

APNs: 001-012-20  
001-012-26

When recorded, return to:  
Marvel & Marvel, Ltd.  
217 Idaho Street,  
Elko, NV 89801

EUREKA COUNTY, NV  
RPTT:\$0.00 Rec:\$37.00  
\$37.00 Pgs=3  
MARVEL & MARVEL, LTD  
KATHERINE J. BOWLING, CLERK RECORDER E10

**2024-251697**  
02/22/2024 01:45 PM

Mail tax statements to:  
Andrew Mayer  
135 Gardenside Drive #312  
San Francisco, CA 94131

The undersigned hereby affirms that this document submitted for recording does not contain the personal information of any person or persons per N.R.S. 239B.030.

### **DEATH OF GRANTOR AFFIDAVIT**

I, ANDREW MAYER, being duly sworn, deposes and says that WALTER CUCHINE, the decedent mentioned in the attached certified Certificate of Death, is the same persons as WALTER CUCHINE, named as the grantor in those two (2) certain deeds upon death, described as follows:

1. That certain Transfer Upon Death recorded on December 6, 2021, as Document Number 2021-247510, in the Official Records of Eureka County, Nevada, covering the real property commonly known as 540 Nob Hill Avenue, APN 001-012-20, situate, lying and being in the County of Eureka, State of Nevada, and more particularly described as:

Mountain View Estates Lot A-6; T19 R53 according to the Official Plan thereof filed in the Office of the County Recorder of Eureka County, State of Nevada.

2. That certain Transfer Upon Death recorded on December 6, 2021, as Document Number 2021-247509, in the Official Records of Eureka County, Nevada, covering the real property commonly known as 530 Nob Hill Avenue, APN 001-012-26, situate, lying and being in the County of Eureka, State of Nevada, and more particularly described as:

Mountain View Estates N2 Lot A-4 & Lot A-5, T19 R53 according to the Official Plan thereof filed in the Office of the County Recorder of Eureka County, State of Nevada.

ANDREW MAYER is the beneficiary (or at least one of the beneficiaries) to whom the real property is conveyed upon the death of the grantor, WALTER CUCHINE, or is the authorized representative of the beneficiary.

The beneficiary listed in the deeds upon death is ANDREW MAYER.

DATED this 17<sup>th</sup> day of February, 2024.

  
ANDREW MAYER

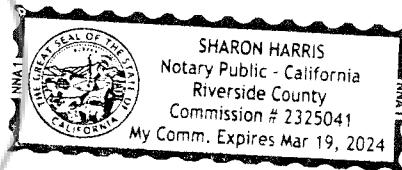
STATE OF California }  
COUNTY OF Riverside } SS

On the 17<sup>th</sup> day of February, 2024, personally appeared before me, a Notary Public, **ANDREW MAYER**, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

  
NOTARY PUBLIC SIGNATURE



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

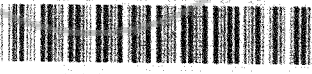
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**

**CERTIFICATE OF DEATH**

CASE FILE NO. 4306863

**2022022502**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Walter Edward CUCHINE</b>		2. DATE OF DEATH (Mo/Day/Year) <b>September 15, 2022</b>		3a. COUNTY OF DEATH <b>Eureka</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Eureka</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>530 Nob Hill Avenue</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
DECEDENT	4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) <b>75</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) <b>September 02, 1947</b>		9a. STATE OF BIRTH (if not US/CA, name country) <b>Montana</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
	10. EDUCATION <b>18</b>		11. MARITAL STATUS (Specify) Never Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
PARENTS	13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Eureka</b>		15c. CITY, TOWN OR LOCATION <b>Eureka</b>	
DISPOSITION	15d. STREET AND NUMBER <b>530 Nob Hill Avenue</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Charles Walter CUCHINE</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Merle Jean SEAMAN</b>		18a. INFORMANT- NAME (Type or Print) <b>Andrew MAYER</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>3415 Cesar Chavez St Apt A San Francisco, California 94110</b>	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sunset Crematory</b>		19c. LOCATION City or Town State <b>Elko Nevada 89803</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JASON MUTH</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD298</b>		20c. NAME AND ADDRESS OF FACILITY <b>Burns Funeral Home</b> <b>PO BOX 689 Elko NV 89803</b>	
CERTIFIER	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>MILES A UMINA</b> 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) <b>MILES A UMINA</b> SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) <b>October 12, 2022</b>	
	21c. HOUR OF DEATH <b>13:04</b>		22b. DATE SIGNED (Mo/Day/Yr) <b>October 12, 2022</b>		22c. HOUR OF DEATH <b>13:04</b>	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>September 15, 2022</b>		22e. PRONOUNCED DEAD AT (Hour) <b>13:04</b>	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Miles A Umina PO Box 736 Eureka, NV 89316</b>				23b. LICENSE NUMBER	
CAUSE OF DEATH	24a. REGISTRAR (Signature) <b>BLAISE STRESSMAN</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 12, 2022</b>		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).)					
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STARTING THE UNDERLYING CAUSE LAST	PART I				Interval between onset and death	
	(a) <b>Unspecified Natural Causes</b>				<b>Unknown</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(b)				Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(c)				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 1.				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		



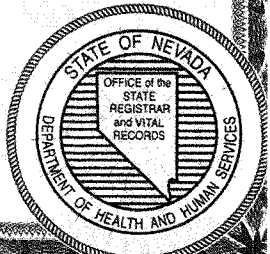
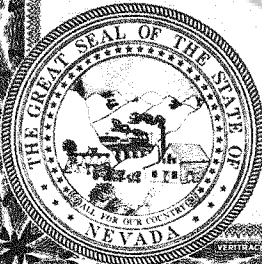
CERTIFIED COPY OF VITAL RECORDS

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: **10/13/2022**

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

*Jan Shugh*  
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**STATE OF NEVADA  
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)

- a) 001-012-20
- b) 001-012-26
- 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 \_\_\_\_\_

- 3. a) Total Value/Sales Price of Property: \$ 0
- b) Deed in Lieu of Foreclosure Only (value of property) (\$ \_\_\_\_\_)
- c) Transfer Tax Value: \$ \_\_\_\_\_
- d) Real Property Transfer Tax Due \$ 0

4. **If Exemption Claimed:**

- a. Transfer Tax Exemption, per 375.090, Section: 10
- b. Explain reason for exemption: **A Death of Grantor Affidavit recorded in the office of the county recorder pursuant to NRS 111.699.**

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 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 (Grantor): *Dustin Mamm* Capacity: Attorney

Signature (Grantee): *Dustin Mamm* Capacity: Attorney

**SELLER (GRANTOR) INFORMATION**  
**(REQUIRED)**

Print Name: Walter Cuchine, deceased, c/o Andrew Mayer  
Address: 135 Gardenside Drive#312  
City: San Francisco  
State: CA Zip: 94131

**BUYER (GRANTEE) INFORMATION**  
**(REQUIRED)**

Print Name: Andrew Mayer  
Address: 135 Gardenside Drive#312  
City: San Francisco  
State: CA Zip: 94131

**COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)**

Print Name: Marvel & Marvel, Ltd File Number: \_\_\_\_\_  
Address: 217 Idaho Street  
City: Elko State: Nevada Zip: 89801