

RECORDING REQUESTED BY: )  
)  
A.E.P.I./Kevin Richards )  
)  
WHEN RECORDED MAIL TO: and )  
MAIL TAX STATEMENTS TO: )  
)  
Lance Robertson )  
622 Cathy Court )  
Gardnerville, NV 89460 )  
)



**DEATH OF GRANTOR AFFIDAVIT**

LANCE ROBERTSON, being duly sworn, deposes and says that DANIEL CHRISTOPHER ROBERTSON, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as DANIEL C. ROBERTSON, named as the grantor or one of the grantors in the Deed Upon Death recorded on March 24, 2022, as Document number 2022-982914, records of Douglas County, Nevada, covering the real property commonly known as 1420 Purple Sage Drive, City of Gardnerville. County of Douglas, State of Nevada, and more particularly described as

Lot 11 in Block B, as shown on the map of BARRINGTON RANCHOS, filed for record in the office of the County Recorder of Douglas County, Nevada on March 1, 1991 in Book 391 at Page 87 as Document No. 245840, being a subdivision of Lot 706 as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record in the office of the County Recorder of Douglas County, Nevada on May 29, 1973 in Book 573 at Page 1026 as file No. 66512.

LANCE ROBERTSON is the beneficiary or at least one of the beneficiaries to whom the real property is conveyed upon the Death of the Grantor, Daniel C. Robertson, or is the authorized Representative of the beneficiary or at least one of the beneficiaries. The beneficiaries listed in the Deed Upon Death are LANCE ROBERTSON and CATHY LAMB, aka CATHERINE ROBERTSON.

**The undersigned hereby affirms that this document submitted for recording does not contain a social security number.**

Dated: 7/4/22, 2022

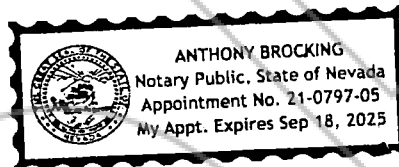
Lance Robertson  
LANCE ROBERTSON

Cathy Lamb aka Catherine Robertson by Lance Robertson Attorney-in-Fact  
CATHY LAMB  
aka CATHERINE ROBERTSON by  
LANCE ROBERTSON Attorney-in-Fact

STATE OF NEVADA        }  
                                  } SS.  
COUNTY OF DOUGLAS    }

Subscribed and sworn to on this 4<sup>th</sup> day of July,  
in the year 2022, before me Anthony Brocking,  
a Notary Public, by LANCE ROBERTSON who personally appeared and  
proved to me on the basis of satisfactory evidence to be the  
person whose name is subscribed to this instrument, and acknow-  
ledged that he executed it.

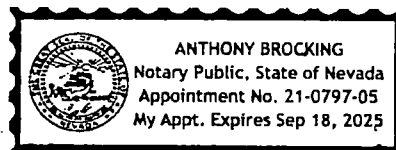
Anthony Brocking  
NOTARY SEAL



STATE OF NEVADA        }  
                                  } SS.  
COUNTY OF DOUGLAS    }

Subscribed and sworn to on this 4<sup>th</sup> day of July,  
In the year 2022, before me, Anthony Brocking,  
A Notary Public, by CATHY LAMB, aka CATHERINE ROBERTSON, by her  
Attorney-in-Fact, LANCE ROBERTSON who personally appeared and  
proved to me on the basis of satisfactory evidence to be the  
person whose name is subscribed to this instrument and acknowledged  
that he executed it.

Anthony Brocking  
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. 4275371

**CERTIFICATE OF DEATH**

2022008259  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Daniel Christopher ROBERTSON</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 27, 2022</b>		3a COUNTY OF DEATH <b>Washoe</b>	
	3b CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>St Mary's Regional Medical Center</b>		3e, If Hosp or Inst. indicate DOA, OP/ Emer Rm. Inpatient(Specify) <b>Inpatient</b>	
DECEDENT	4 SEX <b>Male</b>		5 RACE (Specify) <b>White</b>		6 Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) <b>44</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8 DATE OF BIRTH (Mo/Day/Yr) <b>June 06, 1977</b>		9a STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b CITIZEN OF WHAT COUNTRY <b>United States</b>	
	10 EDUCATION <b>12</b>		11 MARITAL STATUS (Specify) <b>Divorced</b>		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
PARENTS	13 SOCIAL SECURITY NUMBER <b>1667</b>		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>MECHANIC</b>		14b KIND OF BUSINESS OR INDUSTRY <b>AUTOMOBILE</b>	
	15a RESIDENCE - STATE <b>Nevada</b>		15b COUNTY <b>Douglas</b>		15c CITY, TOWN OR LOCATION <b>Gardnerville</b>	
DISPOSITION	15d STREET AND NUMBER <b>1420 Purple Sage Drive</b>		15e INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16 FATHER/PARENT -NAME (First Middle Last Suffix) <b>Lance Christopher ROBERTSON</b>	
	17 MOTHER/PARENT -NAME (First Middle Last Suffix) <b>Catherine Lynne HOLMAN</b>		18a INFORMANT -NAME (Type or Print) <b>Lance Christopher ROBERTSON</b>		18b MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>622 Kathy Court Gardnerville, Nevada 89460</b>	
TRADE CALL	19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c LOCATION City or Town State <b>Carson City Nevada 89701</b>	
	20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>NORMA M FINKES</b>		20b FUNERAL DIRECTOR LICENSE NUMBER <b>FD967</b>		20c NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home 1637 Esmerelda Place Minden NV 89423</b>	
CERTIFIER	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>OLIVIA P BAUGH MD</b>		21b DATE SIGNED (Mo/Day/Yr) <b>March 30, 2022</b>		21c HOUR OF DEATH <b>21:13</b>	
	21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)	
REGISTRAR	22c HOUR OF DEATH		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) <b>Olivia P Baugh MD 235 W 6th Street Reno, NV 89503</b>		23b LICENSE NUMBER <b>12758</b>		24a REGISTRAR (Signature) <b>KATHERINE J SULLIVAN</b>	
CAUSE OF DEATH	24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 31, 2022</b>		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))	
	25a ACC., SUICIDE, HOM., UNDET OR PENDING INVEST. (Specify)		25b DATE OF INJURY (Mo/Day/Yr)		25c HOUR OF INJURY	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST	25d DESCRIBE HOW INJURY OCCURRED		25e INJURY AT WORK (Specify Yes or No)		25f PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	
	25g LOCATION STREET OR R.F.D. No CITY OR TOWN STATE		26 AUTOPSY (Specify Yes or No) <b>No</b>		27 WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	



**CERTIFIED COPY OF VITAL RECORDS**

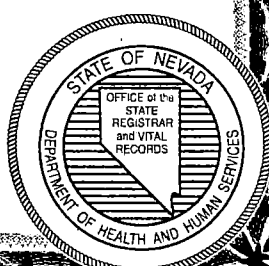
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **4/8/2022**

*Katherine J Sullivan*

STATE REGISTRAR

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



STATE OF NEVADA  
DECLARATION OF VALUE

- 1. Assessor Parcel Number(s)
  - a) 1220 - 22 - 211 - 010
  - 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: 2022-982914  
Transfer Deed upon death

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 Lance Robertson Capacity Grantor

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

SELLER (GRANTOR) INFORMATION  
(REQUIRED)

Print Name: Daniel Robertson  
 Address: 1720 Purple Sage Dr.  
 City: Gardnerville, NV  
 State: NV Zip: 89460

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

Print Name: Lance Robertson  
 Address: 622 Kathy Ct.  
 City: Gardnerville  
 State: NV Zip: 89460

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

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

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