

APN# 1320-33-817-003

DOUGLAS COUNTY, NV **2024-1010782**  
RPTT:\$0.00 Rec:\$40.00  
\$40.00 Pgs=7 **08/07/2024 12:34 PM**  
THE LAW OFFICE OF ANGIE M ELQUIST PLLC  
SHAWNYNE GARREN, RECORDER E10

**Recording Requested by:**

Name: Michael Crosby  
Address: 1453 Harvest Avenue  
City/State/Zip: Gardnerville, Nevada 89410

**When Recorded Mail to:**

Name: Michael Crosby  
Address: 13292 Mount Baldy Street  
City/State/Zip: Reno, Nevada 89506

**Mail Tax Statement to:**

Name: Michael Crosby  
Address: 13292 Mount Baldy Street  
City/State/Zip: Reno, Nevada 89506

( for Recorder's use only )

**AFFIDAVIT OF DEATH OF GRANTOR**  
**( Title of Document )**

**Please complete Affirmation Statement below:**

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons.  
(Per NRS 239B.030)

**-OR-**

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law: NRS 440.380 (1)(A) and NRS 40.525 (5)  
(State specific law)

 \_\_\_\_\_  
Signature Title

Angie M. Elquist, Attorney for Michael Crosby

**Printed Name**

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

APN: 1320-33-817-003

Recording requested by  
and when recorded mail to:

Michael Crosby  
13292 Mount Baldy Street  
Reno, Nevada 89506

**AFFIDAVIT OF DEATH OF GRANTOR**

We, MICHAEL CROSBY, CAROLYN CROSBY FOREHAND, STEPHANIE CLARK, LAURIE HIPPERT, and RONALD JACKSON, being first duly sworn, depose and state under the penalties of perjury, under the laws of the State of Nevada, that the statements made in this Affidavit are true of our own knowledge:

1. BRUCE PARNELL CROSBY died on March 25, 2024, in Gardnerville, Douglas County, Nevada. A copy of the State of Nevada, Certificate of Death is attached hereto as **Exhibit 1**.

2. On April 4, 2019, a Deed Upon Death was recorded as Document No. 927470, by the Douglas County Recorder's Office, conveying title to the property located at 1453 Harvest Avenue, Gardnerville, Nevada 89410, to MICHAEL CROSBY, CAROLYN CROSBY FOREHAND, STEPHANIE CLARK, LAURIE HIPPERT, and RONALD JACKSON, Grantees, upon the death of BRUCE PARNELL CROSBY.

3. The property is located at 1453 Harvest Avenue, Gardnerville, Nevada 89410, and more particularly described as:

Lot 3 in Block A as shown on the Final Subdivision Map #1006-12 of CHICHESTER ESTATES, PHASE 12, filed in the office of the County Recorder for Douglas County, State of Nevada, on January 8, 2004, in Book 104, Page 2012, as Document No. 601490, Official Records.

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4. The beneficiaries listed in the Revocable Deed Upon Death are MICHAEL CROSBY, CAROLYN CROSBY FOREHAND, STEPHANIE CLARK, LAURIE HIPPERT, and RONALD JACKSON. MICHAEL CROSBY, CAROLYN CROSBY FOREHAND, STEPHANIE CLARK, LAURIE HIPPERT, and RONALD JACKSON are the beneficiaries to whom the property is conveyed upon the death of the Grantor, GERALD WAYNE STEELE.

5. MICHAEL CROSBY, CAROLYN CROSBY FOREHAND, STEPHANIE CLARK, LAURIE HIPPERT, and RONALD JACKSON hereby assert their right to title of the above-described real property.

DATED: 7/28/24

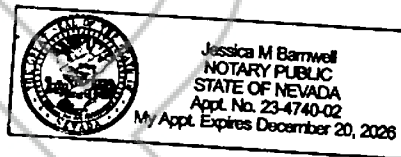
M. Crosby  
MICHAEL CROSBY

STATE OF NEVADA        )  
  )ss.  
COUNTY OF WASHOE    )

On this 28 day of July, 2024, before me, a notary public, personally appeared, MICHAEL CROSBY, personally known to me or proved on the basis of satisfactory evidence to be the person who subscribed the foregoing instrument, and acknowledged to me that they executed the same freely and voluntarily for the uses and purposes therein expressed.

WITNESS by my hand and official seal.

Jessica M. Barnwell  
NOTARY PUBLIC



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DATED: 7/8/24

Carolyn Crosby Forehand  
CAROLYN CROSBY FOREHAND

STATE OF ARIZONA )  
 )ss.  
COUNTY OF Pima )

On this 8<sup>th</sup> day of July, 2024, before me, a notary public, personally appeared, CAROLYN CROSBY FOREHAND, personally known to me or proved on the basis of satisfactory evidence to be the person who subscribed the foregoing instrument, and acknowledged to me that they executed the same freely and voluntarily for the uses and purposes therein expressed.

WITNESS by my hand and official seal.

Tracy Harding  
NOTARY PUBLIC



DATED: 7/8/24

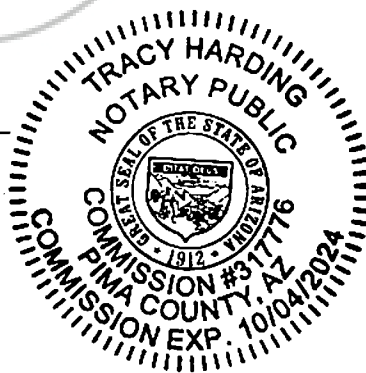
Stephanie Clark  
STEPHANIE CLARK

STATE OF ARIZONA )  
 )ss.  
COUNTY OF Pima )

On this 8<sup>th</sup> day of July, 2024, before me, a notary public, personally appeared, STEPHANIE CLARK, personally known to me or proved on the basis of satisfactory evidence to be the person who subscribed the foregoing instrument, and acknowledged to me that they executed the same freely and voluntarily for the uses and purposes therein expressed.

WITNESS by my hand and official seal.

Tracy Harding  
NOTARY PUBLIC



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DATED: 7-12-24

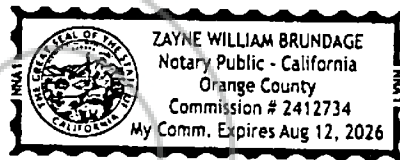
Laurie Hippert  
LAURIE HIPPERT

STATE OF CALIFORNIA )  
 )ss.  
COUNTY OF Orange )

On this 12th day of July, 2024, before me, a notary public, personally appeared, LAURIE HIPPERT, personally known to me or proved on the basis of satisfactory evidence to be the person who subscribed the foregoing instrument, and acknowledged to me that they executed the same freely and voluntarily for the uses and purposes therein expressed.

WITNESS by my hand and official seal.

[Signature]  
NOTARY PUBLIC



DATED: 7-15-24

[Signature]  
RONALD JACKSON

STATE OF CALIFORNIA )  
 )ss.  
COUNTY OF Inyo )

On this 15 day of July, 2024, before me, a notary public, personally appeared, RONALD JACKSON, personally known to me or proved on the basis of satisfactory evidence to be the person who subscribed the foregoing instrument, and acknowledged to me that they executed the same freely and voluntarily for the uses and purposes therein expressed.

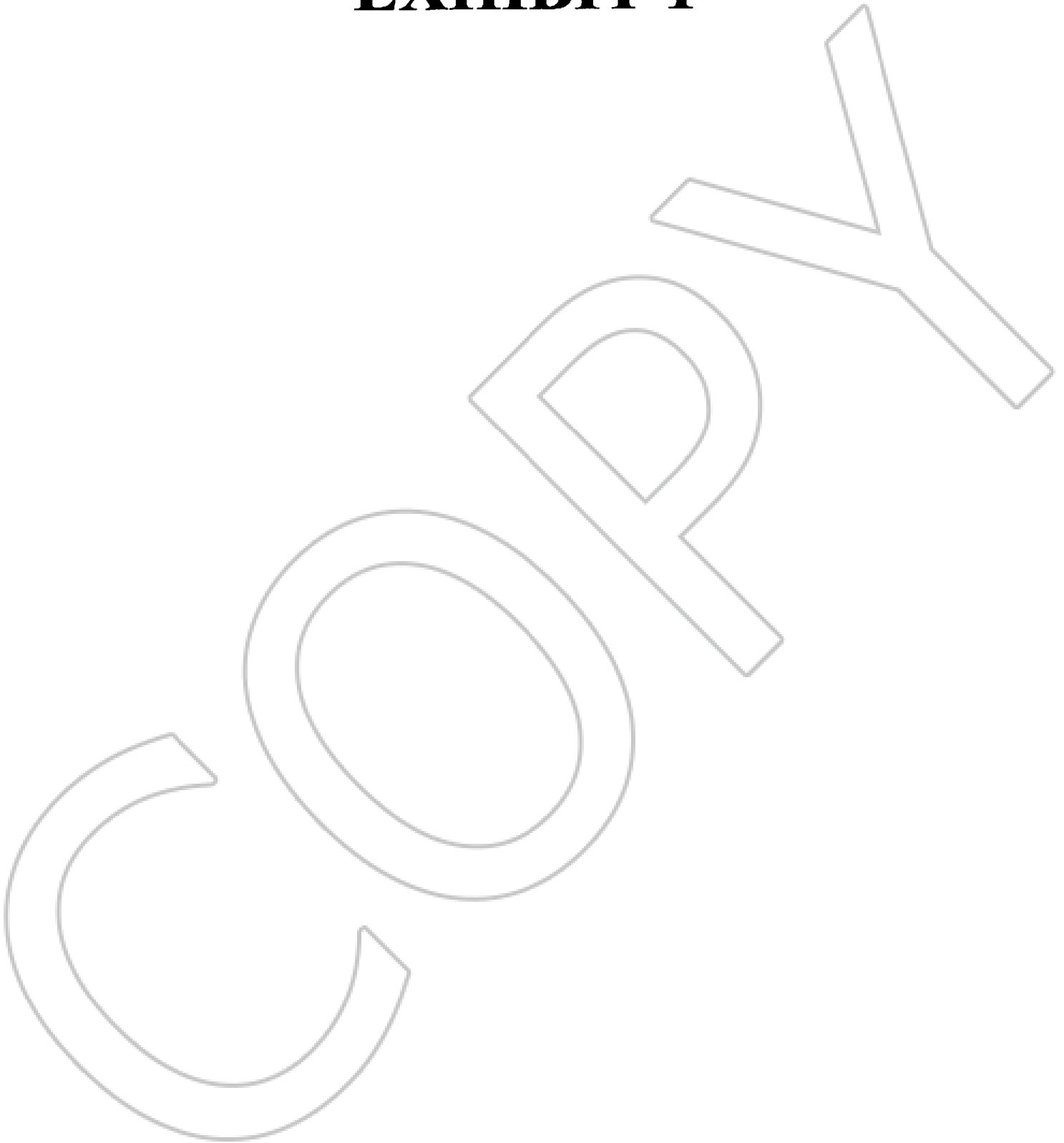
WITNESS by my hand and official seal.

[Signature]  
NOTARY PUBLIC



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# EXHIBIT 1



STATE OF NEVADA  
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4404694

CERTIFICATE OF DEATH

2024007798  
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) <b>Bruce Parnell CROSBY</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 25, 2024</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) <b>1453 Harvest Ave</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>85</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>UNITED STATES</b>		10. EDUCATION <b>14</b>	
11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		8. DATE OF BIRTH (Mo/Day/Yr) <b>December 17, 1938</b>	
13. SOCIAL SECURITY NUMBER <b>1597</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Civil Engineer</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>City Government</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1453 Harvest Ave</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Everett CROSBY</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Helen PARNELL</b>		18a. INFORMANT- NAME (Type or Print) <b>Michael CROSBY</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>13292 Mt Baldy Reno, Nevada 89506</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BLAKE HOWE</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD622</b>		20c. NAME AND ADDRESS OF FACILITY <b>Cremation Society of Nevada - Capitol City - 1614 N Curry Street Carson City NV 89703</b>	
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>MARK T BRUNE MD</b> <b>SIGNATURE AUTHENTICATED</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>April 11, 2024</b>		21c. HOUR OF DEATH <b>08:29</b>		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Mark T Brune MD 1107 Highway 395 Gardnerville, NV 89410</b>		23b. LICENSE NUMBER <b>7134</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 11, 2024</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) <b>Cardio Pulmonary Arrest</b> Interval between onset and death: <b>Immediate</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Chronic Systolic Heart Failure</b> Interval between onset and death: <b>5 Years</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) <b>Coronary Artery Disease</b> Interval between onset and death: <b>10 Years</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) <b>Atrial Fibrillation</b> Interval between onset and death: <b>10 Years</b>					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Pulmonary Hypertension</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		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

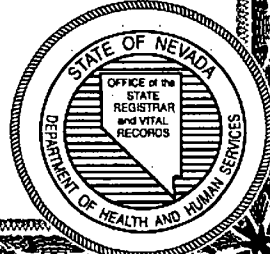
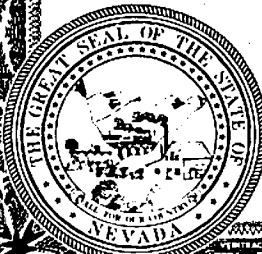
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

4/12/2024

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

*Cody D. Storey*  
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



# STATE OF NEVADA DECLARATION OF VALUE

1. Assessor Parcel Number(s)  
1320-33-817-003

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        |  |                 |

FOR RECORDERS OPTIONAL USE ONLY

Notes: \_\_\_\_\_  
\_\_\_\_\_

3. Total Value/Sales Price of Property:

\$0.00  
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:  
c. This is a conveyance of real property by deed which becomes effective upon the death of the grantor pursuant to NRS 111.655 to 111.699, inclusive, and a Death of Grantor Affidavit recorded in the office of the county recorder pursuant to NRS 111.699.

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 [Signature] Capacity Attorney for Grantee

Signature [Signature] Capacity Attorney for Grantee

**SELLER (GRANTOR) INFORMATION**

(REQUIRED)

Bruce Crosby, Deceased  
1453 Harvest Avenue  
Gardnerville, Nevada 89410

**BUYER (GRANTEE) INFORMATION**

(REQUIRED)

Michael Crosby, Carolyn Crosby Forehand, Stephanie Clark, Laurie Hippert, and Ronald Jackson  
13292 Mount Baldy Street  
Reno, Nevada 89506

**COMPANY/PERSON REQUESTING RECORDING**

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: The Law Office of Angie M. Elquist  
Address: 615 South Arlington Avenue  
Reno, Nevada 89509

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)