

A. P. No. 1220-10-301-009

Escrow No. 23038651-CD

When recorded mail to:

Leesa Martinez  
1450 Kerry Court  
Gardnerville NV 89460

**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.*

DEATH OF GRANTOR AFFIDAVIT  
(NRS 111.699)

STATE OF Nevada )  
 ) ss  
COUNTY OF Douglas )

I, LEESA MARTINEZ, being duly sworn, deposes and says:

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

2. That CLAIR BARNES, an unmarried man, is now deceased, having died in Douglas County, State of Nevada, on August 17, 2016. Attached hereto is a certified copy of the Certificate of Death of CLAIR L. BARNES, also known as CLAIR BARNES, which has been duly filed with the Nevada State Department of Health and Human Services, Division of Public and Behavioral Health, Section of Vital Statistics, Carson City, Nevada. That your affiant expressly incorporates said Certificate of Death in this affidavit.

3. That during his lifetime, CLAIR BARNES executed as grantor that certain Transfer on Death recorded on March 1, 2016, as Document No. 2016-877533, Official Records, Douglas County, Nevada, and describing that certain real property situate in the County of Douglas, State of Nevada, being that portion of the Southwest Quarter of Section 10, Township 12 North, Range 20 East, M.D.B.&M., being further described as follows:

Parcel 2 as shown upon that certain Parcel Map recorded March 25, 1975, in Book 375, Page 638, Document No. 78991, Official Records of Douglas County, State of Nevada.

4. That pursuant to the above described Transfer on Death and NRS 111.699, I am the sole beneficiary to whom the real property described is conveyed upon the death of CLAIR BARNES, and am now fee simple owner of the above described real property.

DATED: January 2, 2024.

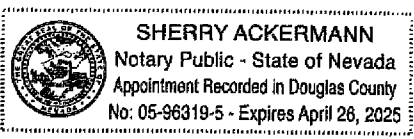
[Signature]  
Leesa Martinez

Address:  
1456 Kerry Court  
Dardanelle, NV 89460

STATE OF Nevada )  
COUNTY OF Douglas ) ss

Subscribed and sworn to (or affirmed) before me on January 2, 2024, by LEESA MARTINEZ.

[Signature]  
Notary Public



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

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

**CERTIFICATE OF DEATH**

CASE FILE NO. 3909846

**2016015818**  
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>Clair L BARNES</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 17, 2016</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 city) <b>Carson Valley Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No.-Non-Hispanic	
7a. AGE-Last birthday (Years) <b>92</b>		7b. UNDER 1 YEAR MOS. DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>February 12, 1924</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>Widowed</b>		11. MARITAL STATUS (Specify)		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER <b>-0126</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) <b>Tool And Die Maker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>General Machine Shop</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>1450 Kerry Court</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>George A BARNES</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Lila M LOCKE</b>		
18a. INFORMANT- NAME (Type or Print) <b>Susan BEESON</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1425 Seville Way Modesto, California 95355</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (If Person Acting as Such) <b>MONICA GIESE</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>880</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno 969 West Moana Lane Reno NV 89509</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>MARK A DEMAR M.D.</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>September 02, 2016</b>		21c. HOUR OF DEATH <b>06:20</b>		22b. DATE SIGNED (Mo/Day/Yr)	
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) <b>Mark A DeMar M.D. PO Box 4237 Carson City, NV 89702</b>			
23b. LICENSE NUMBER <b>12637</b>		24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 02, 2016</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					
(a) <b>Metastatic Colon Cancer</b>					
DUE TO, OR AS A CONSEQUENCE OF					
(b) DUE TO, OR AS A CONSEQUENCE OF					
DUE TO, OR AS A CONSEQUENCE OF					
(c) DUE TO, OR AS A CONSEQUENCE OF					
DUE TO, OR AS A CONSEQUENCE OF					
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.					
26a. ACC. SUICIDE, HON., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED		26. AUTOPSY (Specify Yes or No) <b>No</b>			
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		28a. INJURY AT WORK (Specify Yes or No)			
28b. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28c. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE			

STATE REGISTRAR

000646638



CERTIFIED COPY OF VITAL RECORDS

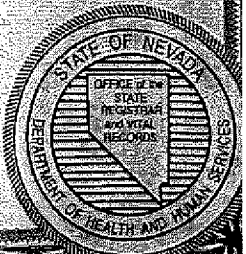
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **OCT 19 2016**

*Codya Piracy*  
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 FORM**

1. Assessor Parcel Number(s)  
 a) 1220-10-301-009  
 b) \_\_\_\_\_  
 c) \_\_\_\_\_  
 d) \_\_\_\_\_

2. Type of Property:  
 a)  Vacant Land      b)  Sgl. Fam. Residence  
 c)  Condo/Twnhse      d)  2-4 Plex  
 e)  Apt. Bldg.      f)  Comm'l/Ind'l  
 g)  Agricultural      h)  Mobile Home  
 Other: \_\_\_\_\_

FOR RECORDER'S OPTIONAL USE ONLY	
Document/Instrument No.:	_____
Book _____	Page _____
Date of Recording:	_____
Notes:	_____

3. a. Total Value/Sale Price of Property: \$ \_\_\_\_\_  
 b. Deed in Lieu of Foreclosure Only (value of property) \$ \_\_\_\_\_  
 c. Transfer Tax Value: \$ \_\_\_\_\_  
 d. Real Property Transfer Tax Due: \$ \_\_\_\_\_

4. **IF EXEMPTION CLAIMED:**  
 a. Transfer Tax Exemption, per NRS 375.090, Section: 10  
 b. Explain Reason for Exemption: Affidavit of Death of Grantor deed upon death - doc # 2016-877533  
 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 the 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: [Signature] Capacity: Grantee

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

Print Name: Clair L Barnes  
 Address: 1450 Kerry Court  
 City: Gardnerville  
 State: NV Zip: 89460

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

Print Name: Leesa Martinez  
 Address: 1450 Kerry Court  
 City: Gardnerville  
 State: NV Zip: 89460

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

Print Name: First Centennial Title Company of Nevada Esc. #: 23038651-CD  
 Address: 3700 Lakeside Dr, Ste 110  
 City: Reno State: NV Zip: 89509

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED