

A.P.N. 1420-27-801-006

Recording Requested By:  
When Recorded Return to:

Lori Curtis  
1563 Steve Court  
Minden, NV 89423

Mail Tax Information to:

Same as above



SHAWNYNE GARREN, RECORDER E10

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**AFFIDAVIT OF DEATH OF GRANTOR**

Lori Curtis, first being duly sworn, deposes and says:

Betty A. Salinas

That B, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Betty A. Salinas, named as one of the grantors in the deed upon death recorded on March 9, 2016, recorded as Document #2016--877<sup>830</sup> of Official Records of Douglas County, State of Nevada, covering the real property commonly known as 1563 Steve Court, City of Minden, County of Douglas, State of Nevada, bounded and described as follows:

Parcel D-4-D3 as set forth on that certain Parcel map No. 7 for RAYMOND M. SMITH filed for record on March 5, 1992 in Book 392, page 641 as Document No. 272598.

A PORTION OF ASSESSMENT PARCEL NO. 21-140-33.

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

Lori Curtis is the beneficiary or at least one of the beneficiaries to whom the real property is conveyed upon the death of the grantor Betty A. Salinas. The beneficiary or beneficiaries listed in the deed upon death are Lori Curtis, Cari Proehl and Robert Salinas as joint tenants.

Dated: April 1, 2024

Lori Curtis  
LORI CURTIS

**JURAT**

STATE OF NEVADA }  
 } ss.  
\_\_\_\_\_ }

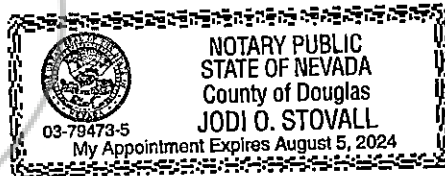
Subscribed and sworn to on this ..... day of ....., in the year, 2024 before me,  
..... (here insert name of notary public), by Lori Curtis.

**ACKNOWLEDGMENT**

STATE OF NEVADA }  
 } ss.  
Douglas County }

On APRIL 1, 2024, before me, Jodi O Stovall, a notary public,  
personally appeared LORI CURTIS, 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 or she executed it. I declare under penalty of perjury that the person whose  
name is ascribed to this instrument appears to be of sound mind and under no duress, fraud or  
undue influence.

Jodi O Stovall  
(Signature of Notary Public)



SEAL

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

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

CASE FILE NO. 4392727

**CERTIFICATE OF DEATH**

2024000960  
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) Betty A SALINAS		2. DATE OF DEATH (Mo/Day/Year) January 17, 2024		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or number) 1563 Steve Court		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) 91	
7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr) February 10, 1932	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY UNITED STATES		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER [REDACTED]-6481		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Sewing	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1563 Steve Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Richmond HARRIS			17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Ellen CRANDELL		
18a. INFORMANT- NAME (Type or Print) Lon CURTIS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1563 Steve Court Minden, Nevada 89423			
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 SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD1007		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funerals & Cremations 1600 Buckeye Rd. Minden NV 89423	
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) SIGNATURE AUTHENTICATED REED DOFP MD			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) January 21, 2024		21c. HOUR OF DEATH 22:34		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) Reed Dopf MD 907 Mountain Street Carson City, NV 89703			
23b. LICENSE NUMBER 13920		24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 22, 2024	
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) Respiratory Arrest DUE TO, OR AS A CONSEQUENCE OF (b) Acute Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF (c) Malignant Chronic Lymphocytic Leukemia 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 Chronic Obstructive Lung Disease			
26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify, Yes or No) No			
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.		28h. CITY OR TOWN STATE	

001035638



CERTIFIED COPY OF VITAL RECORDS

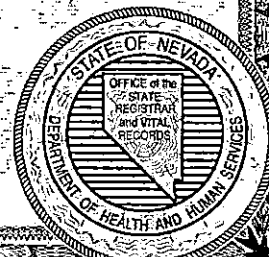
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 1/24/2024

*Daran Grissom*  
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**

**FOR RECORDERS OPTIONAL USE ONLY**

Document/Instrument#: \_\_\_\_\_

Book: \_\_\_\_\_ Page: \_\_\_\_\_

Date of Recording: \_\_\_\_\_

Notes: \_\_\_\_\_

- 1. Assessor Parcel Number (s)**
- (a) 1420-27-801-006
- (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'/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 Title to 4 children  
parents have both passed. Perdeed upon death # 877930

**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 Lori Curtis Capacity grantee

Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION**

(REQUIRED)

Print Name: Armando & Betty Salinas

Address: 1563 Steve Ct.

City: Minden

State: Nevada Zip: 89423

**BUYER (GRANTEE) INFORMATION**

(REQUIRED)

Print Name: Lori Curtis, Cari Proehl, Robert Edward Salinas

Address: 1563 Steve Ct

City: Minden

State: Nevada Zip: 89423

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

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_