

APN: 002-072-06

Recording requested by:  
Becky Lynn Crager

When recorded mail to and mail tax statements to:

Becky Lynn Crager  
P.O. Box 723  
Panaca, Nevada 89042

Space reserved

LINCOLN COUNTY, NV 2019-156210  
RPTT:\$198.90 Rec:\$35.00  
Total:\$233.90 05/02/2019 12:33 PM  
BECKY LYNN CRAGER Pgs=4 AE



OFFICIAL RECORD  
AMY ELMER, RECORDER

**DEATH OF GRANTOR AFFIDAVIT**

BECKY LYNN CRAGER, being duly sworn, deposes and says that ROBERT SCOTT CRAGER, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as ROBERT SCOTT CRAGER aka SCOTT CRAGER, named as the grantor in the Deed Upon Death recorded on January 24, 2019, as document or file number 2019-155778, in the records of Lincoln County, Nevada covering the real property commonly known as 368 Hollingshead, Town of Panaca, County of Lincoln, State of Nevada, and more particularly described as:

Lot 108, of Sungold Manor, According to the Official Map Thereof, Filed in the Office of the County Recorder of Lincoln County, on March 7, 1973, as File No. 52669, Lincoln County, Nevada.

Description of Document No. 1999-113409, Official Records, Lincoln County, Nevada in Book 144, Page 154.

Together with all improvements, tenements, hereditaments, and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues, or profits thereof.

BECKY LYNN CRAGER is the beneficiary to whom the real property is conveyed upon the death of the grantor ROBERT SCOTT CRAGER aka SCOTT CRAGER.

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

DATED this 1<sup>st</sup> day of May, 2019.

*Becky Lynn Crager*  
BECKY LYNN CRAGER

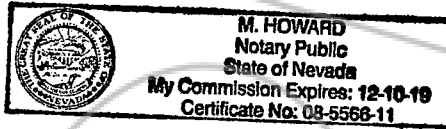
\*NOTARY CERTIFICATE ATTACHED\*

STATE OF NEVADA        )  
                                  )ss.  
COUNTY OF LINCOLN    )

Subscribed and sworn to on this 1st day of May, in the year 2019, before me, Mercedes Howard, personally appeared before me Becky Lynn Crager, 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 she executed it.

*M Howard*

NOTARY PUBLIC in and for the  
STATE OF NEVADA,  
COUNTY OF LINCOLN



\*THIS INSTRUMENT IS ATTACHED TO A DEATH OF GRANTOR AFFIDAVIT DATED  
MAY 1, 2019\*

*COPIES*

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

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

CASE FILE NO. 4072026

**CERTIFICATE OF DEATH**

**2019005654**  
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>Robert Scott CRAGER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 14, 2019</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Panaca</b>		3c. HOSPITAL OR OTHER INSTITUTION: Name (If not either, give street and number) <b>368 Hollingshead Street</b>		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE Last birthday (Years) <b>68</b>		7b. UNDER 1 YEAR MOS _____ DAYS _____		7c. UNDER 1 DAY HOURS _____ MINS _____	
8. DATE OF BIRTH (Mo/Day/Yr) <b>August 29, 1950</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>Divorced</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
<b>CARPENTER</b>		<b>CONSTRUCTION</b>		Ever in US Armed Forces? <b>Yes</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Panaca</b>	
15d. STREET AND NUMBER <b>368 Hollingshead Street</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First, Middle Last Suffix) <b>Roy CRAGER</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Mary SLADER</b>		
18a. INFORMANT - NAME (Type or Print) <b>Michael CRAGER</b>			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>PO Box 841 Panaca Nevada 89042</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Removal/Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Southern Utah Crematory</b>		19c. LOCATION - City or Town State <b>Cedar City Utah 84720</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TODD BOYER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD807</b>		20c. NAME AND ADDRESS OF FACILITY <b>Southern Nevada Mortuary</b> <b>730 Front Street Caliente NV 89008</b>	
TRADE CALL - NAME AND ADDRESS <b>Southern Utah Crematory 190 North 300 West Cedar City UT 84720</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>SIGNATURE AUTHENTICATED</b> <b>MINESH AMIN DO</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)		
21b. DATE SIGNED (Mo/Day/Yr) <b>March 22, 2019</b>		21c. HOUR OF DEATH <b>22:29</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) <b>Minesh Amin DO 6655 W Sahara Ave Las Vegas, NV 89146</b>			
23b. LICENSE NUMBER <b>DO1591</b>		24a. REGISTRAR (Signature) <b>ANGELICA RAMIREZ</b> SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 25, 2019</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Chronic obstructive pulmonary disease</b> DUE TO, OR AS A CONSEQUENCE OF (b) <b>Unknown Etiology</b> DUE TO, OR AS A CONSEQUENCE OF (c) _____ DUE TO, OR AS A CONSEQUENCE OF (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.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER? (Specify Yes or No) <b>No</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	

000765454



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.

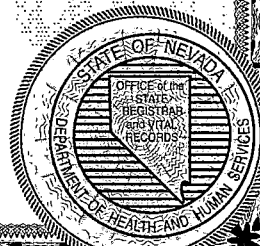
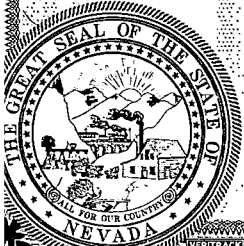
DATE ISSUED:

**APR 25 2019**

STATE REGISTRAR

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

*[Signature]*  
Interim Administrator



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**STATE OF NEVADA  
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)  
 a) 002-072-06  
 b) \_\_\_\_\_  
 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  
 Other

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

3. Total Value/Sales Price of Property \$ 0.00  
 Deed in Lieu of Foreclosure Only (value of property) ( \_\_\_\_\_ )  
 Transfer Tax Value: \$ 50,760.00  
 Real Property Transfer Tax Due \$198.90

4. **If Exemption Claimed:**  
 a. Transfer Tax Exemption per NRS 375.090, Section \_\_\_\_\_  
 b. Explain Reason for Exemption: \_\_\_\_\_

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 DECEASED Capacity GRANTOR

Signature Becky Lynn Crager Capacity Grantee

<b><u>SELLER (GRANTOR) INFORMATION</u></b> (REQUIRED)	<b><u>BUYER (GRANTEE) INFORMATION</u></b> (REQUIRED)
Print Name: <u>ROBERT SCOTT CRAIGER aka SCOTT CRAIGER</u>	Print Name: <u>Becky Lynn Crager</u>
Address: <u>P.O. Box 805</u>	Address: <u>P.O. Box 723</u>
City: <u>PANACA</u>	City: <u>Panaca</u>
State: <u>NV</u> Zip: <u>89042</u>	State: <u>Nevada</u> Zip: <u>89042</u>

**COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)**  
 Print Name: \_\_\_\_\_ Escrow #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_