

APN No.: **1220-15-110-013**



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 Carla J. Eddings the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Carla J. 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.**

Sonja 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:

*S Hill*

Sonja M. Eddings-Hill

STATE OF NEVADA  
COUNTY OF CARSON CITY

} ss:

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

*Liz Svenningsen*  
NOTARY PUBLIC

LIZ SVENNINGSEN  
Notary Public - State of Nevada  
Appointment Recorded in Carson City  
No: 22-3325-03 - Expires June 4, 2026

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.

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COPY

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. 4299941

**CERTIFICATE OF DEATH**

2022019616  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED NAME (FIRST MIDDLE, LAST, SUFFIX) Carla J EDDINGS		2. DATE OF DEATH (Mo/Day/Yr) August 07, 2022		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION - Name if not other, give street address if hospital or inst. indicate DOA OR Emer Rn Northern Nevada Sierra Medical		3d. SEX Female	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 72	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Widowed		12. SUP. LIVING SPOUSE'S NAME (Last name prior to first marriage)		8. DATE OF BIRTH (Mo/Day/Yr) February 25, 1950	
13. SOCIAL SECURITY NUMBER ██████████-4887		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1399 Topaz Lane		15e. INSIDE CITY LIMITS (Specify Year or No) No		14b. LAW ENFORCEMENT Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Dalos GRAF			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Jewel Fern BEATTY		
13a. INFORMANT - NAME (Type or Print) Sonja HILL			18b. MAILING ADDRESS - Street or RFD No. City or Town, State, Zip; 4935 Pueblo Drive Stagecoach, Nevada 89429		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY NAME Truckee Meadows Crematory		19c. LOCATION - City or Town, State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>HARRISON CODY BILLIAN</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD943		20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services 2094 Research Way #63 Carson City NV 89706	
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>JESSICA M SCOTT MD</b> SIGNATURE AUTHENTICATED			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) August 16, 2022		21c. HOUR OF DEATH 18:10		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. PRONOUNCED DEAD (Mo/Day/Yr)		22d. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) Jessica M Scott MD 625 Innovation Drive Reno, NV 89511				23b. LICENSE NUMBER 19728	
24a. REGISTRAR (Signature) <b>BLAIR J HEDRICK</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 17, 2022		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)) PART I (a) Acute Respiratory Failure (b) Aspiration Pneumonia (c) Encephalopathy (d) Seizures					
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I Severe Atrophy Of Temporal Lobes Due To Parkinson's Disease				26. AUTOPSY (Specify Yes or No) No	
28a. ACC. SUICIDE HOMIC. UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			
29e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		29g. LOCATION - STREET OR RFD No. CITY OR TOWN STATE	

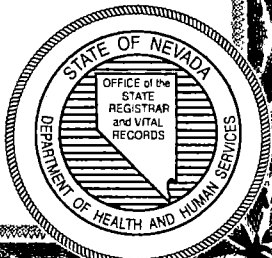


CERTIFIED COPY OF VITAL RECORDS

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: 8/19/2022

*Blair Hedrick*  
STATE REGISTRAR



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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 # 898768

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 SHill 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: same  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

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