

APN: 1320-33-718-014

After Recording, Mail to:

David N. Johnson
P.O. Box 322
Gardnerville, NV 89410

Mail Tax Statements to:

Same as above



SHAWNYNE GARREN, RECORDER

E05

The undersigned affirms that this document **does** contain the social security number of any person, as required by NRS 440.380. (NRS 239B.030).

DEATH OF GRANTOR AFFIDAVIT

DAVID JOHNSON, being duly sworn, deposes and says that NORMAN LEROY JOHNSON, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as NORMAN L. JOHNSON named as the grantor in the Transfer on Death Deed recorded on October 29, 2012, in Book 1012, at page 7686, document number 0811756, official records of Douglas County, Nevada, covering the following legal property:

Lot 25, in Block C, as set forth on FINAL SUBDIVISION MAP No. 1006-10 for CHICHESTER ESTATES, PHASE 10, filed in the office of the County Recorder of Douglas County, Nevada on April 25, 2002 in Book 0402 of Official Records, Page 7623, as Document No. 540511.

Per NRS 111.312, this legal description was previously recorded at Book 0603, Page 14424 on June 26, 2003, as Document No. 0581515.

DAVID JOHNSON, a married man as his sole and separate property, is the grantee to whom the real property is conveyed upon the death of the grantor Norman L. Johnson.

Dated: July 11, 2024



DAVID JOHNSON

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4399830

CERTIFICATE OF DEATH

2024004509
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) Norman Leroy JOHNSON		2. DATE OF DEATH (Mo/Day/Year) February 25, 2024		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Carson Valley Senior Living		3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Assisted Living Facility	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 85	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY UNITED STATES		10. EDUCATION 14	
13. SOCIAL SECURITY NUMBER ██████████ 5634		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1381 Hastings Ln		15e. INSIDE CITY LIMITS (Specify Yes or No) No		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Delvin JOHNSON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Velma SHAW		
18a. INFORMANT- NAME (Type or Print) David JOHNSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P O Box 322 Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/burial		19b. CEMETERY OR CREMATORY - NAME Mountain Shadow Cemetery		19c. LOCATION City or Town State Sonora California 95370	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BETHANY J RASMUSSEN		20b. FUNERAL DIRECTOR LICENSE NUMBER FD969		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
TRADE CALL - NAME AND ADDRESS Terzich & Wilson Funeral Home 225 Rose St Sonora CA 95370					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title) 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) March 04, 2024		21c. HOUR OF DEATH 02:23		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)		22f. 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) WESLEY T STOREY		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 04, 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) Congestive Heart Failure		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b) Coronary Atherosclerosis		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c) Primary Hypertension		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(d)		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.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
28a. ACC., SUICIDE, HGM., 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	



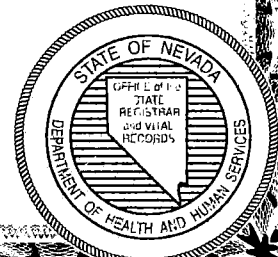
CERTIFIED COPY OF VITAL RECORDS

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.

Wesley T Storey
STATE REGISTRAR

DATE ISSUED: **3/5/2024**

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) 1320-33-718-014
- b) _____
- c) _____
- d) _____

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument #:	_____
Book:	_____ Page: _____
Date of Recording:	_____
Notes:	_____

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:

\$ -0-

Deed in Lieu of Foreclosure Only (value of property): \$ -0-

Transfer Tax Value: \$ -0-

Real Property Transfer Tax Due: \$ -0-

4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, Section: 5
- b. Explain Reason for Exemption: This is a transfer of property following the death of grantor on a Transfer on Death Deed, and grantor decedent is the father of the grantee

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: David Johnson Capacity: Affiant

Signature: David Johnson Capacity: Grantee

SELLER (GRANTOR) INFORMATION (Required)

Print Name: Norman L. Johnson, decedent by David Johnson

Address: P.O. box 322

City/State/Zip: Gardnerville, NV 89410

BUYER (GRANTEE) INFORMATION (Required)

Print Name: David Johnson

Address: P.O. Box 322

City/State/Zip: Gardnerville, NV 89410

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: Law Office of Karen L. Winters Esc.# _____

Address: P.O. Box 1987

City: Minden State: NV Zip: 89423