

Official Record

Recording requested By
MICHAEL SPARROW

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$16.00

Page 1 of 3

RPTT:

Recorded By: LB

Book- 309 Page- 0358

APN: 004-131-16

When recorded mail to:

Michael Glenn Sparrow
P.O. Box 446
Alamo, NV 89001

0150976

DEATH OF GRANTOR AFFIDAVIT

MICHAEL GLEN SPARROW, being duly sworn, deposes and says that MARIAN H. SPARROW-GOOCH, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as MARIAN H. SPARROW-GOOCH, named as the grantor or as one of the grantors in the deed upon death recorded on 1/24/2017 (date), as document or file number 10 5 MS, book 308, at page 0603, records of Lincoln County, Nevada, covering the real property located in the City of Alamo, County of Lincoln, State of Nevada, and more particularly described as:

APN #004-131-16

All that certain real property situate in the County of Lincoln, State of Nevada, described as follows:

Lot 33 of ALAMO SOUTH SUBDIVISION TRACT NO.1, UNIT NO. 1, as shown on that certain final plat filed for record in the Office of the Lincoln County Recorder on the 13th day of January, 1977, in Book A-1 of Plats, page 124, assigned No. 59020.

EXCEPTING AND RESERVING all mines of gold, silver, copper, lead, cinnabar and other valuable minerals which may exist in the said tract as reserved in the land patent recorded April 9, 1927 in Book C-1 of Deeds, page 296 as File No. 3965, Lincoln County, Nevada records.

MICHAEL GLEN SPARROW is the beneficiary or at least one of the beneficiaries to whom the real property is conveyed upon the death of the grantor MARIAN H. SPARROW-GOOCH or is the authorized representative of the beneficiary or at least one of the beneficiaries. The beneficiary or beneficiaries listed in the deed upon death are DEANN PETERSON, JILL MILLER, and MICHAEL GELN SPARROW, as Tenants in Common.



THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS.

1/13/17 (Date)

Michael G. Sparrow (Signature)

Michael G. Sparrow

State of Nevada }
County of Lincoln } ss.

Subscribed and sworn to on this 13 day of January, in the year 2017, before me, Robin E. Simmers, by Michael Glen Sparrow.

On this 13 day of January, in the year 2017, before me, Robin E. Simmers, personally appeared Michael Glen Sparrow 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 he or she executed it.

Robin E. Simmers (Signature of Notary Public)



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

2015019827
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) Marian Bailey GOOCH		2. DATE OF DEATH (Mo/Day/Year) October 22, 2015		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Alamo		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and No. If Hosp. or Inst. indicate DOA,OP, Emer. Rm. (Inpatient)(Specify) 330 Theresa Lane Home		4. SEX Female	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 75	
9a. STATE OF BIRTH (If not U.S.A.) Utah		9b. CITIZEN OF WHAT COUNTRY United States		7b. UNDER 1 YEAR MOS DAYS	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Educator		7c. UNDER 1 DAY HOURS MINS	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		8. DATE OF BIRTH (Mo/Day/Yr) July 04, 1940	
15c. CITY, TOWN OR LOCATION Alamo		15d. STREET AND NUMBER 330 Theresa Lane		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Robert Rigby HULL		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Grace Evelyn BAILEY			
18a. INFORMANT - NAME (Type or Print) Thomas Lloyd GOOCH		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) PO Box 446 Alamo, Nevada 89001			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		19b. CEMETERY OR CREMATORY - NAME Hooper City Cemetery		19c. LOCATION City or Town State Hooper Utah	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BRIAN REBMAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 49		20c. NAME AND ADDRESS OF FACILITY Moapa Valley Mortuary 5090 N Moapa Valley Blvd Logandale NV 89021	
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) MINESH AMIN 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)		
21b. DATE SIGNED (Mo/Day/Yr) November 02, 2015		21c. HOUR OF DEATH 06:22		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22e. PRONOUNCED DEAD AT (Hour)		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Minesh Amin 698 Childrens Way Henderson, NV 89052				23b. LICENSE NUMBER DO1591	
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 19, 2015		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).)				26. AUTOPSY (Specify Yes or No) No	
PART I				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
(a) Lung Cancer				Interval between onset and death	
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 I.					
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28d. DESCRIBE HOW INJURY OCCURRED	
		28g. LOCATION		STREET OR R.F.D. No. CITY OR TOWN STATE	

AKA: Marian Bailey SPARROW

STATE REGISTRAR

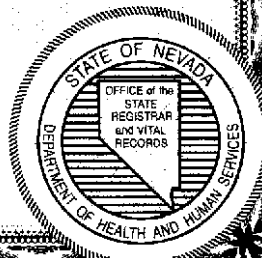
CERTIFIED COPY OF VITAL RECORDS

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: **11/19/2015**

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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



Recording requested By
MICHAEL SPARROW

Lincoln County - NV
Leslie Boucher - Recorder

Page 1 of 2 Fee: \$16.00
Recorded By: LB RPTT:
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STATE OF NEVADA
DECLARATION OF VALUE FORM

- Assessor Parcel Number(s)
 - 004-131-16
 -
 -
 -

- 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'/Ind'l
g) <input type="checkbox"/>	Agricultural	h) <input type="checkbox"/>	Mobile Home
<input type="checkbox"/>	Other		

FOR RECORDER'S OPTIONAL USE ONLY	
Book: _____	Page: _____
Date of Recording: _____	
Notes: _____	

- 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:

- Transfer Tax Exemption per NRS 375.090, Section 5
- Explain Reason for Exemption: Mother passed away

- 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 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 Michael G. Sparrow Capacity _____

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Marian Sparrow-Gooch
Address: 330 Theresa Ln.
City: Alamo
State: NV Zip: 89001

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Michael G. Sparrow
Address: 3691 Whipple Ln.
City: Hiko
State: NV Zip: 89017

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

Print Name: _____ Escrow #: _____
Address: _____
City: _____ State: _____ Zip: _____



Attachment Grantee Information

DeAnn Peterson
3372 N. 1000 E.
North Ogden, UT 84414, USA

Jill Miller
390 Advantage Ln.
Ammon, ID 83406, USA

Michael Glen Sparrow
3691 Whipple Ln.
Hiko, NV 89017, USA