name: Andrea Celoni-Pera

Address: 1317 Olive Avenue

City/State/Zip: Novato, CA 94945



KAREN ELLISON, RECORDER

E10

Affidavit- Death of Transferor

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)

Signature

Robin A. Williams

Printed Name

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

A.P.N. 1320-32-715-016

When recorded mail to:
Andrea Celoni-Pera
1317 Olive Ave.
Novato CA 94945

AFFIDAVIT—DEATH OF TRANSFEROR

STATE OF CALIFORNIA)
):ss
MARIN COUNTY)

ANDREA CELONI-PERA, of legal age, being first duly sworn, deposes and says: That SUSAN R. CADIGAN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as SUSAN R. CADIGAN named as one of the parties in that certain Deed upon Death (NRS 111.655-111.699) dated May 19, 2022 and signed by Susan R. Cadigan, recorded as Document No. 2021-968597 on June 3, 2021 of Official Records of Douglas County, State of Nevada, covering the following described property situated in Douglas County, State of Nevada, commonly known as 1520 South Ct., Gardnerville NV 89410, more particularly described as:

Lot 7, Block B, as said lot and block are shown on the map of CENTERTOWNE SUBDIVISION P.U.D., filed for record in the office of the County Recorder of Douglas County, Nevada, on November 4, 1977 as Document No. 14725.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

ANDREA CELONI-PERA is now the sole owner of the real estate referenced herein.


ANDREA CELONI-PERA

SUBSCRIBED AND SWORN TO before me
this day of , 2022
by ANDREA LOUISE CELONI-PERA.

NOTARY PUBLIC

SEE ATTACHED
California
~~All Purpose Acknowledgement~~
Jurat

California Jurat Certificate

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of MARIN } s.s.

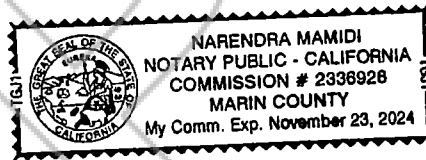
Subscribed and sworn to (or affirmed) before me on this 10th day of JUNE,
Month

20 22, by ANDREA L. CELONI-PERA and
Name of Signer (1)

[Signature], proved to me on the basis of
Name of Signer (2)

satisfactory evidence to be the person(s) who appeared before me.

[Signature]
Signature of Notary Public



For other required information (Notary Name, Commission No., etc.)

Seal

OPTIONAL INFORMATION

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this jurat to an unauthorized document and may prove useful to persons relying on the attached document.

Description of Attached Document

The certificate is attached to a document titled/for the purpose of

Affidavit - Death of
Transferor

containing 1 pages, and dated 6/10/22

Additional Information

Method of Affiant Identification

Proved to me on the basis of satisfactory evidence:
 form(s) of identification credible witness(es)

Notarial event is detailed in notary journal on:

Page # _____ Entry # _____

Notary contact: _____

Other

Affiant(s) Thumbprint(s) Describe: _____

STATE OF MONTANA
CERTIFICATION OF VITAL RECORD



RAVALLI COUNTY

CERTIFICATION OF A DEATH CERTIFICATE

FILE #: 202241-003882

FULL NAME OF DECEASED: Susan R. Cadigan **SEX:** Female

DATE OF DEATH: May 02, 2022 **PLACE OF DEATH:** HAMILTON

RACE: White

DATE OF BIRTH: February 09, 1941 **BIRTHPLACE:** San Francisco, California

MOTHER'S NAME: Marie Aganes Studva

FATHER'S NAME: Jeremiah Gerald Cadigan

MARITAL STATUS: Divorced

SPOUSE:

SOCIAL SECURITY NUMBER: ████████-0204 **VETERAN OF ARMED FORCES:** No

RESIDENCE: Hamilton, Montana

FUNERAL FACILITY: Daly-Leach Memorial Chapel

PLACE OF DISPOSITION: Daly-Leach Crematory
Hamilton

METHOD OF DISPOSITION: Cremation

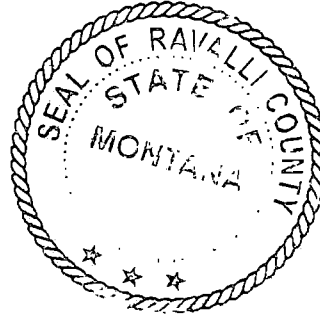
MANNER OF DEATH: Natural **DATE FILED:** May 03, 2022

CAUSE OF DEATH: a. Brian Tumor - Gioblastoma **ONSET:** 5 months

OTHER SIGNIFICANT CONDITIONS: Not Recorded

NAME AND ADDRESS OF CERTIFIER: Brett Heath, 330 N 10th St. Suite A, Hamilton, Montana 59840

DATE ISSUED: May 24, 2022 **BY:** *Carinna M Henton, Deputy*



1368833

This certifies that this document is a true duplication of the original information on file with the Department of Public Health and Human Services.

Raina Hattenberg
Clerk and Recorder



STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
 a) 1320-32-715-016
 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: Transfer of title upon death of Grantor.

5. Partial Interest: Percentage being transferred: 100.00 %

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 Day Williams Capacity Attorney
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Susan R. Cadigan
 Address: 418 North Eighth Street
 City: Hamilton
 State: MT Zip: 59840

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Andrea Celoni-Pera
 Address: 1317 Olive Avenue
 City: Novato
 State: CA Zip: 94945

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

Print Name: Day R. Williams, Esq. Escrow # _____
 Address: 1601 Fairview Drive, Suite C
 City: Carson City State: NV Zip: 89701

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)