

When Recorded, Return to:
Janet Jenkins
2521 East Valley Road
Minden, NV 89423



SHAWNYNE GARREN, RECORDER E10

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

AFFIDAVIT OF JANET JENKINS CONCERNING DEATH OF GRANTOR

STATE OF NEVADA)
) ss.
DOUGLAS COUNTY)

I, Janet Jenkins residing at 2521 East Valley Road, Minden, Nevada 89423, make this Affidavit to show the passing of my mother and to transfer the real property describe in the attached deed to me:

1. I am the daughter of Carolyn Stockton.
2. Carolyn Stockton executed a Deed Upon Death (attached) on December 12, 2020, to transfer the real property commonly known as 2521 East Valley Road, Minden, Nevada 89423, County of Douglas, State of Nevada, and more particularly described as:

Parcel A-3, as shown on the filed Parcel Map for Arlen Turner, et ux, recorded September 29, 1989, in Book 989, of Official Records at Page 4211, Document No. 212070, Douglas County, Nevada Records.

APN: 1320-02-001-011.

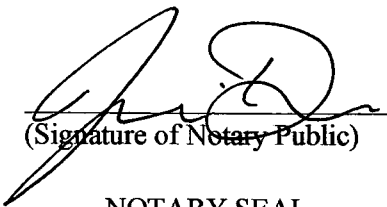
3. That Carolyn Stockton died on May 5, 2024. See attached Certificate of Death for Carolyn Stockton, and that the real property was transferred to me by operation of law upon the passing of my mother.
4. That the attached deed to be filed names me the owner of the real property.
5. That I make this affidavit pursuant to NRS 53.045 and I declare under penalty of perjury that the foregoing is true and correct.

DATED this 25 day of June, 2024.

Janet Jenkins

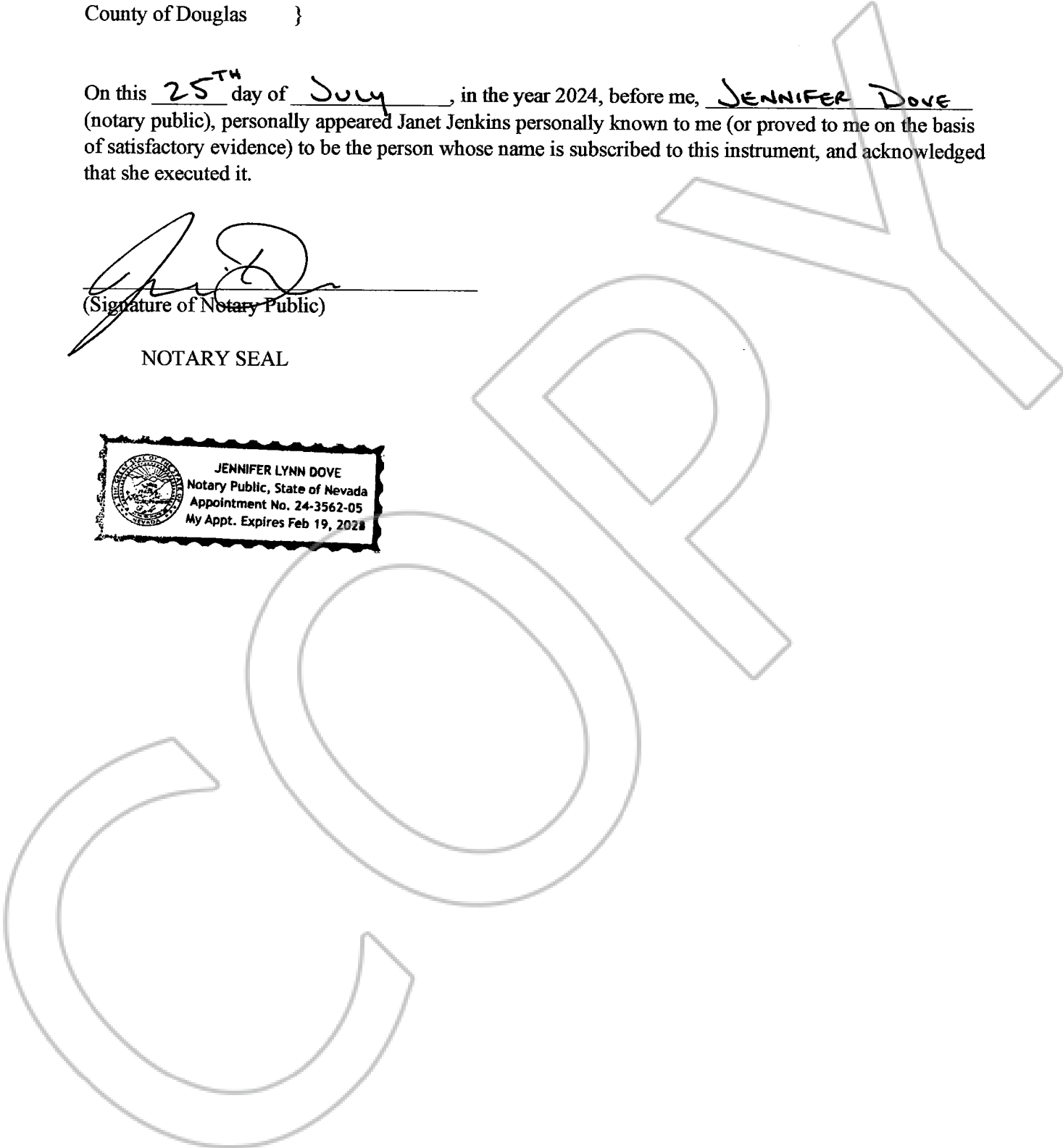
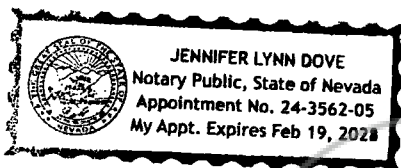
State of Nevada }
 } ss.
County of Douglas }

On this 25TH day of July, in the year 2024, before me, JENNIFER DOVE
(notary public), personally appeared Janet Jenkins 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 she executed it.



(Signature of Notary Public)

NOTARY SEAL



When Recorded, Return to:
Mark A. Marsh, Esq.
755 N. Roop St., Suite 110
Carson City, NV 89701



KAREN ELLISON, RECORDER

E10

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

DEED UPON DEATH

I, Carolyn J. Stockton, hereby convey to my daughter, Janet Jenkins, born February 8, 1963, effective on my death, all right, title and interest in the real property commonly known as 2521 East Valley Road, Town of Minden, County of Douglas, State of Nevada, and more particularly described as:

Parcel A-3, as shown on the filed Parcel Map for Arlen Turner, et ux, recorded September 29, 1989, in Book 989, of Official Records at Page 4211, Document No. 212070, Douglas County, Nevada Records.

APN: 1320-02-001-011

Together with all improvements, tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

THIS DEED IS REVOCABLE. THIS DEED DOES NOT TRANSFER ANY OWNERSHIP UNTIL THE DEATH OF THE GRANTOR. THIS DEED REVOKES ALL PRIOR DEEDS BY THE GRANTOR WHICH CONVEY THE SAME REAL PROPERTY PURSUANT TO NRS 111.655 TO 111.699, INCLUSIVE, REGARDLESS OF WHETHER THE PRIOR DEEDS FAILED TO CONVEY THE ENTIRE INTEREST OF THE GRANTOR IN THE SAME REAL PROPERTY.

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING DOES NOT CONTAIN A SOCIAL SECURITY NUMBER.

Date: 12.2.2020

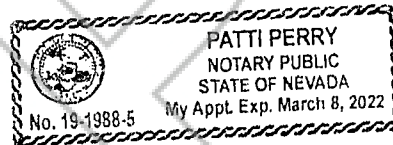
Carolyn J. Stockton
Carolyn J. Stockton

State of Nevada }
 } ss.
County of Douglas }

Subscribed and sworn to on this 2nd day of December, in the year 2020, before me,
PATTI PERRY (notary public), by Carolyn J. Stockton.

On this 2nd day of December, in the year 2020, before me, PATTI PERRY
(here insert name of notary public), personally appeared Carolyn J. Stockton 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 she executed it.

Patti Perry
(Signature of Notary Public)



NOTARY 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. 4411725

CERTIFICATE OF DEATH

2024009881
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

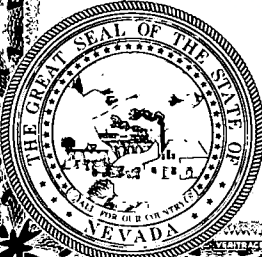
CERTIFIER

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) Carolyn June Hurst		2. DATE OF DEATH (Mo/Day/Year) May 05, 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) 2521 E. Valley Road		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) 85		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
8. DATE OF BIRTH (Mo/Day/Yr) January 19, 1939		9a. STATE OF BIRTH (if not US/CA, name country) Oklahoma		9b. CITIZEN OF WHAT COUNTRY UNITED STATES	
10. EDUCATION 13		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER ██████████4072		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Director		14b. KIND OF BUSINESS OR INDUSTRY Government	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2521 E. Valley Road		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Rufus William HURST			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Verta Mae LOVELACE		
18a. INFORMANT- NAME (Type or Print) Janet Sue JENKINS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2521 E. Valley Road Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		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) NORMA M FINKES SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD967		20c. NAME AND ADDRESS OF FACILITY Fitzhenry'S Carson Valley Funeral Home 1637 Esmeralda Place 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 JEFFREY BASA 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) May 06, 2024		21c. HOUR OF DEATH 14:20		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) Dr. Jeffrey Basa MD 2874 N. Carson Street, Ste 200 Carson City, NV 89706			
23b. LICENSE NUMBER 8079		24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 07, 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) Chronic Respiratory Failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Interstitial Lung Disease				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Unknown Etiology				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(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, 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	



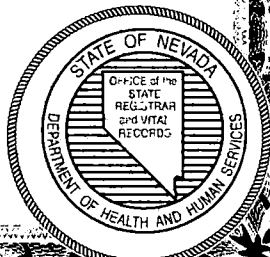
CERTIFIED COPY OF VITAL RECORDS

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.

Cody D. Phinney

DATE ISSUED: **5/8/2024**

STATE REGISTRAR



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

ANY ALTERATION OR ERASURE VOID 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) 1320-02-001-011
 (b) _____
 (c) _____
 (d) _____

2. Type of Property:

a) <input type="checkbox"/> Vacant Land	b) <input checked="" type="checkbox"/> Single Fam Res.
c) <input type="checkbox"/> Condo/Twnhse	d) <input type="checkbox"/> 2-4 Plex
e) <input type="checkbox"/> Apt. Bldg.	f) <input type="checkbox"/> Comm'l/Ind'l
g) <input type="checkbox"/> Agricultural	h) <input type="checkbox"/> Mobile Home
i) <input type="checkbox"/> 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: Affidavit of Death of Grantor per Deed upon Death

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 Janet S. Jenkins Capacity Grantee
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
 (REQUIRED)

Print Name: Carolyn Stockton
 Address: 2521 E. Valley Rd
 City: Minden
 State: NV Zip: 89423

BUYER (GRANTEE) INFORMATION
 (REQUIRED)

Print Name: Janet S. Jenkins
 Address: 2521 E. Valley Rd
 City: Minden
 State: NV Zip: 89423

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

Print Name: _____ Escrow # _____

Address: _____

City: _____ State: _____ Zip: _____