APN# 03-131-01

Recording Requested by:

Name: Richard Harding

Address: 4043 Eureka Ave

City/State/Zip: Crescent Valley, NV 89821

When recorded, mail this deed to:

Name: Richard Harding

Address: 4043 Eureka Ave

City/State/Zip: Crescent Valley, NV 89821

When recorded, mail this tax statement to:

Name: Richard Harding

Address: 4043 Eureka Ave

City/State/Zip: Crescent Valley, NV 89821

LINCOLN COUNTY, NV Rec:\$37.00 Total:\$37.00

RICHARD D. HARDING

2022-162001 03/02/2022 11:45 AM

102/2022 11:45 AIVI Pgs=4 AE

00000743202204520040043

OFFICIAL RECORD
AMY ELMER, RECORDER

E10

DEATH OF GRANTOR AFFIDAVIT

(Name of affiant) Richard D Harding , being
duly sworn, deposes and says that (name of decedent) Lavette Marie Lee
the decedent mentioned in the attached certified
copy of the Certificate of Death, is the same person a (name of grantor(s)), named as the grantor
or one of the grantors in the deed upon death recorded on (date Deed Upon Death was recorded)
11/24/2015 , as document or file number 0148603 , book 299 , at
page 0636, records of Lincoln County, Nevada, covering the real property
commonly known as (street address of property) 1030 Lincoln St.
City of (city property is in) Caliente, County of (county property is in)
Lincoln , State of Nevada, and more particularly described as (legal
description of property): APN #03-131-01 describes as follows:Lot Nineteen in block "A" of
The James H Gottfredson addition to the City of Caliente, as shown on the official plat of said
addition filed August 9, 1963 in the Office of County Recorder of said Lincoln County, Nevada.
(Name of affiant) Richard D Harding is the
beneficiary or at least one of the beneficiaries to whom the real property is conveyed upon the

death of the grantor (name of grantor) Lavette Marie Lee 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 (name of beneficiary(ies))
Richard D Harding
\ \
The undersigned hereby affirms that this document submitted for recording does not
contain a social security number.
Date: 3/1/2022 Signature:
State of Nevada }
S ss.
County of Lincoln
S. 1. 1. 1. 1. 1. 1. S. March in the man 2002
Subscribed and sworn to on this day of, in the year 2022,
before me (name of notary public) Sasha JOW, by (name of
grantor) Pichard D Harding who personally appeared and 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.
Sasha for
NOTARY SEAL (/
SASHA J. ORR Notary Public, State of Neveda No. 13-12275-11 My Appt. Exp. Dec. 2, 2025





State File Number: 2022003459

Lavette Marie Lee

DECEDENT INFORMATION

Date of Death: February 16, 2022

City of Death: St George

Age:

Ontario, California Place of Birth:

Armed Services:

Spouse's Name:

Mailing Address:

Industry/Business: State of Nevada

Residence: Caliente, Nevada Dorothea Fullam Mother's Name:

St George Regional Hospital Facility or Address

County of Death: Washington Date of Birth: December 29, 1940

Female \ Sex:

Marital Status: Widówed

Usual Occupation: Youth Corrections Education: 9th Through 12th Grade

Father's Name: George Rowe Facility Type: Hospital Inpatient

INFORMANT INFORMATION

Name: Michael Harding

PO Box 652, Caliente, Nevada 89008

Relationship:

DISPOSITION INFORMATION

Method of Disposition: Cremation

Southern Utah Crematory Cedar City, Utah Place of Disposition:

Date of Disposition: February 24, 2022

FUNERAL HOME INFORMATION

Southern Utah Mortuary - Cedar City Funeral Home:

Address: 190 North 300 West, , Cedar City, Utah 84720

Funeral Director: Morgan R Sulz

MEDICAL CERTIFICATION

Certifying Physician: Lewis Taub MD, 1380 East Medical Center Drive, Suite 2200, St George, Utah 84790

CAUSE OF DEATH

Septic shock

Due to (or as a consequence of): Sepsis Due to (on as a consequence of): Aspiration

Due to (or as a consequence of): Gerebrovascular Accident

Other significant conditions. Hypertension, Acute Hypoxic Respiratory Failure, GERD, ARIB, Hypercalcemia

Tobacco Use: Probably Contributed

Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Registered: February 18, 2022 Date Issued: February 23, 202

> This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics. Security features of this official document include: High Resolution Border, V & R images in top cycloids, and microtext.
>
> This document displays the date, seal and signature of the Utah State Registrar of Vital Records and Statistics.

Linda S. Wininger LCSW

State Registrar

David W. Blodgett, MD Director/Health Office



066450621

STATE OF NEVADA **DECLARATION OF VALUE FORM** 1. Assessor Parcel Number(s) APN # 03-131-01 b) c) d) 2. Type of Property: Vacant Land Single Fam. Res. b)区 FOR RECORDER'S OPTIONAL USE ONLY c) Condo/Twnhse d) 2-4 Plex Book: Page: e) Apt. Bldg f) Comm'l/Ind'l Date of Recording: g) Agricultural h) Mobile Home Notes: Other 3. 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: a. Transfer Tax Exemption per NRS 375.090, Section b. Explain Reason for Exemption: Weath of Granton DOCO148603 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 Capacity Capacity Agent for Richard Signature SELLER (GRANTOR) INFORMATION (REOUIRED) Print Name: Print Name: Address: Address: 40 City: Orescent City: ;ente Zip: 29108 State: State: /// COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer) Print Name: Escrow #: Address: City: Zip: State: