

APN 1220-22-410-194

After Recording, Mail to:

Heidi Maro
1540 E. Robinson St., #A
Carson City, NV 89701

Mail Tax Statements to:

Same as above



SHAWNYNE GARREN, RECORDER E10

The undersigned affirms that this document does contain the social security number of any person, as required by NRS 440.380. (NRS 239B.030).

DEATH OF GRANTOR AFFIDAVIT

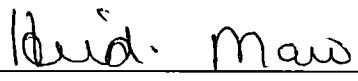
HEIDI MARO, being duly sworn, deposes and says that John DB Barker, also known as Deon Bromley Barker Jr., the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as John DB Barker Jr. Also known as John DB Barker named as the grantor in the Transfer on Death Deed recorded on December 5, 2011, in Book 1211, at page 848, as Document Number 0793712, Official Records of Douglas County, Nevada, covering the following legal property:

Lot 803, as shown on the Map of Gardnerville Ranchos Unit No. 7, filed for record in the Office of the County Recorder of Douglas County, Nevada, on March 27, 1974, in Book 374, Page 676, as File No. 72456.

Per NRS 111.312, this legal description was previously recorded at Document No. 395594, in Book 0896, at Page 5845, on August 30, 1996.

HEIDI MARO is one of the grantees to whom the real property is conveyed upon the death of the grantor John DB Barker.

Dated: March 20, 2023


HEIDI MARO

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4335613

CERTIFICATE OF DEATH

2023003844
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) Deon Bromley BARKER Jr		2. DATE OF DEATH (Mo/Day/Year) February 21, 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 Senior Living		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Assisted Living Facility	
4. SEX Male		5 RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 89		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS	
7d. UNDER 1 YEAR HOURS		7e. UNDER 1 DAY MIN'S		8. DATE OF BIRTH (Mo/Day/Yr) December 06, 1933	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) /			
13. SOCIAL SECURITY NUMBER 9474		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of...) Fire Captain		14b. KIND OF BUSINESS OR INDUSTRY FIRE DEPARTMENT	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1189 Kimmerling Rd #D17B		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Deon Bromley BARKER Sr			17. MOTHER/PARENT - NAME (First Middle Last Suffix) June HAMMERSON		
18a. INFORMANT - NAME (Type or Print) Heidi MARO		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1540 E. Robinson St #A Carson City, Nevada 89701			
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		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
20a. SIGNATURE AUTHENTICATED					
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 A BOTTENBERG DO			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) February 23, 2023		21c. HOUR OF DEATH 04:54		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) B A BOTTENBERG DO 4095 North Carson Street Carson City, NV 89706				23b. LICENSE NUMBER DO674	
24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 24, 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) Cardiopulmonary Arrest		Interval between onset and death			
(b) Congestive Heart Failure		Interval between onset and death			
(c) Hypertension		Interval between onset and death			
(d) Unknown Etiology		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. Atrial Fibrillation.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
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	

AKA: Deon John BARKER Jr



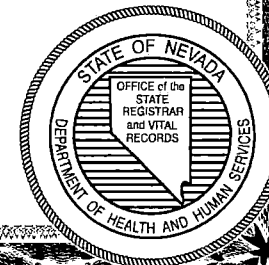
CERTIFIED COPY OF VITAL RECORDS

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: 3/1/2023

Scott Spangler
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) 1220-22-410-194
- b) _____
- c) _____
- d) _____

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument #:	_____
Book:	_____ Page: _____
Date of Recording:	_____
Notes:	_____

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 _____

3. Total Value/Sales Price of Property:

\$ 0.00

Deed in Lieu of Foreclosure Only (value of property): \$ _____

Transfer Tax Value: \$ 0.00

Real Property Transfer Tax Due: \$ _____

4. If Exemption Claimed:

a. Transfer Tax Exemption, per NRS 375.090, Section: 10

b. Explain Reason for Exemption: This is an Affidavit of Death of Grantor pursuant to a Transfer on Death

Deed on record.

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: Heidi Maro Capacity: Grantor

Signature: _____ Capacity: Grantee

SELLER (GRANTOR) INFORMATION (Required)

BUYER (GRANTEE) INFORMATION (Required)

Print Name: Heidi Maro

Print Name: Heidi Maro

Address: 1540 E. Robinson St, #A

Address: 1540 E. Robinson St., #A

Carson City, NV 89701

Carson City, NV 89701

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: Law Office of Karen L. Winters Esc.# _____

Address: P.O. Box 1987

City: Minden State: NV Zip: 89423