

A. P. No. 1220-21-710-103



SHAWNYNE GARREN, RECORDER E10

When recorded mail to:  
Viki Anderson  
P.O. Box 1153  
Kings Beach, CA 96143

AFFIRMATION PURSUANT TO  
NRS 111.312(1)(2) AND 239B.030(4)

*The undersigned, hereby affirm that this document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by the following: NRS 440.380.*

AFFIDAVIT OF DEATH OF GRANTOR  
(NRS 111.109(8))

STATE OF Nevada )  
 ) ss  
COUNTY OF Washoe )

I, VICTORIA MARIA ANDERSON, also known as VIKI ANDERSON, do hereby swear (or affirm) under penalty of perjury that the assertions of this Affidavit are true, to-wit:

1. That I am over the age of eighteen years and legally competent to make and execute this affidavit.


2. That RAYMOND VICTOR DIAZ is now deceased, having died in Douglas County, State of Nevada, on March 8, 2023. Attached hereto is a certified copy of the Certificate of Death of RAYMOND VICTOR DIAZ, also known as RAYMOND V. DIAZ, which has been duly filed with the Nevada State Department of Human Resources, Division of Health, Section of Vital Statistics, Reno, Nevada. That your affiant expressly incorporates said Certificate of Death in this affidavit.

3. That during his lifetime, RAYMOND VICTOR DIAZ, also known as RAYMOND V. DIAZ, executed as grantor that certain Deed Upon Death, recorded on July 7, 2015 as Document No. 2015-865891, Official Records, Douglas County, Nevada, and describing that certain real property situate in the County of Douglas, State of Nevada, more particularly described as follows:

Lot 582, 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, as File No. 72456.

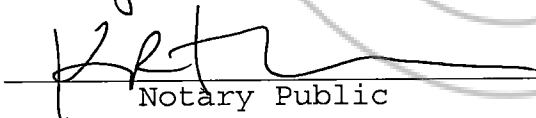
4. That pursuant to the above described Deed Upon Death and NRS 111.109, Raymond Victor Diaz, Jr., Ricardo Luis Diaz, and I are the surviving Grantees and Owners in fee simple of the above described real property.

DATED: 8/8, 2023.

  
Victoria Maria Anderson

STATE OF NEVADA )  
 ) ss  
COUNTY OF WASHOE )

Signed and sworn to (or affirmed) before me on August 8, 2023, by VICTORIA MARIA ANDERSON.

  
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. 4338864

**CERTIFICATE OF DEATH**

2023005481  
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) <b>Raymond Victor DIAZ</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 08, 2023</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Carson Valley Medical Center</b>		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Emergency Room / Outpatient</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>Yes - Mexican</b>	
7a. AGE-Last birthday (Years) <b>92</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS MINS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>December 23, 1930</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>New York</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER <b>9583</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Civil Service</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>GOVERNMENT</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>763 Hornet Dr</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>Mateo DIAZ</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Elizabeth ACOSTA</b>		
18a. INFORMANT - NAME (Type or Print) <b>Victoria ANDERSON</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>P.O. Box 1153 Kings Beach, California 96143</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CARLEN THOMAS</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FDB61</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</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>SIGNATURE AUTHENTICATED</b> <b>EVAN W EASLEY 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) <b>March 15, 2023</b>		21c. HOUR OF DEATH <b>15:07</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>Evan W Easley MD 1520 Virginia Ranch Rd Gardnerville, NV 89410</b>			
23b. LICENSE NUMBER <b>7446</b>		24a. REGISTRAR (Signature) <b>MARLI MORAIGNE REINHEIMER</b> <b>SIGNATURE AUTHENTICATED</b>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 15, 2023</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I				Interval between onset and death	
(a) <b>Myocardial Infarction</b> DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Hypertension</b> DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b></b> DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) <b></b> 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.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</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.

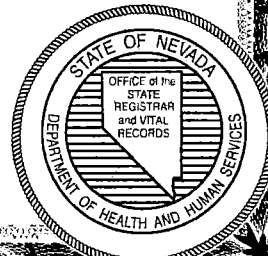
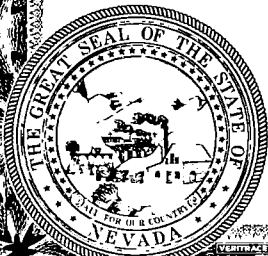
3/21/2023

DATE ISSUED:

*Jane Skyles*

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) 1220-21-710-103  
 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'/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: \$ \_\_\_\_\_

4. If Exemption Claimed:  
 a. Transfer Tax Exemption per NRS 375.090, Section # 10  
 b. Explain Reason for Exemption: APPIDANT OF Death of Grantor / 2015-865891

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 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 Grantor

Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION (REQUIRED)**  
 Print Name: Raymond V. Diaz  
 Address: 703 TORRENT DR  
 City: GARDNERITE  
 State: NV Zip: 89460

**BUYER (GRANTEE) INFORMATION (REQUIRED)**  
 Print Name: Victoria Anderson  
 Address: P.O. Box 1153  
 City: Kings Beach  
 State: CA Zip: 96143

**COMPANY/PERSON REQUESTING RECORDING**  
 (required if not the seller or buyer)

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

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