



SHAWNYNE GARREN, RECORDER E10

APN# 1420-34-310-022

Recording Requested by/Mail to:

Name: N. David Killgore

Address: 1560 Steve Ct.

City/State/Zip: Minden, NV 89423

Mail Tax Statements to:

Name: N. David Killgore

Address: 1560 Steve Ct.

City/State/Zip: Minden, NV 894223

Death of Grantor Affidavit

Title of Document (required)

Please complete the Affirmation Statement below:

The undersigned hereby affirms that the document submitted for recording DOES contain personal information as required by law: (check applicable)

- Affidavit of Death -- NRS 440.380 (1)(A) & NRS 40.525 (5)
- Military Discharge -- NRS 419.020 (2)
- Other NRS \_\_\_\_\_ (state specific law)

-OR-

I the undersigned hereby affirm the attached document, including any exhibits, hereby submitted for recording does NOT contain the personal information of any person(s). (Per NRS 239B.030)

Signature

N. David Killgore

Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APN: 1420-34-310-022**

**RECORDING REQUESTED BY:**

N. David Killgore  
1560 Steve Court  
Minden, NV 89423

AFTER RECORDATION, RETURN BY MAIL TO:

N. David Killgore  
1560 Steve Court  
Minden, NV 89423

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**DEATH OF GRANTOR AFFIDAVIT**

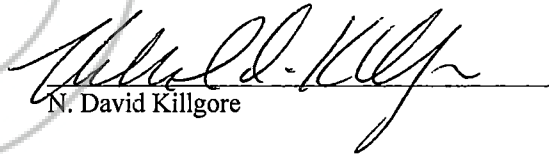
N. David Killgore, being duly sworn, deposes and says that Patton Meadows Burton, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Patton M. Burton, named as the grantor in the Deed Upon Death recorded on April 6, 2018, as document number 2018-912572, records of Douglas County, Nevada, covering the real property commonly known as 2672 Gordon Avenue, Minden, State of Nevada, and more particularly described as:

Lot 2 in Block 2 of Re-subdivision of Portions of Artemisia Subdivision Douglas County, Nevada, according to the official plat thereof, in the office of the Douglas County Recorder, State of Nevada, on April 25, 1962 under File No. 19909.

N. David Killgore, is the beneficiary to whom the real property is conveyed upon the death of the grantor, Patton M. Burton. The beneficiary listed in the deed upon death is N. David Killgore, a married man as his sole and separate property.

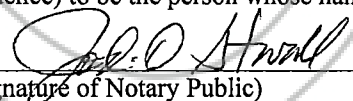
THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS.

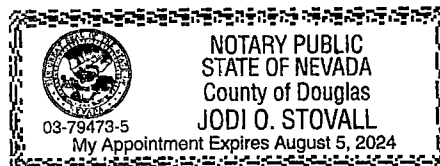
DATE: 02-06-2024

  
N. David Killgore

State of Nevada        )  
                                  ) ss.  
County of Douglas    )

On this 6<sup>th</sup> day of FEBRUARY, in the year 20 24, before me, Jodi O Stovall, personally appeared N. David Killgore, 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.

  
(Signature of 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. 4392229

**CERTIFICATE OF DEATH**

2024000713  
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>Patton Meadows BURTON</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 16, 2024</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or number) <b>2120 East Long Street</b>		3e. If Hosp. or Inst. indicate DOA,OP/ Emer. Rm. Inpatient(Specify) <b>Home</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>95</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>January 28, 1928</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Washington</b>		9b. CITIZEN OF WHAT COUNTRY <b>UNITED STATES</b>	
10. EDUCATION <b>20</b>		11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER <b>██████████-8938</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Teacher</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Education</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Carson City</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
15d. STREET AND NUMBER <b>2120 East Long Street #318</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>Fred Patton BURTON</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Marjorie Meadows</b>		
18a. INFORMANT- NAME (Type or Print) <b>Nathaniel David KILLGORE</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1560 Steve Court Minden, Nevada 89423</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 (Or Person Acting as Such) <b>NORMA M FINKES</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD967</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1637 Esmeralda Place Minden NV 89423</b>	
21. 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>JEFFREY BASA MD</b> <b>SIGNATURE AUTHENTICATED</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>January 18, 2024</b>		21c. HOUR OF DEATH <b>11:20</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)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Dr. Jeffrey Basa MD 2874 N. Carson Street, Ste 200 Carson City, NV 89706</b>				23b. LICENSE NUMBER <b>8079</b>	
24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 18, 2024</b>		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					
(a) <b>Heart Failure</b>				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF: <b>Coronary Artery Disease</b>				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF: <b>Unknown Etiology</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.					
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	



CERTIFIED COPY OF VITAL RECORDS

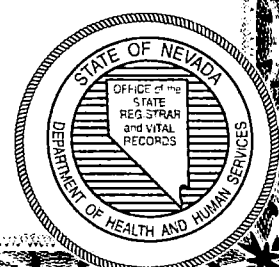
*Wesley T Storey*

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.  
1/22/2024

DATE ISSUED:

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. Assessors Parcel Number(s)
  - a) 1420-34-310-022
  - 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>	
DOCUMENT/INSTRUMENT #:	_____
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: DEATH of GRANTEE Aff.  
Doc # 2018-912572

- 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 Nathaniel D. Killgore Capacity GRANTEE  
Signature \_\_\_\_\_ Capacity \_\_\_\_\_

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

Print Name: Patton M Burtov  
Address: 1560 STEVE CT  
City: Wahwa  
State: NV Zip: 89423

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

Print Name: NATHANIEL D. KILLGORE  
Address: SADE  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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