

APN: 1420-33-312-052

After Recording Mail To:

PAMELA E. STANLEY  
141 CAMPO COURT  
LIVERMORE, CA 94550



SHAWNYNE GARREN, RECORDER

E10

Mail tax Statements to:

Same as above

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**DEATH OF GRANTOR AFFIDAVIT (NRS 111.699)**

PAMELA E. STANLEY, being duly sworn, deposes and says that JAMES R. ALLEN, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as JAMES R. ALLEN, named as the grantor in the *(Beneficiary) DEED UPON DEATH AFFIDAVIT OF GRANTOR*, recorded on June 2, 2021, as document number 2021-968464 book n/a, at page n/a, records of Douglas County, Nevada, (*hereinafter referred to as the* “deed upon death”) covering the real property commonly known as 1283 Conestoga Drive, City of Minden, County of Douglas State of Nevada, located in the County of Douglas, State of Nevada, and more particularly described as:

LOT 188 AS SHOWN ON THE FINAL MAP OF WILDHORSE UNIT 6, A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON MARCH 15, 1994, IN BOOK 394, PAGE 2741 AS DOCUMENT NO. 332336

ASSESSOR'S PARCEL NO.: 1420-33-312-052

*[Per NRS 111.312 this legal description was previously recorded with the Douglas County Recorder on June 6, 2019, as Document No. 2019-929981 in Book N/A, Page N/A, of Official Records of Douglas County, Nevada.]*

PAMELA E. STANLEY is one of the beneficiaries to whom the real property is conveyed upon the death of the grantor, JAMES R. ALLEN. The beneficiary or beneficiaries listed in the deed upon death are as follows: “Pamela E. Stanley (52%) fifty-two percent, and to Matthew Joseph Menezes, Bradley James Menezes, and Nicholas Lorne Stanley, in equal (16% EACH) fair shares, (4) Grantees...” (See, deed upon death [Doc No.: 2021-968464]).



# CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }

County of ALAMEDA }

On 02/14/2024 before me, VIJAY SEHGAL NOTARY PUBLIC  
(Here insert name and title of the officer)

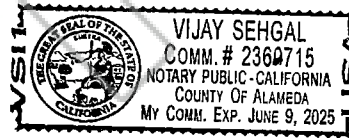
personally appeared PAMELA E. STANLEY,  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

*[Signature]*  
Notary Public Signature

(Notary Public Seal)



### ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT  
DEATH OF GRANTOR  
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages \_\_\_\_\_ Document Date 2/14/24

### CAPACITY CLAIMED BY THE SIGNER

- Individual (s)  
 Corporate Officer

\_\_\_\_\_  
(Title)

- Partner(s)  
 Attorney-in-Fact  
 Trustee(s)  
 Other \_\_\_\_\_

### INSTRUCTIONS FOR COMPLETING THIS FORM

*This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.*

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he/she/they~~, is /are ) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - ❖ Indicate title or type of attached document, number of pages and date.
  - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.

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

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

CASE FILE NO. 4371171

**CERTIFICATE OF DEATH**

2023021089  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>James Ray ALLEN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>September 15, 2023</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street ar number) <b>1283 Conestoga Drive</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>81</b>	
	7b. UNDER 1 YEAR MOS    DAYS		7c. UNDER 1 DAY HOURS    MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>June 23, 1942</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) <b>Texas</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)			
PARENTS	13. SOCIAL SECURITY NUMBER <b>██████████-4095</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
DISPOSITION	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Ray ALLEN</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Thelma L RICE</b>			
	18a. INFORMANT- NAME (Type or Print) <b>Pamela Elizabeth STANLEY</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>141 Campo Court Livermore, California 94550</b>			
TRADE CALL	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>JEFFREY M BAUGHN</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD993</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton'S Funerals And Cremations 1521 Church Street Gardnerville NV 89410</b>	
CERTIFIER	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>ADAM WINDSOR</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) <b>ADAM WINDSOR</b>			
	21b. DATE SIGNED (Mo/Day/Yr) <b>October 18, 2023</b>		21c. HOUR OF DEATH <b>07:45</b>		22b. DATE SIGNED (Mo/Day/Yr) <b>October 18, 2023</b>	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH <b>07:45</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>September 15, 2023</b>	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Deputy Adam Windsor P O Box 218 Minden, NV 89423</b>		23b. LICENSE NUMBER <b>446</b>			
CAUSE OF DEATH	24a. REGISTRAR (Signature) <b>DARAN GRISSOM</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 18, 2023</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		26. AUTOPSY (Specify Yes or No) <b>No</b>			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) <b>Atherosclerotic And Hypertensive Cardiovascular Disease</b>		Interval between onset and death			
	(b) <b>Unknown Etiology</b>		Interval between onset and death			
(c) <b>Unknown Etiology</b>		Interval between onset and death				
(d) <b>Unknown Etiology</b>		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. <b>Diabetes Mellitus II</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		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		



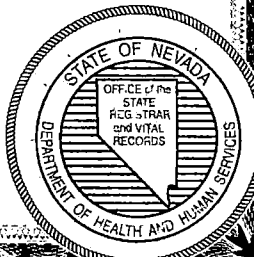
CERTIFIED COPY OF VITAL RECORDS

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.

*Cody D. Pincus*  
STATE REGISTRAR

DATE ISSUED: **10/20/2023**

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) 1420-33-312-052  
 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: This is a conveyance of real property by deed effective upon the death of the grantor. See, NRS 111.655 to 111.699, et seq.; Doc No. 2021-968464

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 Pamela E. Stanley Capacity Grantor Obo Est. of James R. Allen

Signature Pamela E. Stanley Capacity Grantee

SELLER (GRANTOR) INFORMATION  
(REQUIRED)

BUYER (GRANTEE) INFORMATION  
(REQUIRED)

Print Name: Pamela E. Stanley, obo Estate of James R. Allen  
 Address: 141 Campo Ct  
 City: Livermore  
 State: CA Zip: 94550

Print Name: Pamela E. Stanley, et. al.  
 Address: 141 Campo Court  
 City: Livermore  
 State: CA Zip: 94550

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name: KING + RUSSO, LTD. PATRICK O. KING Escrow # n/a  
 Address: 123 W. Nye Ln. Suite 711  
 City: Carson City State: NV Zip: 89706

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