

APN No.: 1220-15-110-013



00160666202209903360050058

KAREN ELLISON, RECORDER

Recording Requested By:  
Missy Eddings Hill  
4935 Pueblo Dr  
Stagecoach, NV 89429

When Recorded Return to:  
Missy Eddings Hill  
4935 Pueblo Dr  
Stagecoach, NV 89429

Mail Tax Statements to:  
Missy Eddings Hill  
4935 Pueblo Dr  
Stagecoach, NV 89429


SPACE ABOVE FOR RECORDERS USE

**AFFIDAVIT DEATH OF GRANTOR**

(Title of Document)

**Please complete Affirmation Statement below:**

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 440.380 (state specific law).

  
SIGNATURE

TITLE

Sonja M. Eddings Hill  
Print Signature

SPACE BELOW FOR RECORDER

APN: 1220-15-110-013

When Recorded Return To:

SPACE ABOVE FOR RECORDER'S USE

**DEATH OF GRANTOR AFFIDAVIT**

Sonja M. Eddings-Hill (who acquired title as Sonya M. Eddings-Hill), of legal age, being duly sworn, deposes and says Roy Wayne Eddings the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Roy W. Eddings, named as the grantor or as one of the grantors in the deed recorded on May 17, 2017, recorded as Instrument No. 2017-898768 of Official Records of **Douglas** County, Nevada, covering the following described property.

**See Exhibit A attached hereto and made a part hereof.**

Sonya M. Eddings-Hill, is the grantee or at least one of the grantees to whom the real property is conveyed upon the death of the grantor, , or is the authorized representative of the grantee or at least one of the grantees.

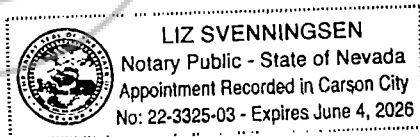
Dated:

SHill  
Sonja M. Eddings-Hill

STATE OF NEVADA } ss:  
COUNTY OF CARSON CITY

SUBSCRIBED AND SWORN TO before me on this 27TH day of September, 2022 by Sonja M. Eddings-Hill

Liz Svenningsen  
NOTARY PUBLIC



SPACE BELOW FOR RECORDER

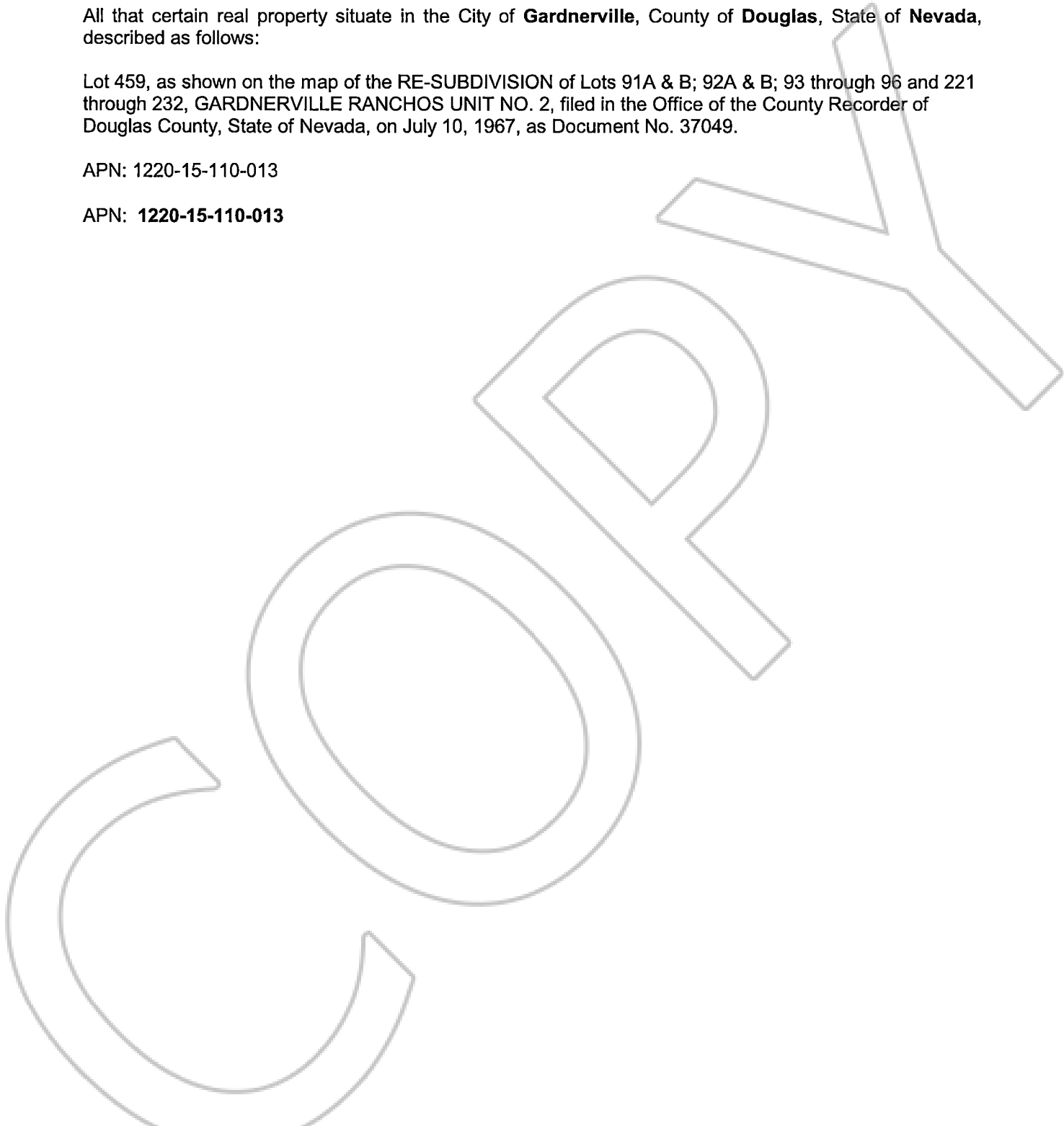
**EXHIBIT "A"**

All that certain real property situate in the City of **Gardnerville**, County of **Douglas**, State of **Nevada**, described as follows:

Lot 459, as shown on the map of the RE-SUBDIVISION of Lots 91A & B; 92A & B; 93 through 96 and 221 through 232, GARDNERVILLE RANCHOS UNIT NO. 2, filed in the Office of the County Recorder of Douglas County, State of Nevada, on July 10, 1967, as Document No. 37049.

APN: 1220-15-110-013

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SPACE BELOW FOR RECORDER

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

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

CASE FILE NO. 4158179

**CERTIFICATE OF DEATH**

2020015910  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST,MIDDLE,LAST SUFFIX) <b>Roy Wayne EDDINGS</b>			2 DATE OF DEATH (Mo/Day/Year) <b>July 24, 2020</b>		3a COUNTY OF DEATH <b>Douglas</b>	
	3b CITY, TOWN OR LOCATION OF DEATH <b>Gardnerville</b>		3c HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or number) <b>1399 Topaz Lane</b>		3e If Hosp or Inst indicate DOA,OP/Emer Rm Inpatient(Specify) <b>Home</b>		4 SEX <b>Male</b>
DECEDENT	5 RACE (Specify) <b>White</b>		6 Hispanic Origin? Specify No - Non-Hispanic	7a AGE-Last birthday (Years) <b>72</b>	7b UNDER 1 YEAR MOS   DAYS   HOURS   MINS	7c UNDER 1 DAY HOURS   MINS	8 DATE OF BIRTH (Mo/Day/Yr) <b>April 19, 1948</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>14</b>	11 MARITAL STATUS (Specify) <b>Married</b>		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Carla GRAF</b>
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13 SOCIAL SECURITY NUMBER <b>██████████ 4531</b>		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>DEPUTY</b>		14b KIND OF BUSINESS OR INDUSTRY <b>LAW ENFORCEMENT</b>		Ever in US Armed Forces? <b>Yes</b>
	15a RESIDENCE - STATE <b>Nevada</b>	15b COUNTY <b>Douglas</b>	15c CITY TOWN OR LOCATION <b>Gardnerville</b>	15d STREET AND NUMBER <b>1399 Topaz Lane</b>		15e INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>	
PARENTS	16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Thomas Marshall EDDINGS</b>			17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Nina Ruth CAVASOS</b>			
	18a INFORMANT- NAME (Type or Print) <b>Carla Graf EDDINGS</b>			18b MAILING ADDRESS (Street or R F D No City or Town, State Zip) <b>1399 Topaz Lane Gardnerville, Nevada 89460</b>			
DISPOSITION	19a BURIAL, CREMATION, REMOVAL OTHER (Specify) <b>Cremation</b>		19b CEMETERY OR CREMATORY - NAME <b>Truckee Meadows Crematory</b>		19c LOCATION City or Town State <b>Sparks Nevada 89431</b>		
	20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>HARRISON CODY BILLIAN</b> <b>SIGNATURE AUTHENTICATED</b>		20b FUNERAL DIRECTOR LICENSE NUMBER <b>FD943</b>	20c NAME AND ADDRESS OF FACILITY <b>Nevada Funeral Services</b> <b>3094 Research Way #63 Carson City NV 89706</b>			
TRADE CALL	TRADE CALL - NAME AND ADDRESS						
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>NITA SCHWARTZ MD</b> <b>SIGNATURE AUTHENTICATED</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>July 30, 2020</b>		21c HOUR OF DEATH <b>10:36</b>		22b DATE SIGNED (Mo/Day/Yr)		22c HOUR OF DEATH
	21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d PRONOUNCED DEAD (Mo/Day/Yr)		22e PRONOUNCED DEAD AT (Hour)	
REGISTRAR	23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703</b>					23b LICENSE NUMBER <b>9114</b>	
	24a REGISTRAR (Signature) <b>WESLEY T STOREY</b> <b>SIGNATURE AUTHENTICATED</b>			24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 30, 2020</b>		24c DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) <b>Malignant Melanoma With Metastasis</b>					Interval between onset and death	
	(b) DUE TO OR AS A CONSEQUENCE OF					Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(c) DUE TO OR AS A CONSEQUENCE OF					Interval between onset and death	
	(d) DUE TO OR AS A CONSEQUENCE OF					Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I					26 AUTOPSY (Specify Yes or No) <b>No</b>	27 WAS CASE REFERRED TO CORONER (Specify Yes or No)	
28a ACC, SUICIDE HJM 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

000826699



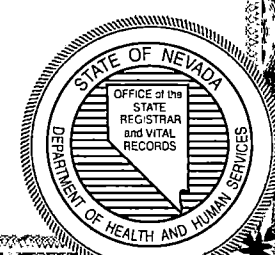
**CERTIFIED COPY OF VITAL RECORDS**

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: **8/10/2020**

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) 1220-15-110-013  
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 per deed upon death  
DOC # 898748

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 [Signature] Capacity Grantee

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

**SELLER (GRANTOR) INFORMATION (REQUIRED)**  
Print Name: Sonja Hill  
Address: 4935 PUEBLO DRIVE  
City: STAGECOACH  
State: NV Zip: 89429

**BUYER (GRANTEE) INFORMATION (REQUIRED)**  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

**COMPANY/PERSON REQUESTING RECORDING**  
(required if not the seller or buyer)  
Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_