

APN No. 1022-15-001-068

Recording Requested by:

JOADI K. OGLESBY

And when recorded mail to:

JOADI K. OGLESBY
585 Pepper St.
Pasadena, Ca. 91103

Mail tax statement to:

JOADI K. OGLESBY
585 Pepper St.
Pasadena, Ca. 91103



space above this line for Recorder's use

The undersigned grantor(s) declare(s):
Documentary transfer tax is zero (0)
computed at full value of property conveyed.

DEATH OF GRANTOR AFFIDAVIT
N.R.S. 111.699

THE UNDERSIGNED DOES HEREBY AFFIRM THAT THIS DOCUMENT
SUBMITTED FOR RECORDING DOES CONTAIN THE SOCIAL SECURITY NUMBER OF
A PERSON OR PERSONS.

JOADI K. OGLESBY, being first duly sworn, deposes and says that RON OGLESBY,
the Decedent mentioned in the attached certified copy of the Certificate of Death, is same person
as RONALD BRENT OGLESBY, named as the Grantor, or as one of the Grantors in the
Distribution upon Death deed, dated November 23, 2020, and filed with the Douglas County
Recorder's Office on December 31, 2020, as Document No. 2020-959293, covering the
following described property:

Lot 24 in Block G as shown on the map of TOPAZ RANCH ESTATES UNIT No. 4,
filed for record in the office of the County Recorder of Douglas County, State of Nevada,
on November 16, 1970, in Book 1 of Maps, Page 224, as Document No. 50212.

APN: 1022-15-001-068

Address: 3874 Granite Way, Wellington, Nv. 89444

JOADI K. OGLESBY is the beneficiary or at least one of the beneficiaries to whom the
real property is conveyed upon the death of the Grantor, RON OGLESBY, or is the authorized
representative of the beneficiaries or at least one of the beneficiaries. The beneficiary or
beneficiaries listed in the Deed upon Death are JOADI K. OGLESBY.

DATED this 2nd day of ~~March~~^{April}, 2023.

Joadi Oglesby
JOADI K. OGLESBY

STATE OF NEVADA)
) ss.
CARSON CITY)

On the 2nd day of ~~July~~^{April 2023}, 2023, before me, Margaret Bruna SHANIA STAGGS, a notary public,

personally appeared, JOADI K. OGLESBY personally know 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 the he/she executed it.

Margaret Bruna
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. 4327434

CERTIFICATE OF DEATH

2023000141
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) Ronald Brent OGLESBY		2. DATE OF DEATH (Mo/Day/Year) January 05, 2023		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Wellington		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) 3874 Granite Way		3e. If Hosp or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 73	7b. UNDER 1 YEAR MUS DAYS HOURS MIN	8. DATE OF BIRTH (Mo/Day/Yr) February 10, 1949
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) Divorced	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)
13. SOCIAL SECURITY NUMBER [REDACTED]-0697		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) WELDER		14b. KIND OF BUSINESS OR INDUSTRY Welding Company	
15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Wellington	15d. STREET AND NUMBER 3874 Granite Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) Robert Winston OGLESBY			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Darlene DAHL		
18a. INFORMANT - NAME (Type or Print) Joadi Kathleen OGLESBY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 585 Pepper St Pasadena, California 91103			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854	20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funerals & Cremations 1600 Buckeye Rd Minden NV 89423		
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) [Signature]			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) KEENAN K COPP SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) February 03, 2023		21c. HOUR OF DEATH 15:25		22b. DATE SIGNED (Mo/Day/Yr) February 03, 2023	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr) January 05, 2023		22e. PRONOUNCED DEAD AT (Hour) 15:25
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Keenan K Copp 1038 Buckeye Rd Minden, NV 89423					23b. LICENSE NUMBER
24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 03, 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 (a) Atherosclerotic And Hypertensive Cardiovascular Disease				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Chronic Obstructive Pulmonary Disease; Diabetes Mellitus; Chronic Alcohol Abuse				26. AUTOPSY (Specify Yes or No) Yes	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		
28a. 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



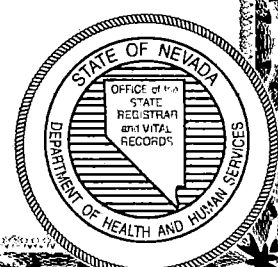
CERTIFIED COPY OF VITAL RECORDS

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.

DATE ISSUED: **2/7/2023**

[Signature]
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. 1002-15-001-068
 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
 Other

FOR RECORDERS OPTIONAL USE ONLY	
Book _____	Page: _____
Date of Recording: _____	
Notes: _____	

- 3.a. Total Value/Sales Price of Property \$ _____
 b. Deed in Lieu of Foreclosure Only (value of property (N/A.))
 c. Transfer Tax Value: \$ _____
 d. Real Property Transfer Tax Due \$ _____

4. If Exemption Claimed:

- a. Transfer Tax Exemption per NRS 375.090, Section 10
 b. Explain Reason for Exemption: A transfer upon death only.
Death of Grantor Affidavit.

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 [Signature] Capacity: Attorney
 Signature _____ Capacity: _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Ronald Brent Oglesby
 Address: 3874 Granite Way
 City: Wellington
 State: Nevada Zip: 89444

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Joadi K Oglesby
 Address: 3874 Granite Way
 City: Wellington
 State: Nevada Zip: 89444

COMPANY/PERSON REQUESTING RECORDING (Required if not seller or buyer)

Print Name: Richard S. Staub, Esq.
 Address: P.O. Box 392
 City: Carson City

Escrow # _____
 State: Nevada Zip: 89702

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED