

APN: 1220-10-310-025

Recording Requested By/Return To:

HERITAGE LAW  
1625 Highway 88, Suite 304  
Minden, Nevada 89423



SHAWNYNE GARREN, RECORDER

E10

Mail Future Tax Statements To:

JEFFREY ERWIN HOFMANN, et al.  
1497 Glenwood Drive  
Gardnerville, NV 89460

The undersigned hereby affirms that this document submitted for recording **DOES** contain the social security number of a person.

**DEATH OF GRANTOR AFFIDAVIT**

JEFFREY ERWIN HOFMANN, being first duly sworn, depose and say, under the penalty of perjury, that the following is true of his own personal knowledge:

That he is over the age of 18;

That MARJORIE A. HOFMANN, the Decedent mentioned in the Nevada Certificate of Death attached hereto as **Exhibit 1**, is the same person as MARJORIE A. HOFMANN named as Grantor in the *Deed Upon Death* recorded on March 19, 2021, as Document No. 2021-963852, Official Records of Douglas County, Nevada, covering the real property commonly known as and located at 1497 Glenwood Drive, Gardnerville, Douglas County, State of Nevada, and more particularly described as:

**SEE LEGAL DESCRIPTION ATTACHED AS EXHIBIT "A"  
AND MADE A PART HEREOF**

Pursuant to NRS 111.312, the above legal description previously appeared in *Grant, Bargain, Sale Deed* recorded on February 23, 2012, as Document Number 0797699.

JEFFREY ERWIN HOFMANN, PEGGY JILL HOFMANN, JON ERIC HOFMANN, and JUDY ANNETTE McCORMICK are the beneficiaries listed in the *Deed Upon Death* and are the beneficiaries to whom the real property is conveyed upon the death of the Grantor.

**THE UNDERSIGNED AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS PURSUANT TO NRS 440.380(1)(a).**

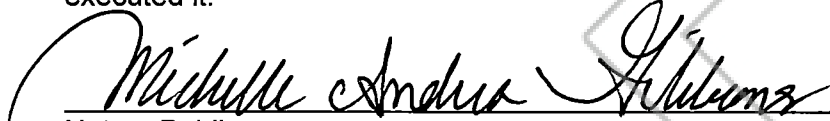
///


Dated: June 21, 2023.

  
JEFFREY ERWIN HOFMANN

STATE OF NEVADA            )  
  : ss.  
COUNTY OF DOUGLAS    )

On June 21, 2023, before me, a Notary Public, personally appeared JEFFREY ERWIN HOFMANN, 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 executed it.

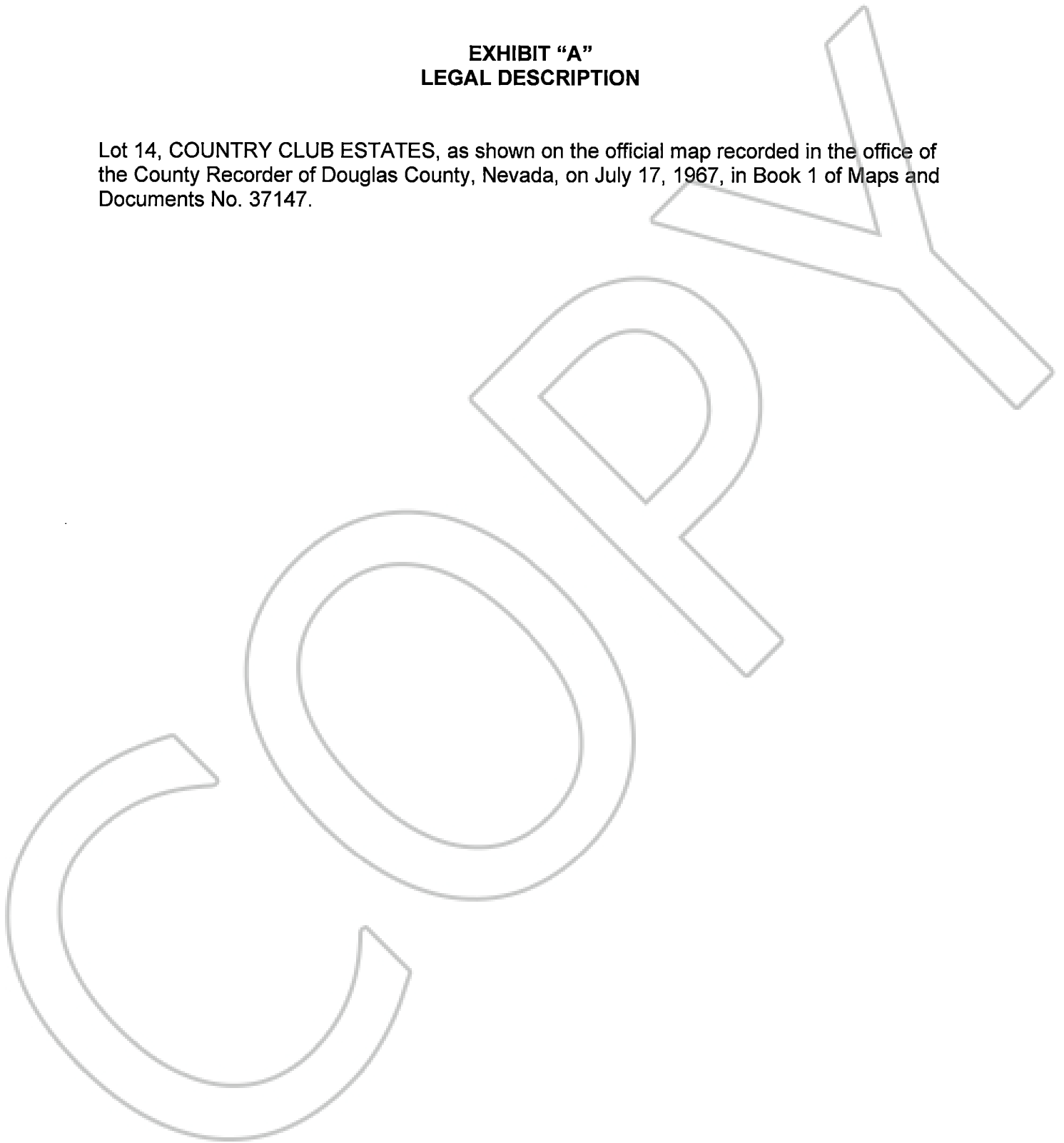
  
Notary Public

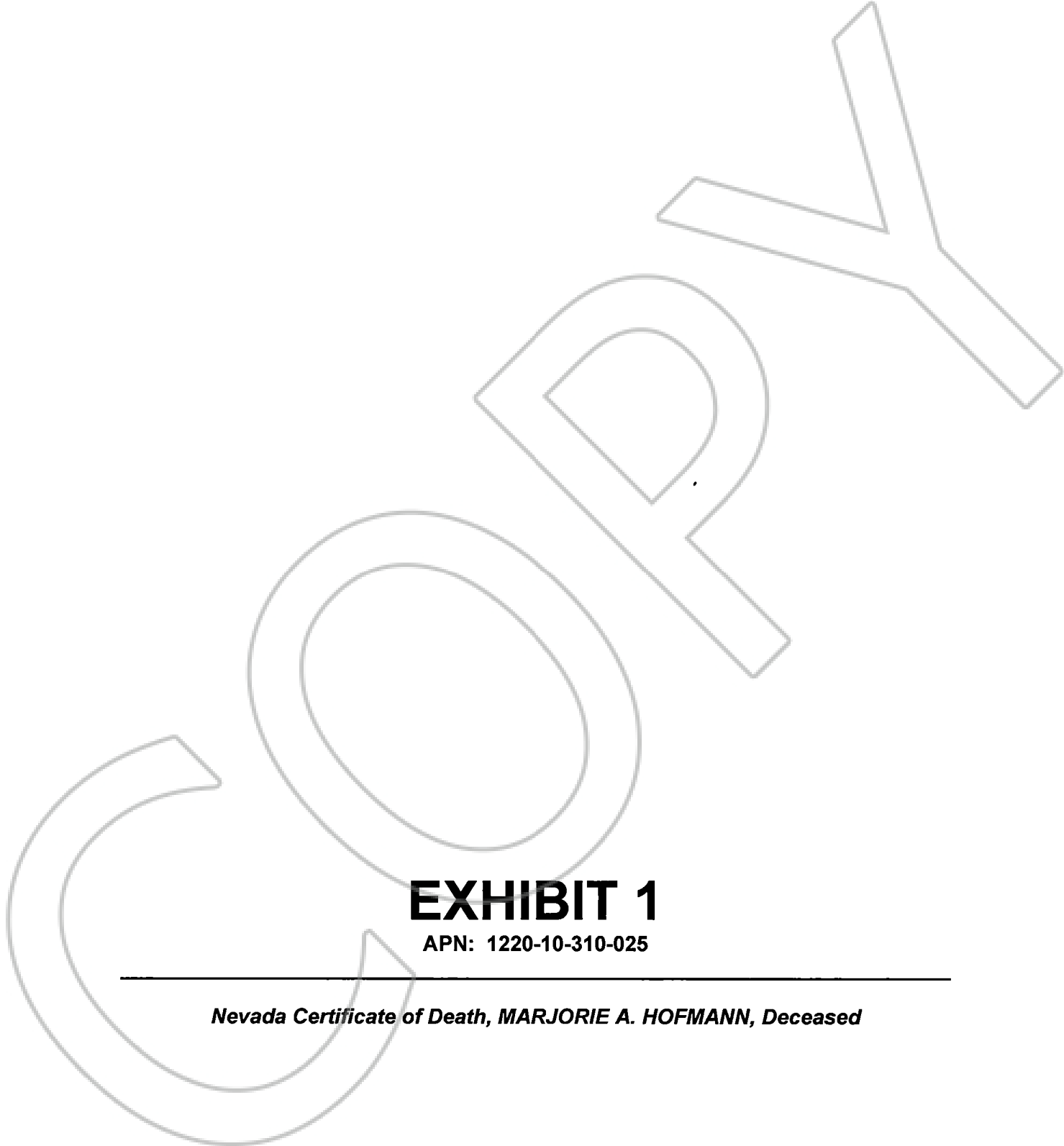
 MICHELLE ANDRA GIBBONS  
Notary Public - State of Nevada  
Appointment Recorded in Douglas County  
No: 21-1975-05 - Expires January 4, 2025

**APN: 1220-10-310-025**

**EXHIBIT "A"  
LEGAL DESCRIPTION**

Lot 14, COUNTRY CLUB ESTATES, as shown on the official map recorded in the office of the County Recorder of Douglas County, Nevada, on July 17, 1967, in Book 1 of Maps and Documents No. 37147.





**EXHIBIT 1**

APN: 1220-10-310-025

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*Nevada Certificate of Death, MARJORIE A. HOFMANN, Deceased*

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

**WASHOE COUNTY HEALTH DISTRICT**

VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4352567

**CERTIFICATE OF DEATH**

**2023012229**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

Cremation

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) <b>Marjorie Ann HOFMANN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>May 31, 2023</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street ar number) <b>Renown Regional Medical Center</b>		3e If Hosp or Inst indicate DOA,OP/Emer. Rm Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6 Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>89</b>		7b UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8 DATE OF BIRTH (Mo/Day/Yr) <b>February 05, 1934</b>		9a STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>14</b>		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13 SOCIAL SECURITY NUMBER <b>██████████-1396</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>MEDICAL</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1497 Glenwood Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Chelcy Harold COX</b>			17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Harriet Matilda HUNTLEY</b>		
18a. INFORMANT - NAME (Type or Print) <b>Jeffrey Erwin HOFMANN</b>		18b MAILING ADDRESS (Street or R.F D No, City or Town, State, Zip) <b>9401 Ottomon Way Orangevale, California 95662</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sierra Crematory</b>		19c. LOCATION City or Town State <b>Reno Nevada 89503</b>	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>MERCEDES Q QUARTUCCI</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD983</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno</b> <b>5890 S Virginia St. Suite 4-E Reno NV 89502</b>	
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>THOMAS B CALLISTER MD</b> 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) <b>June 05, 2023</b>		21c HOUR OF DEATH <b>19:18</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Thomas B Callister MD 1155 Mill St W11 Reno, NV 89502</b>			
23b. LICENSE NUMBER <b>6301</b>		24a REGISTRAR (Signature) <b>BLAIR J HEDRICK</b> SIGNATURE AUTHENTICATED			
24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 05, 2023</b>		24c DEATH DUE TO COMMUNICABLE DISEASE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) <b>Septic Shock</b>				Interval between onset and death <b>Days</b>	
(b) DUE TO, OR AS A CONSEQUENCE OF <b>Methicillin Sensitive Staphylococcus Aureus Bacteremia</b>				Interval between onset and death <b>Days</b>	
(c) DUE TO, OR AS A CONSEQUENCE OF <b>Pyogenic Arthritis Of The Hip</b>				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF.				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 <b>Multifocal Pneumonia And Multisystem Organ Failure</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</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	

300511902 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: **6/7/2023** DEPUTY REGISTRAR **SIGNATURE AUTHENTICATED**  
This copy 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) 1220-10-310-025  
 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	
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 111.109

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 Agent for Grantor

Signature [Signature] Capacity Agent for Grantee

SELLER (GRANTOR) INFORMATION  
(REQUIRED)

Print Name: Jeffrey Erwin Hofmann  
 Address: 1497 Glenwood Drive  
 City: Gardnerville  
 State: Nevada Zip: 89706

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

Print Name: Jeffrey Erwin Hofmann  
 Address: 1497 Glenwood Drive  
 City: Gardnerville  
 State: Nevada Zip: 89706

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name: HERITAGE LAW Escrow # \_\_\_\_\_  
 Address: 1625 Highway 88, Ste. 304  
 City: Minden State: Nevada Zip: 89423

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)