



SHAWNYNE GARREN, RECORDER E10

Recording Requested by:

Name: DAWN RENE SMITH HAMMER  
Address: 1320 LIMESTONE ROAD  
City/State/Zip: WELLINGTON, NV 89444

When recorded, mail this deed to:

Name: DAWN RENE SMITH HAMMER  
Address: 1320 LIMESTONE ROAD  
City/State/Zip: Wellington, NV 89444

When recorded, mail this tax statement to:

Name: DAWN RENE SMITH HAMMER  
Address: 1320 LIMESTONE ROAD  
City/State/Zip: Wellington, NV 89444

1022-10-002-064

DEATH OF GRANTOR AFFIDAVIT


(Name of affiant) DAWN RENE SMITH HAMMER, being duly sworn, deposes and says that (name of decedent) MARSHALL LEWIS SMITH the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person a (name of grantor(s)), named as the grantor or one of the grantors in the deed upon death recorded on (date Deed Upon Death was recorded) \_\_\_\_\_, as document or file number 9103577, book \_\_\_\_\_, at page \_\_\_\_\_, records of DOUGLAS County, Nevada, covering the real property commonly known as (street address of property) 1320 LIMESTONE ROAD, City of (city property is in) WELLINGTON, County of (county property is in) DOUGLAS, State of Nevada, and more particularly described as (legal description of property): LOT 23 AS SHOWN ON MAP OF TOPAZ RANCH ESTATES UNIT NO. 2, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON FEBRUARY 20, 1967, AS DOCUMENT NO. 35464.

(Name of affiant) DAWN RENE SMITH HAMMER is the beneficiary or at least one of the beneficiaries to whom the real property is conveyed upon the

death of the grantor (*name of grantor*) MARSHALL LEWIS SMITH 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 are (*name of beneficiary(ies)*)  
DAWN RENE SMITH HAMMER.

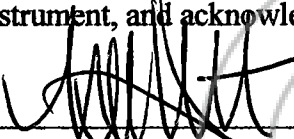
**The undersigned hereby affirms that this document submitted for recording does not  
contain a social security number.**

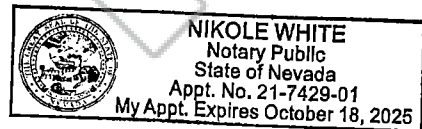
Date: 06-07-2023

Signature:   
DAWN RENE SMITH HAMMER

State of Nevada }  
County of Douglas } ss.

Subscribed and sworn to on this 7 day of June, in the year 2023  
before me (*name of notary public*) Nikole White, by (*name of*  
*grantor*) Dawn Rene Hammer who personally appeared and 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.

  
NOTARY SEAL



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4346861

**CERTIFICATE OF DEATH**

2023009205  
STATE FILE NUMBER

|  |  |  |  |   |   |  |
|--|--|--|--|---|---|--|
| TYPE OR PRINT IN PERMANENT BLACK INK   | 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX)<br><b>Marshall Lewis SMITH</b>  |  | 2. DATE OF DEATH (Mo/Day/Year)<br><b>April 27, 2023</b>  |   | 3a. COUNTY OF DEATH<br><b>Douglas</b>   |  |
|  | 3b. CITY, TOWN, OR LOCATION OF DEATH<br><b>Wellington</b>  |  | 3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street number)<br><b>1320 Limestone Road</b>  |   | 3e. If Hosp. or inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify)<br><b>Home</b>  |  |
| DECEDENT   | 5. RACE (Specify)<br><b>White</b>  |  | 6. Hispanic Origin? Specify No - Non-Hispanic  |   | 7a. AGE-Last birthday (Years)<br><b>86</b>  |  |
|  | 7b. UNDER 1 YEAR<br><b>MOS</b>   |  | 7c. UNDER 1 DAY<br><b>HOURS</b>  |   | 7d. UNDER 1 MIN<br><b>MIN</b>   |  |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS  | 9a. STATE OF BIRTH (If not US/CA, name country)<br><b>Michigan</b>   |  | 9b. CITIZEN OF WHAT COUNTRY<br><b>United States</b>  |   | 10. EDUCATION<br><b>20</b>  |  |
|  | 11. MARITAL STATUS (Specify)<br><b>Widowed</b>   |  | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)  |   |   |  |
| PARENTS  | 13. SOCIAL SECURITY NUMBER<br><b>-4677</b>   |  | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)  |   | 14b. KIND OF BUSINESS OR INDUSTRY<br><b>EDUCATION</b>   |  |
|  | 15a. RESIDENCE - STATE<br><b>Nevada</b>  |  | 15b. COUNTY<br><b>Douglas</b>  |   | 15c. CITY, TOWN OR LOCATION<br><b>Wellington</b>  |  |
| DISPOSITION  | 15d. STREET AND NUMBER<br><b>1320 Limestone Road</b>   |  | 15e. INSIDE CITY LIMITS (Specify Yes or No)<br><b>No</b>   |   |   |  |
|  | 16. FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>Everett Garrison SMITH</b>   |  |  | 17. MOTHER/PARENT - NAME (First Middle Last Suffix)<br><b>Esther Lillian NEFF</b> |   |  |
| TRADE CALL   | 18a. INFORMANT- NAME (Type or Print)<br><b>Dawn Rene HAMMER</b>  |  | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)<br><b>1320 Limestone Road Wellington, Nevada 89444</b>  |   |   |  |
|  | 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Burial</b>  |  | 19b. CEMETERY OR CREMATORY - NAME<br><b>Hillcrest Cemetery</b>   |   | 19c. LOCATION City or Town State<br><b>Smith Nevada 89430</b>   |  |
| CERTIFIER  | 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>NORMA M FINKES</b>  |  | 20b. FUNERAL DIRECTOR LICENSE NUMBER<br><b>FD967</b>   |   | 20c. NAME AND ADDRESS OF FACILITY<br><b>FitzHenry's Carson Valley Funeral Home<br/>1637 Esmeralda Place Minden NV 89423</b> |  |
|  | TRADE CALL - NAME AND ADDRESS  |  |  |   |   |  |
| REGISTERAR   | 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title)<br><b>SIGNATURE AUTHENTICATED<br/>REED DOPF MD</b> |  | 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)<br><b>April 28, 2023</b>  |  | 21c. HOUR OF DEATH<br><b>08:13</b>   |   | 22b. DATE SIGNED (Mo/Day/Yr)  |  |
| CAUSE OF DEATH   | 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)   |  | 22c. HOUR OF DEATH   |   | 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)<br><b>Reed Dopf MD 907 Mountain Street Carson City, NV 89703</b> |   |   |  |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST | 23b. LICENSE NUMBER<br><b>13920</b>  |  | 24a. REGISTRAR (Signature)<br><b>MARLI MORAIGNE REINHEIMER</b>   |   |   |  |
|  | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>April 28, 2023</b>   |  | 24c. DEATH DUE TO COMMUNICABLE DISEASE<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |   |   |  |
| ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE                                       | 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))  |  | 26. AUTOPSY (Specify Yes or No)<br><b>No</b>   |   |   |  |
|  | PART I   |  | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><b>No</b>  |   |   |  |
|  | (a) <b>Respiratory Arrest</b>  |  | Interval between onset and death   |   |   |  |
|  | DUE TO, OR AS A CONSEQUENCE OF:  |  | Interval between onset and death   |   |   |  |
|  | (b) <b>Acute Respiratory Failure</b>   |  | Interval between onset and death   |   |   |  |
|  | DUE TO, OR AS A CONSEQUENCE OF:  |  | Interval between onset and death   |   |   |  |
|  | (c) <b>Malignant, Metastatic Carcinoma Of Unspecified Etiology</b>   |  | Interval between onset and death   |   |   |  |
|  | 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 I.<br><b>Vertebral Osteomyelitis</b>                 |  |  |   |   |  |
|  | 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**

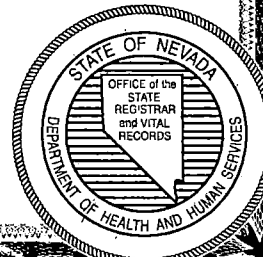
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

*Cody P. Phinney*

DATE ISSUED: **5/5/2023**

STATE REGISTRAR

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



STATE OF NEVADA  
DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
a) 1022-10-002-064  
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 \_\_\_\_\_

|  |            |
|--|------------|
| <b>FOR RECORDERS OPTIONAL USE ONLY</b> |            |
| 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: \$ \_\_\_\_\_

4. If Exemption Claimed:  
a. Transfer Tax Exemption per NRS 375.090, Section # 5 [(#10) DEED UPON DEATH]  
b. Explain Reason for Exemption: I AM THE GRANTOR'S DAUGHTER AND HE CREATED  
FILED A "DEED UPON DEATH" IN 2021. 963577

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 Daughter-Receiver/GRANTEE  
and CO-EXECUTOR OF  
Signature \_\_\_\_\_ Capacity \_\_\_\_\_  
MLS ESTATE

**SELLER (GRANTOR) INFORMATION  
(REQUIRED)**

Print Name: MARSHALL LEWIS SMITH  
Address: 1320 LIMESTONE ROAD  
City: WELLINGTON, NV 89444(OH)  
State: NV Zip: 89444

**BUYER (GRANTEE) INFORMATION  
(REQUIRED)**

Print Name: DANN RENE SMITH HAMMER  
Address: 1320 LIMESTONE ROAD  
City: WELLINGTON  
State: NV Zip: 89444

**COMPANY/PERSON REQUESTING RECORDING**

(required if not the seller or buyer)

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_