

APN: 1420-18-710-018

**RECORDING REQUESTED BY and
AFTER RECORDING**

MAIL THIS AFFIDAVIT TO:

J. D. Sullivan, Esq.
SULLIVAN LAW
1625 State Route 88, Suite 401
Minden, NV 89423



SHAWNYNE GARREN, RECORDER

E10

MAIL TAX STATEMENTS TO:

Sean M. Dion, Carly R. Dion,
and Collin J. Dion
1079 Powderhorn Ct.
Oak Park, CA 91377

We the undersigned hereby affirm that this document submitted for recording **contains** the social security number of a person or persons as required by law. [Per NRS 440.380(1)(a) and 40.525(5)]

DEATH OF GRANTOR AFFIDAVIT

SEAN M. DION, CARLY R. DION, and COLLIN J. DION, being of legal age, being first duly sworn, depose and say:

1. That ANDREA DION, also known as ANDREA RITA DION, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ANDREA DION, named as the grantor in the DEED UPON DEATH recorded on June 24, 2020 as Document No. 2020-948165 in Official Records of Douglas County, Nevada, covering the real property commonly known as 3320 Dog Leg Dr., Minden, NV 89423.
2. We also declare and affirm that SEAN M. DION, CARLY R. DION, and COLLIN J. DION are the beneficiaries/grantees to whom the real property is conveyed upon the death of the grantor ANDREA DION. The beneficiaries/grantees listed in the DEED UPON DEATH are SEAN M. DION, CARLY R. DION, and COLLIN J. DION, as joint tenants with right of survivorship.
3. The real property is more particularly described as follows:

APN:..... 1420-18-710-018

Commonly Known As:..... 3320 Dog Leg Dr., Minden, NV 89423

Legal Description:..... Lot 18 in Block A, as set forth on that certain Amended Final Map LDA #99-54-1A for SUNRIDGE HEIGHTS III, PHASE 1A, a Planned Unit Development, recorded in the office of the Douglas County Recorder on December 29, 2003, in Book 1203, Page 12019, as Document No. 600647.

TOGETHER with all tenements, hereditaments and appurtenances, including easements and water rights, if

any, thereunto belonging or appertaining, and any reversions, remainders, rents, issues, and profits thereof

4. As a result of the death of ANDREA DION, we affirm and declare under penalty of perjury that as the grantees of that DEED UPON DEATH, we are now the 100% owners of the above-described real property. Title to the real property shall be held as follows:

SEAN M. DION, a married man as his sole and separate property,
CARLY R. DION, a single woman, and COLLIN J. DION, a single man,
as joint tenants with right of survivorship.

Dated: 02-16-2024 Sean M. Dion
SEAN M. DION

JURAT

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.

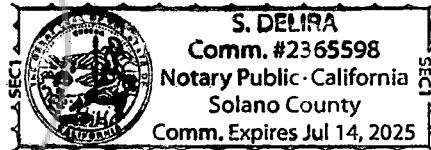
State of California)

County of Los Angeles)

Subscribed and sworn to (or affirmed) before me on Feb 16, 2024 by SEAN M. DION,
proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Witness my hand and official seal.

S. Delira
Notary Public Print Name S. Delira



Dated: 02-27-2024

Carly R. Dion
CARLY R. DION

JURAT

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)

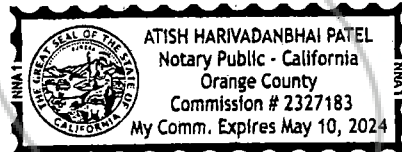
County of ORANGE)

Subscribed and sworn to (or affirmed) before me on FEBRUARY 27th, 2024 by CARLY R. DION, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Witness my hand and official seal.

A.H. Patel

Notary Public Print Name ATISH HARIVADANBHAI PATEL, NOTARY PUBLIC.



Dated: 2/16/2024 Collin Dion
COLLIN J. DION

JURAT

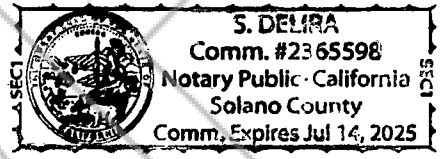
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Los Angeles)

Subscribed and sworn to (or affirmed) before me on Feb 16, 2024 by COLLIN J. DION,
proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Witness my hand and official seal.

S. Delira
Notary Public Print Name S. Delira



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4383918

CERTIFICATE OF DEATH

2023026331
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) Andrea Rita DION		2. DATE OF DEATH (Mo/Day/Year) November 30, 2023		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street or number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE - Last birthday (Years) 71		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
8. DATE OF BIRTH (Mo/Day/Yr) November 27, 1952		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) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER 2451		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Executive Assistant		14b. KIND OF BUSINESS OR INDUSTRY Music	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 3320 Dog Leg Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Normand DION			17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Concetta BRIGNOLI		
18a. INFORMANT - NAME (Type or Print) Sean DION		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1079 Powderhorn Ct Oak Park, California 91377			
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) CARLEN THOMAS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel Of The Valley 1281 N Roop Carson City NV 89706	
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) TATJANA DELEMUS MD 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) December 01, 2023		21c. HOUR OF DEATH 11:36		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) Tatjana Delemus MD 1600 Medical Parkway Carson City NV 89703				23b. LICENSE NUMBER 13163	
24a. REGISTRAR (Signature) JACKIE LYNN LARUE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 04, 2023		24c. DEATH DUE TO COMMUNICABLE DISEASE: YES <input type="checkbox"/> NO <input type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I:					
(a) Cardiopulmonary Arrest Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Acute Respiratory Failure Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Acute Encephalopathy Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Acute Pancreatitis Interval between onset and death					
PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I. Dementia; Pneumonia; Hypothermia; Anemia;				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	



CERTIFIED COPY OF VITAL RECORDS

Cody Thirney

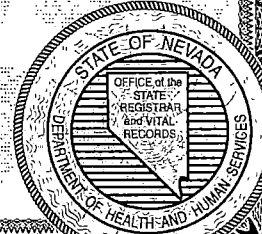
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

12/6/2023

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. Assessor Parcel Number(s)
 a) 1420-18-710-018
 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: A conveyance of real property by deed which becomes effectiv upon the death of the grantor pursuant to NRS 111.655 to 111.699, inclusive.

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 _____ Capacity _____ Grantor

Signature _____ Capacity _____ Grantee

SELLER (GRANTOR) INFORMATION
(REQUIRED)

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Andrea Dion
 Address: 3320 Dogleg Dr.
 City: Minden
 State: NV Zip: 89423

Print Name: SeanM.Dion,CarlyR.Dion,CollinJ.Dion by JDSullivan,
 Address: 1079 Powderhorn Ct.
 City: Oak Park
 State: CA Zip: 91377

COMPANY/PERSON REQUESTING RECORDING

(required if not the seller or buyer)

Print Name: J. D. Sullivan, Esq., Sullivan Law Escrow # _____
 Address: 1625 State Route 88, Ste. 401
 City: Minden State: NV Zip: 89423

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