



SHAWNYNE GARREN, RECORDER E10

APN: 1220-03-311-009

WHEN RECORDED MAIL TO:

Rayna M. Goodrich
1386 Bumblebee Drive
Gardnerville, NV 89460

MAIL TAX NOTICES TO:

Rayna M. Goodrich
1386 Bumblebee Drive
Gardnerville, NV 89460

DEATH OF GRANTOR AFFIDAVIT

Rayna M. Goodrich, being duly sworn, deposes and says that Arthur A. Flores, Sr., the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Arthur A. Flores, Sr., named as the Grantor in the Deed Upon Death recorded on October 31, 2012, as Doc Number 0811977, Book 1012, at Page 8598, records of Douglas County, Nevada, covering the real property commonly known as 1390 Pin Oak Drive, City of Gardnerville, County of Douglas, State of Nevada, and more particularly described as:

Lot 8, Block A, as set forth on Final Subdivision Map LDA 01-047, Planned Unit Development for ARBOR GARDENS, PHASE 4, filed for record in the office of the County Recorder of Douglas County, State of Nevada on October 17, 2005, Book 1005, Page 7083, as Document No. 657923.

Rayna M. Goodrich is at least one of the beneficiaries to whom the real property is conveyed upon the death of the Grantor as Arthur A. Flores, Sr. The beneficiaries listed in the Deed Upon Death are Rayna M. Goodrich, Vicky L. Safford, and Arthur A. Flores, Jr. who are to take the property as Tenants in Common.

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

22 December, 2023 (Date)

Rayna M. Goodrich (Signature)

Rayna M. Goodrich

State of Nevada }

} ss.

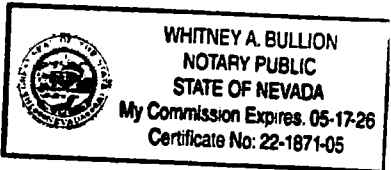
County of Douglas }

Subscribed and sworn to on this 22nd day of Dec, in the year 2023 before me,

Whitney Bullion....., by Rayna M. Goodrich.

On this 22nd day of Dec....., in the year 2023 before me, Whitney Bullion, personally appeared Rayna M. Goodrich 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.

[Signature] (Signature of Notary Public)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4384268

CERTIFICATE OF DEATH

2023026991
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) Arthur Albert FLORES SR		2. DATE OF DEATH (Mo/Day/Year) November 30, 2023		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) Carson Valley Health		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 99		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
7d. UNDER 1 DAY MINS		8. DATE OF BIRTH (Mo/Day/Yr) January 11, 1924			
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. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER 9235		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
Truck Driver		Trucking		Ever in US Armed Forces? Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1390 Pin Oak Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Joseph Maria FLORES			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ida Cozy SANTOS		
18a. INFORMANT- NAME (Type or Print) Rayna GOODRICH		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1386 Bumblebee Drive Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BLAKE HOWE		20b. FUNERAL DIRECTOR LICENSE NUMBER FD622		20c. NAME AND ADDRESS OF FACILITY Cremation Society Of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
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) COREY ALAN MATZKANIN APRN			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) December 12, 2023		21c. HOUR OF DEATH 01:25		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Corey Alan Matzkanin APRN 1155 Mill St Reno, NV 89502				23b. LICENSE NUMBER 849173	
24a. REGISTRAR (Signature) ANNAH M HOWARD		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 12, 2023		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				Interval between onset and death	
(a) Cardiac Arrest				Interval between onset and death	
(b) Acute Kidney Injury				Interval between onset and death	
(c) Pathologic Fracture Of Right Femoral Neck				Interval between onset and death	
(d) Ground Level Fall				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. Multiple Myeloma, Chronic Kidney Disease, Type 2 Diabetes Mellitus, Essential Hypertension				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC., SUICIDE, HOM., 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	



CERTIFIED COPY OF VITAL RECORDS

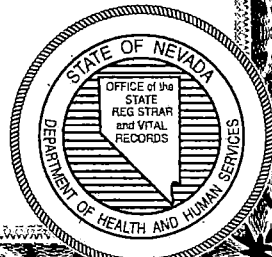
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

Cody D. Piracy

DATE ISSUED: **12/12/2023**

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) 1220-03-311-009
 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'/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: \$ 10
 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: PER DEED UPON DEATH, DO
NUMBER 0811977

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 Rayna M. Goodrich Capacity GRANTEE

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: ESTATE OF ARTHUR A FLORES, SR
 Address: 1390 PIN OAK DRIVE
 City: GARDNERVILLE
 State: NV Zip: 89410

Print Name: RAYNA M. GOODRICH
 Address: 1386 BUMBLEBEE DRIVE
 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)