

APN# 1420-07-610-020



00164566202309936070040045

Recording Requested by/Mail to:

Name: Peter Werth

Address: 6962 Lenis Cr.

City/State/Zip: Huntington Beach, CA 92647

SHAWNYNE GARREN, RECORDER

E10

Mail Tax Statements to:

Name: Peter Werth

Address: 6962 Lenis Cr.

City/State/Zip: Huntington Beach, CA 92647

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording DOES contain personal information as required by law: (check applicable)

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
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.

..... 1-16-23 (Date)

..... [Signature] (Signature)

State of ~~Nevada~~ Texas }
County of ~~Smith~~ } ss.

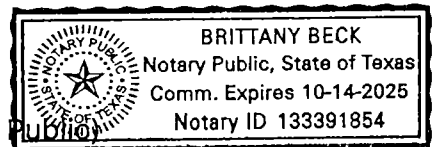
Subscribed and sworn to on this 16th day of Jan....., in the year 2023, before me, Brittany Beck....., by Peter Werth..... (here insert name of principal).

On this 16th day of Jan....., in the year 2023, before me, Brittany Beck....., personally appeared PETER ADAM WERTH, 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]

NOTARY SEAL

(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. 4307963

CERTIFICATE OF DEATH

2022023760
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Peter WERTH		2. DATE OF DEATH (Mo/Day/Yr) September 25, 2022		3a. COUNTY OF DEATH Carson City	
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street ar number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Emergency Room / Outpatient	
DECEDENT	4. SEX Male		5. RACE (Specify) White		6. Hispanic-Non? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 86		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) July 24, 1936		9a. STATE OF BIRTH (If not US/CA, name country) Germany		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)	
PARENTS	13. SOCIAL SECURITY NUMBER 1068		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
DISPOSITION	15d. STREET AND NUMBER 3569 Loam Ln.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Nikolaus WERTH	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Maria JARISH		18a. INFORMANT - NAME (Type or Print) Peter Adam WERTH		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 6962 Lenis Cir. Huntington Beach, California 92647	
TRADE CALL	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) CARLEN THOMAS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706	
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) 21b. DATE SIGNED (Mo/Day/Yr) September 30, 2022		21c. HOUR OF DEATH 15:07		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) MARILYN A BRANINBURG SIGNATURE AUTHENTICATED	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr) September 25, 2022		22c. HOUR OF DEATH 15:07	
REGISTRAR	22d. PRONOUNCED DEAD (Mo/Day/Yr) September 25, 2022		22e. PRONOUNCED DEAD AT (Hour) 15:07		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Marilyn A Braninburg 911 E Musser St Carson City, NV 89701	
	23b. LICENSE NUMBER		24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 07, 2022	
CAUSE OF DEATH	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	
	25. IMMEDIATE CAUSE (a) Cardiopulmonary Arrest		(b) Atherosclerotic Cardiovascular Disease		(c) Unknown Etiology	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(d) _____		PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.		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

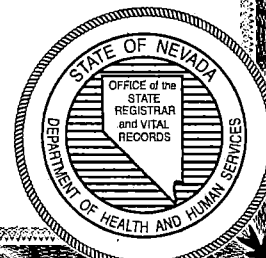
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

10/17/2022

DATE ISSUED:

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

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: _____

Book: _____ Page: _____

Date of Recording: _____

Notes: _____

- 1. Assessor Parcel Number (s)**
- (a) 1420-07-610-020
- (b) _____
- (c) _____
- (d) _____

- 2. Type of Property:**
- | | |
|--|--|
| a) <input type="checkbox"/> Vacant Land | b) <input checked="" type="checkbox"/> Single Fam Res. |
| c) <input type="checkbox"/> Condo/Twnhse | d) <input type="checkbox"/> 2-4 Plex |
| e) <input type="checkbox"/> Apt. Bldg. | f) <input type="checkbox"/> Comm'l/Ind'l |
| g) <input type="checkbox"/> Agricultural | h) <input type="checkbox"/> Mobile Home |
| i) <input type="checkbox"/> 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:**
- a. Transfer Tax Exemption, per NRS 375.090, Section: #10
- b. Explain Reason for Exemption: Deed upon death transfer from father to son.
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.

Signature _____ Capacity _____

Signature [Signature] Capacity son

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Peter Werth

Address: 3569 Loam Lane

City: Carson City

State: NV Zip: 89705

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Peter Werth

Address: 6962 Lenis Cr.

City: Huntington Beach

State: CA Zip: 92647

COMPANY/PERSON REQUESTING RECORDING (REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: _____ Escrow # _____

Address: _____

City: _____ State: _____ Zip: _____