

Recording Requested By
and Return to:
Goicoechea, Di Grazia,
Coyle & Stanton, Ltd.
530 Idaho Street
Elko, NV 89801

EUREKA COUNTY, NV
RPTT:\$0.00 Rec:\$37.00
\$37.00 Pgs=3
GOICOECHEA, DI GRAZIA, COYLE & STANTON, LTD.
LISA HOEHNE, CLERK RECORDER
2020-240512
05/28/2020 03:36 PM
E05

DEATH OF GRANTOR AFFIDAVIT

STATE OF NEVADA)
COUNTY OF Carson City)SS.

TYLER JAMES NELSON, being duly sworn, deposes and says that ROBERT NELSON, aka ROBERT FRANCIS NELSON, aka ROBERT F. NELSON, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as ROBERT F. NELSON, named as the Grantor in the Deed Upon Death recorded on April 18, 2016, in the Office of the County Recorder of Eureka County, State of Nevada, as Document No. 0231104, and more particularly described as:

APN: 005-170-57

Township 30 North, Range 48 East, MDB&M
Section 17: SW 1/4 NE 1/4

TOGETHER WITH any and all buildings and improvements
situate thereon.

TOGETHER WITH all and singular the tenements, hereditaments,
easements, and appurtenances thereunto belonging or in anywise
appertaining, and the reversions, remainders, rents, issues and
profits thereof, or of any part thereof.

SUBJECT TO all taxes and assessments, reservations, exceptions,
easements, rights of way, limitations, covenants, conditions,
restrictions, terms, liens, charges and licenses affecting the property
of record.

TYLER JAMES NELSON is the beneficiary to whom the real property is conveyed upon the death of the Grantor ROBERT NELSON, aka ROBERT FRANCIS NELSON, aka ROBERT F. NELSON. The beneficiary listed in the Deed Upon Death is TYLER JAMES NELSON.

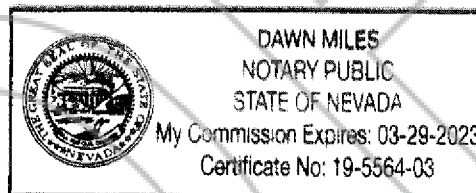
THE UNDERSIGNED HEREBY AFFIRM THAT THIS DOCUMENT SUBMITTED FOR RECORDING DOES NOT CONTAIN A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS.

SIGNED THIS 24 DAY OF JANUARY, 2020


TYLER JAMES NELSON

SUBSCRIBED and SWORN to me by
TYLER JAMES NELSON on the 24
day of January, 2020.


NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4119433

CERTIFICATE OF DEATH

2019024982

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) Robert F NELSON		2. DATE OF DEATH (Mo/Day/Year) December 15, 2019		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Reno Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
5. RACE (Specify) White		8. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 71	
9a. STATE OF BIRTH (If not US/CA, name country) New York		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Crescent Valley	
15d. STREET AND NUMBER 60 N. 15th Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Beatrice EDDY	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Beatrice EDDY		18a. INFORMANT- NAME (Type or Print) Holly NELSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 160 Rena Road Van Buren, Arkansas 72956	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BLAKE HOWE		20b. FUNERAL DIRECTOR LICENSE NUMBER FD622		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals & Cremations - Sierra Chapel 875 West Second St Reno NV 89503	
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 MICHAEL YOUNG MD					
21b. DATE SIGNED (Mo/Day/Yr) December 19, 2019		21c. HOUR OF DEATH 12:13			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
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)				22b. DATE SIGNED (Mo/Day/Yr)	
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) Michael Young MD 1155 Mill St Reno, NV 89502	
23b. LICENSE NUMBER 18019				24a. REGISTRAR (Signature) BLAIR J HEDRICK	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 20, 2019				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) Anoxic Ischemic Brain Injury					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Suspected Airway Occlusion					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Kyphoscoliosis					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Rheumatoid Arthritis					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.					
26. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED		26e. INJURY AT WORK (Specify Yes or No)			
26f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		26g. LOCATION STREET OR R.F.D. No		26h. CITY OR TOWN	
26i. STATE		26j. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			

000365059

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.

DEPUTY REGISTRAR

DATE ISSUED:

1/2/2020

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

Signature Authenticated

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF NEVADA

DECLARATION OF VALUE

1. Assessor Parcel Number (s)

- a) 005-170-57
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 | | |

FOR RECORDERS OPTIONAL USE ONLY

Notes: _____

3. Total Value/Sales Price of Property:

Deed in Lieu of Foreclosure Only (value of property) \$ 0.00
Transfer Tax Value: \$ 0.00
Real Property Transfer Tax Due: \$ 0.00

4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, Section: 5
b. Explain Reason for Exemption: Grantee is the son of Grantor

5. Partial Interest: Percentage being transferred: 100 %

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 _____ Capacity Grantee
Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Robert F. Nelson
Address: 60 N. 15th St.
City: Crescent Valley
State: NV Zip: 89821

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Tyler James Nelson
Address: 3336 Plymouth Ave 1479 RIVER PARK BLVD
City: Carson City DAYTON
State: NV Zip: 89705 89403

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: Goicoechea, Di Grazia, Coyle & Stanton, LTD. Escrow # _____
Address: 530 Idaho Street P.O. Box 1358
City: Elko State: NV Zip: 89801

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)