


APN: 003-071-01

Recording requested by:
Noelle Harris Plotkin

When recorded mail to and mail tax statements to:

Noelle Harris Plotkin
P.O. Box 456
Caliente, Nevada 89008

Spa. LINCOLN COUNTY, NV **2020-158803**
 Rec:\$37.00
 Total:\$37.00 **08/03/2020 11:19 AM**
 NOELLE HARRIS PLOTKIN Pgs=5 KE



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OFFICIAL RECORD E05
 AMY ELMER, RECORDER

DEATH OF GRANTOR AFFIDAVIT

NOELLE HARRIS PLOTKIN, being duly sworn, deposes and says that JOANNE SULLIVAN GEPHART, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as JOANNE SULLIVAN GEPHART, named as the grantor in the Deed Upon Death recorded on June 14, 2019, as document or file number 2019-156599, in the records of Lincoln County, Nevada covering the real property commonly known as 380 Market Street, City of Caliente, County of Lincoln, State of Nevada, and more particularly described as:

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

Situate with portions of Sections 7 and 8, Township 4 South, Range 67 East, M.D.B.&M., more particularly described as follows:

Lots 10, 11, and 12 in Block 36 of CALIENTE, Nevada as shown on the Official Subdivision Map thereof recorded November 10, 1904 in the Book of Plats, page 36 and as shown on the compiled Map of Caliente, Lincoln County, Nevada filed in the Book of Plats, page 47, Lincoln County, Nevada records.

ASSESSOR'S PARCEL NUMBER FOR 2017-2018: 003-071-01

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.

NOELLE HARRIS PLOTKIN is one of the beneficiaries to whom the real property is conveyed upon the death of the grantor JOANNE SULLIVAN GEPHART 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 22 day of July, 2020.

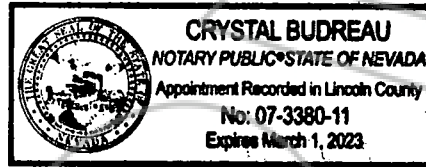


 NOELLE HARRIS PLOTKIN

STATE OF NEVADA)
)ss.
COUNTY OF LINCOLN)

Subscribed and sworn to on this 22 day of July, in the year 2020, before me, Crystal Budreau, personally appeared before me NOELLE HARRIS PLOTKIN, 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.

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



*THIS INSTRUMENT IS ATTACHED TO A DEATH OF GRANTOR AFFIDAVIT DATED
JULY 22, 2020*

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4102973

CERTIFICATE OF DEATH

2019018529
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) JoAnne Sullivan GEPHART		2. DATE OF DEATH (Mo/Day/Year) September 12, 2019		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street or number) Infinity Hospice Care - Jones		3e. If Hosp. or Inst. indicate DOA,OP,Emer. Rm. Inpatient/Specify) Hospice Facility (HFS)	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 85		7b. UNDER 1 YEAR MOS DAYS 85		7c. UNDER 1-DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 31, 1934		9a. STATE OF BIRTH (if not US/CA, name, country) Montana		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Widowed		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 TELEPHONE OPERATOR		14b. KIND OF BUSINESS OR INDUSTRY Department of Defense	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Caliente	
15d. STREET AND NUMBER 380 Market Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Dewey T SULLIVAN			17. MOTHER/PARENT -NAME (First Middle Last Suffix) Helen M GLEASON		
18a. INFORMANT-NAME (Type or Print) Karlynn CHATWIN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 562, Caliente, Nevada 89008			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Cremation		19b. CEMETERY OR CREMATORY - NAME Southern Utah Crematory		19c. LOCATION City or Town State Cedar City Utah 84720	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
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) MANPREET S SRAN MD 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) September 17, 2019		21c. HOUR OF DEATH 11:25		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Manpreet S. Sran MD, 6330 S Jones Blvd, Las Vegas, NV 89118				23b. LICENSE NUMBER 18732	
24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 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) Lung Cancer Metastasized To Bone				Interval between onset and death Months	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:				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) No	
27. WAS CASE REFERRED TO CORONER (Specify, Yes or No) Yes					
28a. ACC., SUICIDE, H.C.M., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. PLACE OF INJURY -At home, farm, street, factory, office, building, etc. (Specify)		28e. DESCRIBE HOW INJURY OCCURRED			
28f. INJURY AT WORK (Specify Yes or No)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE			

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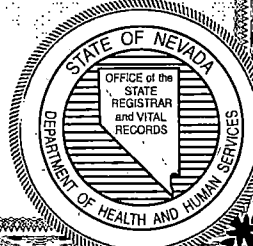
CERTIFIED COPY OF VITAL RECORDS

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: 9/24/2019

Nancy Barry
ADMINISTRATOR

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



MANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)
 a. 003-071-01
 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 |
| <input type="checkbox"/> Other | |

FOR RECORDERS OPTIONAL USE ONLY	
Book _____	Page: _____
Date of Recording: _____	
Notes: _____	

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

4. **If Exemption Claimed:**
 a. Transfer Tax Exemption per NRS 375.090, Section 5
 b. Explain Reason for Exemption: from grandmother to granddaughters

5. 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 Noelle Harris Plotkin Capacity: Grantee
 Signature _____ Capacity: _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)
 Print Name: JoAnne Sullivan Gephart
 Address: Deceased
 City: _____
 State: _____ Zip: _____

BUYER (GRANTEE) INFORMATION
(REQUIRED)
 Print Name: Noelle Harris Plotkin
 Address: P.O. Box 456
 City: Caliente
 State: Nevada Zip: 89008

COMPANY/PERSON REQUESTING RECORDING (Required if not seller or buyer)
 Print Name: _____ Escrow # _____
 Address: _____
 City: _____ State: _____ Zip: _____

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED

Additional Grantee:

Kelsey Rae Scott
9337 Mist Flower Circle
Las Vegas, Nevada 89134

