

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



AFFIDAVIT OF DEATH OF GRANTOR

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

That Armando C. Salinas, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Armando C. Salinas, named as one of the grantors in the deed upon death recorded on March 9, 2016 recorded as Document #2016--87798⁹³⁰ 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 Armando C. 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

JURAT

STATE OF NEVADA }
 } ss.
_____ }

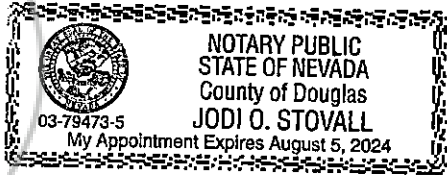
Subscribed and sworn to on this day of, in the year .2024 before me,
..... (here insert name of notary public), by Lori Curtis

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. 4373175

2023021559
STATE FILE NUMBER

CERTIFICATE OF DEATH

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) Armando C SALINAS		2. DATE OF DEATH (Mo/Day/Year) September 28, 2023		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 Home) Home		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient (Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify Yes - Mexican	
7a. AGE-Last birthday (Years) 94		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY	
8. DATE OF BIRTH (Mo/Day/Yr) August 03, 1929		9. STATE OF BIRTH (If not US/CA, name country) California			
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Betty A HARRIS	
13. SOCIAL SECURITY NUMBER 2419		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Supervisor)		14b. KIND OF BUSINESS OR INDUSTRY Telephone Company	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER Home		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Charles SALINAS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Evira MARTINEZ		
18a. INFORMANT- NAME (Type or Print) Lori 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) Cremination		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): B A BOTTENBERG DO SIGNATURE AUTHENTICATED			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) October 03, 2023		21c. HOUR OF DEATH 05:45		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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 A Bottenberg DO 4095 North Carson Street Carson City, NV 89706				23b. LICENSE NUMBER DO674	
24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 04, 2023		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				Interval between onset and death	
(a) Cardiopulmonary Arrest				Interval between onset and death	
(b) Congestive Heart Failure				Interval between onset and death	
(c) Atherosclerotic Cardiovascular Disease				Interval between onset and death	
(d) Mixed Hyperlipidemia				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. Hypertension				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) NATURAL		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	

STATE REGISTRAR

VRS-Rev-20120523a

001017843



CERTIFIED COPY OF VITAL RECORDS

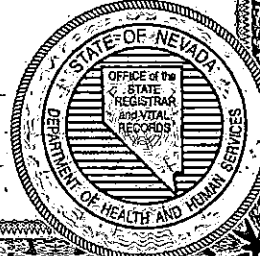
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

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) 1420-27-801-006
 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 _____

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 # 10
 b. Explain Reason for Exemption: Transfer Title to 4 children
parents have both passed, Per deed upon death

5. Partial Interest: Percentage being transferred: _____ %

#877930

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 Lori Curtis Capacity grantee
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Armando & Betty Salinas
 Address: 1563 Steve Ct.
 City: Minden
 State: Nevada Zip: 89423

Print Name: Lori Curtis Curi Proehl Robert Edward Salinas, Salinas
 Address: 1563 Steve Ct.
 City: Minden
 State: Nevada Zip: 89423

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

Print Name: Lori Curtis Escrow # _____
 Address: 1563 Steve Ct
 City: Minden State: Nevada Zip: 89423

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