

APN# 1420-07-615-001



SHAWNYNE GARREN, RECORDER

E10

Recording Requested by/Mail to:

Name: Barbara Renner

Address: 995 Sunview Drive

City/State/Zip: Carson City, NV 89705

Mail Tax Statements to:

Name: Barbara Renner

Address: 995 Sunview Drive

City/State/Zip: Carson City, NV 89705

AFFIDAVIT OF DEATH OF GRANTOR

Title of Document (required)

Document # _____ is being (re-)recorded to correct;

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)

Judgment – NRS 17.150(4)

Military Discharge- NRS 419.020(2)

Barbara Renner

Signature

Barbara Renner

Printed Name

APN 1420-07-615-001

When Recorded, Mail to:
Barbara Renner
995 Sunview Drive
Carson City, Nevada 89705

Mail tax statement to:
Barbara Renner
995 Sunview Drive
Carson City, Nevada 89705

This document contains a social security number in the death certificate attached pursuant to NRS 440.380

AFFIDAVIT OF DEATH OF GRANTOR

STATE OF NEVADA)
 : ss.
CARSON CITY)

I, BARBARA RENNER, being first duly sworn, depose and say:

1. That I am the surviving daughter of ELAINE SHERMAN and fully informed as to the real property held by her at her death.

2. That the deceased is the same person as Elaine Sherman named as the Grantor in the Deed Upon Death recorded on January 13, 2023, as Document Number 993176 in the Official Records of Douglas County, Nevada, covering the real property commonly known as 980 Rolling Ridge Court, Carson City, Nevada, located in the unincorporated area County of Douglas, State of Nevada, bounded and described as follows:

Lot 19, in Block C, as set forth in the final map of SUNRIDGE HEIGHTS II, PHASE 2, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on March 3, 1994, in Book 394, page 568, as Document No.331447

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Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

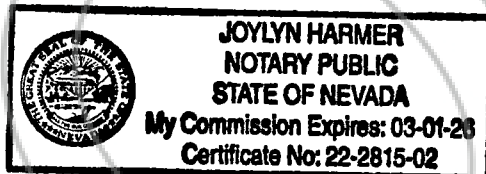
3. I, BARBARA RENNER, am the beneficiary to whom the real property is conveyed upon death of the Grantor ELAINE SHERMAN.

4. A certified copy of the Certificate of Death of the decedent ELAINE SHERMAN is attached hereto showing her date of death on March 29, 2024.


BARBARA RENNER

SUBSCRIBED and SWORN to before me
this 9TH day of April, 2024,
by BARBARA RENNER.


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. 4405686

CERTIFICATE OF DEATH

2024007034
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Elaine Good SHERMAN		2. DATE OF DEATH (Mo/Day/Year) March 29, 2024		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or number) 980 Rolling Ridge Court		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 94		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 13, 1929		9a. STATE OF BIRTH (If not US/CA, name country) New York		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 8495		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Secretary		14b. KIND OF BUSINESS OR INDUSTRY U S Government	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 980.Rolling Ridge Court		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Harry GOOD			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Anna SIEGEL		
18a. INFORMANT- NAME (Type or Print) -Barbara RENNER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 995 Sunview Drive Carson City, Nevada 89705			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BLAKE HOWE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD622		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
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 NITA SCHWARTZ 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) April 02, 2024		21c. HOUR OF DEATH 04:44		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22a. PRONOUNCED DEAD AT (Hour)	
22d. PRONOUNCED DEAD (Mo/Day/Yr)		22b. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Schwartz MD 710 W Washington Street Carson City, NV 89703				23b. LICENSE NUMBER 9114	
24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 02, 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				Interval between onset and death	
(a) Cerebral Atherosclerosis DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Primary Hypertension DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				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) 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. CITY OR TOWN STATE	

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST



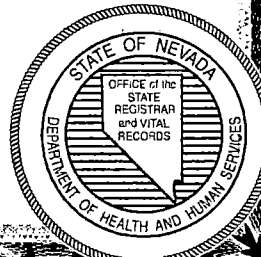
CERTIFIED COPY OF VITAL RECORDS

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: **4/3/2024**

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

Cody D. Thirney
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF NEVADA
DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY	
BOOK _____	PAGE _____
DATE OF RECORDING: _____	
NOTES: _____	

1. Assessor Parcel Number(s)
a) 1420-07-615-001
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: Conveyance effective upon death of grantor pursuant to NRS 111.655 to 111.699 inclusive.

5. Partial Interest: Percentage being transferred: 100.0 %

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 Joylyn Harmer Capacity Attorney
Signature _____ Capacity _____

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

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

Print Name: Elaine Sherman
Address: 980 Rolling Ridge Court
City: Carson City
State: NV Zip: 89705

Print Name: Barbara Renner
Address: 980 Rolling Ridge Court
City: Carson City
State: NV Zip: 89705

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name: Smith and Harmer, Ltd. By: Joylyn Harmer Escrow # _____
Address: 502 N. Division Street
City: Carson City State: NV Zip: 89703

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