DOUGLAS COUNTY, NV Rec:\$40.00

Total:\$40.00

2023-993607

02/02/2023 02:37 PM Pgs=4

E10

WERTH BUILDERS



APN# 1420-07-610-020	0016456620230993607040046
Recording Requested by/Mail to:	SHAWNYNE GARREN, RECORDER
Name: Peter Werth	\ \
Address: 6962 Lenis Cr.	\ \
City/State/Zip: Huntington Beach, CA 92647	_ \ \
Mail Tax Statements to:	
Name: Peter Werth	
Address: 6962 Leni's Cr.	
city/state/zip: Huntington Beach, CA92647	
Title of Document (required)	
The undersigned hereby affirms that the document submitt DOES contain personal information as required by law: (ch	N. N.
Affidavit of Death – NRS 440.380(1)(A) & NRS	40.525(5)
Judgment – NRS 17.150(4)	
Military Discharge – NRS 419.020(2)	
Signature	
Peter Werth	
Printed Name	
This document is being (re-)recorded to correct document #	, and is correcting

DEATH OF GRANTOR AFFIDAVIT

PETER ADAM WERTH, being duly sworn, deposes and says that Peter Werth, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Peter Werth, named as the grantor or as one of the grantors in the deed upon death recorded on September 10, 2021, as document or file number 2021-973792, book......., at page......, records of Douglas County, Nevada, covering the real property commonly known as 3569 Loam Lane, City of Carson City, County of Douglas, State of Nevada, or located in the County of Douglas, State of Nevada, and more particularly described as:

A.P.N. 1420-07-610-020

1-16-13

Lot 2 in Block C, as shown on the Official Map of Sunridge Heights Phase 1, filed for Record in the Office of the County Recorder of Douglas County, Nevada, on June 11, 1993, as Document No. 309550.

PETER ADAM WERTH is the beneficiary or at least one of the beneficiaries to whom the real property is conveyed upon the death of the grantor Peter Werth or is the authorized representative of the beneficiary or at least one of the beneficiaries. The beneficiary or beneficiaries listed in the deed upon death is PETER ADAM WERTH.

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

(Date)
(Signature)
State of Nevada Texes } } ss. County of
} ss. County of
Subscribed and sworn to on this
principal).
On this
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

(Signature of Notary Pu

BRITTANY BECK

Notary Public, State of Texas
Comm. Expires 10-14-2025
Notary ID 133391854

NOTARY SEAL

or she executed it.



CASE FILE NO. 4307963

DEPARTMENT OF HEALTH AND HUMAN SERVICES

2022023760

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

TYPE OR	STATE FILE NUMBER									
PRINT IN	1a. DECEASED-NAME (FIRST,N		()			2. DATE OF DE	ATH (Mo/Day/Year	r) 3a. COU	NTY OF DEATH	
PERMANENT	Peter WERTH 3b. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give				September 25, 2022 Carson City				,	
BLACK INK							te DOA OP/Em	er. Rm. 4. SE		
	lnumber)					Inpatie	ent(Specify)	1		^
DECEDENT	Carson City Carson Tance Regional Medical Center						Emergéncy Re	oom / Outpa	itient	Male
-	5. RACE (Specify)		6. Hispanic Origin? Specify 7a. AGE-Last birthda			7b. UNDER 1 Y	EAR 7c. UNDER 1	DAY 8. DATE	OF BIRTH (Mo/	Day/Yr)
	White No - Non-Hispanic (Years) 86 MOS DAYS HOURS MINS July 24, 1936								6	
IF DEATH	9a. STATE OF BIRTH (If not US/0	A, 9b. CITIZEN	OF WHAT COUNTRY	Y 10.EDUCAT	ON 11. MARITAL STATE	JS (Specify) 12.	SURVIVING SPOUSE	E'S NAME (Last na		
IF DEATH OCCURRED IN INSTITUTION SEE	name country) Germany	Unii	N OF WHAT COUNTRY 10.EDUCATION 11. MARITAL STATUS (Specify) 12. SURVIVING SPOUSE'S NAME (Last name prior to first man Widowed							•
HANDBOOK REGARDING	13. SOCIAL SECURITY NUMBER									Armed
COMPLETION OF	1068						SS OR INDUSTRY Ever in US Armed Forces? Yes			
RESIDENCE ITEMS	15a. RESIDENCE - STATE 15b. COUNTY 15c. CITY, TOWN OR LOC.					REET AND NUM		TAILLIN C	15e. INSIDE	CITY
1		Corner Cit	. '		-	The same of the sa	DEIX	The second name of the second	LIMITS (Spec	ify Yes
	Nevada 1	Carson Cit		<u>Carson C</u>		Loam Ln.			M 1107	'es
PARENTS	16. FATHER/PARENT - NAME (F				17. MOTHER/F	PARENT - NAME	(First Middle La		1	N
		Nikolaus WEF				State of the latest state	Maria JAF	RISH	1	- N.
	18a. INFORMANT- NAME (Type of		18b.	MAILING ADD		.F.D. No, City or 1			1	,
		m WERTH			6962 Lenis	Cir. Huntingto	on Beach, Cali	fornia 9264	7	h
	19a. BURIAL, CREMATION, REM		cify) 19b. CEMETER	Y OR CREMAT	ORY - NAME		19c. LOCA	TION City or	Town State	1
DISPOSITION	Cremation	on		Walton'	s Sierra Cremato	ory	C	arson City N	levada 8970	3 💜
	20a. FUNERAL DIRECTOR - SIG	NATURE (Or Person	Acting as Such)	20b. FUNERAL	DIRECTOR 20c. NA	ME AND ADDRES		· · · · · · · ·		
	CARLE	N THOMAS	· [!	LICENSE NUM		Waltons Fund	erais & Crema	tions-Chape	l of the Valle	v l
	SIGNATU	JRE AUTHENTICA	TED	FD86	31	128	1 N Roop Cars	on City NV	89706	
TRADE CALL	TRADE CALL - NAME AND ADD	RESS			1	1	/			
	21a. To the best of my kno	wledge, death occurre	ed at the time, date a	nd place and d	ie 22a On the	hasis of examinati	on and/or investigati	ion in myoninion	death occurred	
	to the cause(s) stated (Sig.	nature & Title)								
	to the cause(s) stated.(Signature & Title) To be the cause(s) stated to the cause(s) stated (Signature & Title)									
	# 	-		The state of the s	3 5 MARIL					FICATED
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CERTIFIER	21b. DATE SIGNED (Mo/C			7	E SU CARIL 22b. DAT	E SIGNED (Mo/D eptember 30	ay/Yr) , 2022	22c. HOUR O	F DEATH 15:07	
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CERTIFIER	21b. DATE SIGNED (Mod. B) 21d. NAME OF ATTENDING (Type or Print) 23a. NAME AND ADDRESS OF (1)	NG PHYSICIAN IF OT	THER THAN CERTIF	IER IYSICIAN, MED	SICAL EXAMINER, OF	E SIGNED (Mo/D eptember 30 DNOUNCED DEA September 25 R CORONER) (TV	Day/Yr) , 2022 D (Mo/Day/Yr) 2022	22c. HOUR O	F DEATH 15:07 JNCED DEAD AT	
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CERTIFIED COPY OF VITAL

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

DATE ISSUED:

STATE REGISTRAR

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



DECLARATION OF VALUE Document/Instrument#: Book: _____ Page: ____ 1. Assessor Parcel Number (s) Date of Recording: (a) 1420-07-610-020 Notes: ____ (c) _____ 2. Type of Property: a) 🔲 Vacant Land b) Single Fam Res. d) 2-4 Plex c) Condo/Twnhse f) Comm'l/Ind'l e) Apt. Bldg. h) Mobile Home g) Agricultural I) Other 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: #10 a. Transfer Tax Exemption, per NRS 375.090, Section: b. Explain Reason for Exemption: Dern upon death wansfer from Father to son. 世2021-973792 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 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. Capacity _____ Signature Capacity SOY Signature **BUYER (GRANTEE) INFORMATION** SELLER (GRANTOR) INFORMATION (REQUIRED) (REQUIRED) Print Name: Print Name: Address: Address: lausan atu City: City: 89705 State: State: COMPANY/PERSON REQUESTING RECORDING (REQUIRED IF NOT THE SELLER OR BUYER) Escrow # _____ Print Name: Address: _____ State: _____ Zip: ______ City: (AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)

FOR RECORDERS OPTIONAL USE ONLY

STATE OF NEVADA