

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

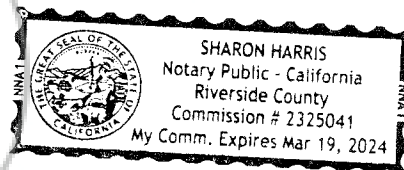
STATE OF California }  
COUNTY OF Riverside } SS

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

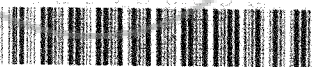
### DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

#### 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) <div style="text-align: center;">Walter Edward CUCHINE</div>		2. DATE OF DEATH (Mo/Day/Year) <div style="text-align: center;">September 15, 2022</div>		3a. COUNTY OF DEATH <div style="text-align: center;">Eureka</div>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <div style="text-align: center;">Eureka</div>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <div style="text-align: center;">530 Nob Hill Avenue</div>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <div style="text-align: center;">Home</div>	
DECEASED	5. RACE (Specify) <div style="text-align: center;">White</div>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <div style="text-align: center;">75</div>	
	7b. UNDER 1 YEAR <div style="text-align: center;">MOS DAYS</div>		7c. UNDER 1 DAY <div style="text-align: center;">HOURS MINS</div>		8. DATE OF BIRTH (Mo/Day/Yr) <div style="text-align: center;">September 02, 1947</div>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) <div style="text-align: center;">Montana</div>		9b. CITIZEN OF WHAT COUNTRY <div style="text-align: center;">United States</div>		10. EDUCATION <div style="text-align: center;">18</div>	
	11. MARITAL STATUS (Specify) <div style="text-align: center;">Never Married</div>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		13. SOCIAL SECURITY NUMBER <div style="text-align: center;">[REDACTED]</div>	
PARENTS	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <div style="text-align: center;">Opera House</div>		15a. INSIDE CITY LIMITS (Specify Yes or No) <div style="text-align: center;">Yes</div>	
	15a. RESIDENCE - STATE <div style="text-align: center;">Nevada</div>		15b. COUNTY <div style="text-align: center;">Eureka</div>		15c. CITY, TOWN OR LOCATION <div style="text-align: center;">Eureka</div>	
DISPOSITION	15d. STREET AND NUMBER <div style="text-align: center;">530 Nob Hill Avenue</div>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <div style="text-align: center;">Charles Walter CUCHINE</div>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <div style="text-align: center;">Merle Jean SEAMAN</div>	
	18a. INFORMANT- NAME (Type or Print) <div style="text-align: center;">Andrew MAYER</div>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <div style="text-align: center;">3415 Cesar Chavez St Apt A San Francisco, California 94110</div>		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <div style="text-align: center;">Cremation</div>	
TRADE CALL	19b. CEMETERY OR CREMATORY - NAME <div style="text-align: center;">Sunset Crematory</div>		19c. LOCATION City or Town State <div style="text-align: center;">Elko Nevada 89803</div>		20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <div style="text-align: center;">JASON MUTH</div>	
	20b. FUNERAL DIRECTOR LICENSE NUMBER <div style="text-align: center;">FD298</div>		20c. NAME AND ADDRESS OF FACILITY <div style="text-align: center;">Burns Funeral Home PO BOX 689 Elko NV 89803</div>		20d. SIGNATURE AUTHENTICATED	
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) <div style="text-align: center;">MILES A UMINA</div>		21b. DATE SIGNED (Mo/Day/Yr) <div style="text-align: center;">October 12, 2022</div>		21c. HOUR OF DEATH <div style="text-align: center;">13:04</div>	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. PRONOUNCED DEAD (Mo/Day/Yr) <div style="text-align: center;">September 15, 2022</div>		22b. PRONOUNCED DEAD AT (Hour) <div style="text-align: center;">13:04</div>	
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <div style="text-align: center;">Miles A Umina PO Box 736 Eureka, NV 89316</div>		23b. LICENSE NUMBER		24a. REGISTRAR (Signature) <div style="text-align: center;">BLAISE STRESSMAN</div>	
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <div style="text-align: center;">October 12, 2022</div>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		24d. SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Unspecified Natural Causes		Interval between onset and death <div style="text-align: center;">Unknown</div>		(b) DUE TO, OR AS A CONSEQUENCE OF:	
	(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		(d) DUE TO, OR AS A CONSEQUENCE OF:	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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) <div style="text-align: center;">No</div>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <div style="text-align: center;">Yes</div>	
	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

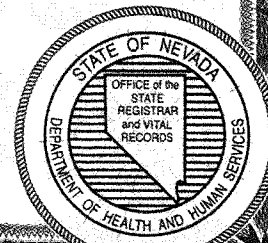
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 10/13/2022

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

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 Maml Capacity: Attorney

Signature (Grantee): Dustin Maml Capacity: Attorney

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

Walter Cuchine, deceased, c/o Andrew  
Print Name: 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