

APN: 1320-32-712-009

Recording Requested By/Return To:

HERITAGE LAW

1625 State Route 88, Suite 304

Minden, Nevada 89423

Mail Future Tax Statements To:

TINA L. FULLER, et al.

1172 Mill Creek Circle

Gardnerville, NV 89410



00171720202309996340060064

SHAWNYNE GARREN, RECORDER

E10

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

DEATH OF GRANTOR AFFIDAVIT

TINA L .FULLER, incorrectly named as TINA L. FULER in that certain *Revocable Grant Deed Upon Death* recorded on February 19, 2015, as Document No. 2015-857127, Official Records of Douglas County, Nevada, being first duly sworn, depose and say, under the penalty of perjury, that the following is true of her own personal knowledge:

That she is over the age of 18;

That BARBARA DUGGAN-ROMAG, the Decedent mentioned in the Nevada Certificate of Death attached hereto as **Exhibit 1**, is the same person as BARBARA DUGGAN-ROMAG named as Grantor in the *Revocable Grant Deed Upon Death* recorded on February 19, 2015, as Document No. 2015-857127, Official Records of Douglas County, Nevada, covering the real property commonly known as and located at 1172 Mill Creek Circle, 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 *Revocable Grant Deed Upon Death* recorded on February 19, 2015, as Document Number 2015-857127.

TINA L. FULLER, incorrectly named as TINA L. FULER, and ROBERT W. MOREDA, JR., are the beneficiaries listed in the *Revocable Grant 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: August 16, 2023.

Tina L. Fuller
TINA L. FULLER

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On August 16, 2023, before me, a Notary Public, personally appeared TINA L. FULLER, 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 she executed it.

Michelle Andra Gibbons
Notary Public

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

APN: 1320-32-712-009

EXHIBIT "A"
LEGAL DESCRIPTION

All that certain lot, piece, or parcel of land lying within the interior boundaries of Lot 9A, as set forth on Record of Survey supporting a boundary line adjustment for H & S CONSTRUCTION, INC., filed for record in the office of the county Recorder of Douglas County, State of Nevada on August 26, 1992, in Book 892, at Page 4056, as Document No. 286737. Said map is an Amended Map of Lots 5, 6, 9, 10, 13 and 14, as set forth on the Final Map of MILL CREEK ESTATES, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 4, 1991, in Book 691, Page 337. As Document No. 252075 and by Certificate of Amendment Recorded October 22, 1992. [sic] in Book 1092, at Page 3930, as Document No. 291438.

COPY

EXHIBIT 1

APN: 1320-32-712-009

Nevada Certificate of Death, BARBARA DUGGAN-ROMAG, Deceased

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4312638

CERTIFICATE OF DEATH

2022025351
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) Barbara Jean DUGGAN-ROMAG		2. DATE OF DEATH (Mo/Day/Year) October 21, 2022		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) 1172 Millcreek Circle		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 87		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) March 17, 1935		9a. STATE OF BIRTH (If not US/CA, name country) Tennessee		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER 6927		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1172 Millcreek Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Grady DUGGAN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Cecile HICKMAN		
18a. INFORMANT- NAME (Type or Print) Tina FULLER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1172 Millcreek Circle Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) PHILIP R MAYFIELD		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 - 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) COLLEEN M KRISS DO			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) October 27, 2022		21c. HOUR OF DEATH 06:11		22b. DATE SIGNED (Mo/Day/Yr)	
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) Colleen M Kriss DO 1649 Lucerne Street Minden, NV 89423				23b. LICENSE NUMBER DO1416	
24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 31, 2022		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		Interval between onset and death			
(a) Chronic obstructive pulmonary disease		5 Years			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b) Smoking		50 Years			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c) Adult Failure To Thrive		6 Months			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. None				26. AUTOPSY (Specify Yes or No) No	
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					
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	



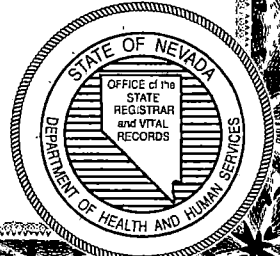
CERTIFIED COPY OF VITAL RECORDS

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: 11/2/2022

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 VOIDS THIS CERTIFICATE

STATE OF NEVADA
DECLARATION OF VALUE

- 1. Assessor Parcel Number(s)
 - a) 1320-32-712-009
 - 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 Tina L. Fuller Capacity Grantor

Signature Tina L. Fuller Capacity Grantee

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

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

Print Name: Tina L. Fuller
 Address: 1172 Mill Creek Circle
 City: Gardnerville
 State: Nevada Zip: 89410

Print Name: Tina L. Fuller
 Address: 1172 Mill Creek Circle
 City: Gardnerville
 State: Nevada Zip: 89410

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

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

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