



SHAWNYNE GARREN, RECORDER

E10

Recording Requested by:

Name: Dwight H. Judd
Address: 1447 Edlesborough Cir.
City/State/Zip: Gardnerville NV 89410

When recorded, mail this deed to:

Name: Shawn W. Judd
Address: 5918 Dysartsville RD
City/State/Zip: Morganton, NC 28055

When recorded, mail this tax statement to:

Name: Shawn W. Judd
Address: 5918 Dysartsville RD
City/State/Zip: Morganton, NC 28055

APN 122007-002-005

DEATH OF GRANTOR AFFIDAVIT

(Name of affiant) Dwight H. Judd, being
duly sworn, deposes and says that (name of decedent) David M. Judd

the decedent mentioned in the attached certified
copy of the Certificate of Death, is the same person a (name of grantor(s)), named as the grantor
or one of the grantors in the deed upon death recorded on (date Deed Upon Death was recorded)

January 24th, 2019, as document or file number 0674543153, book 050655, at
page 41293 records of Douglas County, Nevada, covering the real property

commonly known as (street address of property) 926 Centerville Lane

City of (city property is in) Gardnerville, County of (county property is in)

Douglas, State of Nevada, and more particularly described as (legal
description of property): see attached APN 1220-07-002-005

* 2019-925003

(Name of affiant) Shawn Judd & Crystal Judd are the
beneficiary or at least one of the beneficiaries to whom the real property is conveyed upon the

death of the grantor (name of grantor) David M. Judd or
is the authorized representative of the beneficiary or at least one of the beneficiaries. The
beneficiary or beneficiaries listed in the deed upon death are (name of beneficiary(ies))
Shawn Judd & Crystal Judd

**The undersigned hereby affirms that this document submitted for recording does not
contain a social security number.**

Date: 2/9/24 Signature: Dwight H. Judd

State of Nevada }
County of Douglas } ss.

Subscribed and sworn to on this 9th day of February, in the year 2024,
before me (name of notary public) Anna E. Morgan, by (name of
affiant grantor) Dwight H. Judd who personally appeared and proved to
me on the basis of satisfactory evidence to be the person whose name is subscribed to this
instrument, and acknowledged that he or she executed it.

[Signature]
NOTARY SEAL

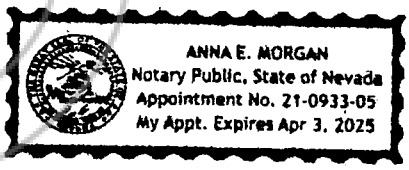


EXHIBIT "A"

Beginning at the Southeast corner of the land owned by Julian Larrowy on the North line of State Highway, Rt 56, also called Brockliss Road: thence North $8^{\circ} 33' 15''$ West, 80.00 feet more or less, along the Easterly line of said Larrowy property: thence $55^{\circ} 37' 30''$ East 133.77 feet, along the Chris Cordes property: thence $7^{\circ} 54' 50''$ West, 150.00 feet more or less along the Westerly line of the Lundergreen property to the Northerly line of State Highway Route 56, also called Brockliss Road; thence South $89^{\circ} 36' 30''$ West 116.00 feet, along the Northerly line of State Highway, Route-56, to the point of beginning; said premises being situate in the SW 1/2 of the SE 1/4 of Section 7, Township 12 North, Range 20 East, M.D.B and M., County of Douglas, State of Nevada.

Together with all tenements, hereditaments appurtenances, including easements and water rights, if any thereto belonging or appertaining, and any reverions, remainders, rents, issues, or profits thereof.

Per NRS 111.312 this legal description was previously recorded as Doc. No.0674543, Book 0506, Page 4129 on May 10, 2006.

APN: 1220-07-002-005

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4393505

CERTIFICATE OF DEATH

2024001299
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) David Michael JUDD		2. DATE OF DEATH (Mo/Day/Year) January 12, 2024		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address number) 926 Centerville Lane		3e. If Hosp. or inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 65	
9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY UNITED STATES		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		8. DATE OF BIRTH (Mo/Day/Yr) July 20, 1958	
13. SOCIAL SECURITY NUMBER 7875		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 926 Centerville Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Donald -JUDD			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Florence ROKOWSKI		
18a. INFORMANT- NAME (Type or Print) Dwight JUDD		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1447 Edlesborough Circle Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) NADIA NINA SANDOVAL		20b. FUNERAL DIRECTOR LICENSE NUMBER FD1007		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funerals & Creations 1600 Buckeye Rd Minden NV 89423	
20a. SIGNATURE AUTHENTICATED					
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) ADAM WINDSOR			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) ADAM WINDSOR		
21b. DATE SIGNED (Mo/Day/Yr) February 15, 2024		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) February 15, 2024	
21c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 16:19		22d. PRONOUNCED DEAD (Mo/Day/Yr) January 12, 2024	
22e. PRONOUNCED DEAD AT (Hour) 04:19		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Adam Windsor P O Box 218 Minden, NV 89423		23b. LICENSE NUMBER 446	
24a. REGISTRAR (Signature) WESLEY T STOREY		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 15, 2024		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. SIGNATURE AUTHENTICATED					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) Atherosclerotic And Hypertensive Cardiovascular Disease Interval between onset and death					
(b) Unknown Etiology Interval between onset and death					
(c) Interval between onset and death					
(d) 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. Environmental Cold Exposure, Morbid Obesity				26. AUTOPSY (Specify Yes or No) Yes	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC. SUICID. 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	



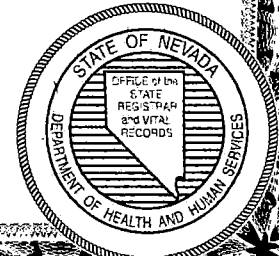
CERTIFIED COPY OF VITAL RECORDS

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: 2/22/2024

Cody Hiney
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) 1220-07-002-005
 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	
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 # 1C
 b. Explain Reason for Exemption: Transfer to Beneficiaries pursuant to Deed upon Death 2019 92503
 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 Brandon Judd Capacity Agent
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: David Judd
 Address: 926 Centerville Lane
 City: Gardnerville
 State: NV Zip: 89460

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: see attached Shawn Judd
 Address: 5918 Pyzartsville Rd
 City: Maryland
 State: NC Zip: 28655

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

Print Name: _____ Escrow # _____
 Address: _____
 City: _____ State: _____ Zip: _____

STATE OF NEVADA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: _____

Book: _____ Page: _____

Date of Recording: _____

Notes: _____

- 1. Assessor Parcel Number (s)**
- (a) 1226-07-002-005
- (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

- 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: Transfer to Beneficiaries
pursuant to Deed upon Death 2019 92503

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 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 Sandra Judd Capacity Agent

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: David Judd

Address: 926 Centerville Lane

City: Gardnerville

State: NV Zip: 89460

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Crystal Lynn Judd

Address: 332 DE 2nd Street Apt #7

City: Newport

State: OR Zip: 97365

COMPANY/PERSON REQUESTING RECORDING (REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: _____ Escrow # _____

Address: _____

City: _____ State: _____ Zip: _____