

THE UNDERSIGNED HEREBY AFFIRMS THAT
THIS DOCUMENT DOES CONTAIN A SOCIAL
SECURITY NUMBER AS REQUIRED BY
LAW NRS 440.380(1)(a) and NRS 40.525(5)



SHAWNYNE GARREN, RECORDER E10

APN: 1420-29-301-004

WHEN RECORDED MAIL TO:
SEND TAX DOCUMENTS TO:

KRISTINE E. BUDNICK
1346 Saratoga Street
Minden, NV 89423

SPACE ABOVE FOR RECORDER'S USE ONLY

DEATH OF GRANTOR AFFIDAVIT

KRISTINE E. BUDNICK, being duly sworn, deposes and says that CINDY HUNTER ESSAFF, also known as Cindy L. Hunter, the decedent mentioned in the attached Certificate of Death, is the same person as CINDY HUNTER ESSAFF, named as the grantor in the Deed Upon Death, recorded on May 5, 2014, as Document No. 0842026 of Official Records in the office of the County Recorder of Douglas County, State of Nevada, covering the real property located at 2860 Heybourne Road, Minden, State of Nevada, and more particularly described as:

Parcel 14-B as shown on that certain parcel map #1018 for Tony Avanzino, recorded April 30, 1986 in Book 496, Page 5949, as Document No. 386624.

Together with all tenements, hereditaments and appurtenances including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

KRISTINE E. BUDNICK, an unmarried woman, is the beneficiary to whom the real property is conveyed upon the death of the grantor CINDY HUNTER ESSAFF.

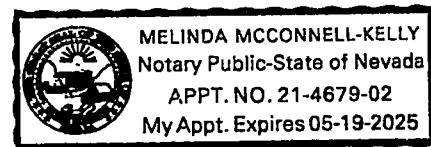
April 28, 2023

Kristine E. Budnick
KRISTINE E. BUDNICK

State of Nevada)
CARSON CITY)

Subscribed and Sworn to on this April 28, 2023, before me MELINDA MCCONNELL-KELLY, by KRISTINE E. BUDNICK.

Melinda McConnell-Kelly
NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

Exhibit A

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

CASE FILE NO. 4344000

CERTIFICATE OF DEATH

2023008232
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Cindy L HUNTER				2. DATE OF DEATH (Mo/Day/Year) April 10, 2023		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden			3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or number) 2860 Heybourne Road		3a. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home		4. SEX Female
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 73	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) August 14, 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)	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER -1509		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)			14b. KIND OF BUSINESS OR INDUSTRY Electronics		Ever in US Armed Forces? No
	15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Minden		15d. STREET AND NUMBER 2860 Heybourne Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) John Clarence HUNTER				17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lorraine WILSON			
	18a. INFORMANT- NAME (Type or Print) Kristine BUDNICK			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1346 Saratoga Street Minden, Nevada 89423				
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701			
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) PHILIP R MAYFIELD SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD887	20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502				
TRADE CALL	TRADE CALL - NAME AND ADDRESS							
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) NITA SCHWARTZ MD SIGNATURE AUTHENTICATED				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) April 17, 2023		21c. HOUR OF DEATH 16:28		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
	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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703				23b. LICENSE NUMBER 9114			
REGISTRAR	24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 18, 2023		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)							Interval between onset and death
	PART I	(a) Emphysema DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
		(b) Unknown Etiology 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
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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) 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	



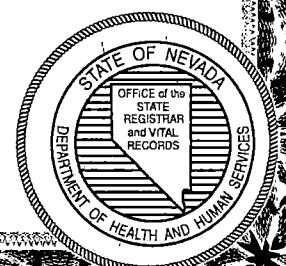
CERTIFIED COPY OF VITAL RECORDS

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: **4/21/2023**

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 VOID THIS CERTIFICATE

STATE OF NEVADA
DECLARATION OF VALUE

- 1. Assessors Parcel Number(s)
 - a) 1420-29-301-004
 - 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
 - i) Other _____

FOR RECORDERS OPTIONAL USE ONLY
DOCUMENT/INSTRUMENT #: _____
BOOK _____ PAGE _____
DATE OF RECORDING: _____
NOTES: _____

3. Total Value/Sales Price of Property: \$ _____
Deed in Lieu of Foreclosure Only (value of property) (_____)
Transfer Tax Value: \$ _____
Real Property Transfer Tax Due: \$ 0.00

- 4. If Exemption Claimed:
 - a. Transfer Tax Exemption per NRS 375.090, Section # 10
 - b. Explain Reason for Exemption: A conveyance of real property by deed which becomes effective upon the death of the grantor pursuant to NRS 111.655 to 111.699. vesting doc # 0842026
 - c. 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 _____ Capacity Agent _____
Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION (REQUIRED)	BUYER (GRANTEE) INFORMATION (REQUIRED)
Print Name: <u>Cindy Hunter Essaff</u>	Print Name: <u>Kristine E. Budnick</u>
Address: <u>2860 Heybourne Road</u>	Address: <u>1346 Saratoga Street</u>
City: <u>Minden</u>	City: <u>Minden</u>
State: <u>NV</u> Zip: <u>89423</u>	State: <u>NV</u> Zip: <u>89423</u>

COMPANY/PERSON REQUESTING RECORDING
(required if not the seller or buyer)
Print Name A+ Documents Escrow # _____
Address 411 W. Third Street, Suite 1
City: Carson City State: NV Zip: 89703