

APN 013-140-11

Recording Requested by:
Name: Richard Harding
Address: 4043 Eureka Ave
City/State/Zip: Crescent Valley, NV 89821



OFFICIAL RECORD E10
AMY ELMER, RECORDER

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

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)
03/23/2021, as document or file number 2021-159766, book _____, at
page _____, records of Lincoln County, Nevada, covering the real property
commonly known as (street address of property) 715 Cliff House Dr
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 : 013-140-11 That portion of the south half (S 1/2) of the south
East quarter (SE 1/4) of section 1, and the north half (N 1/2) of the northeast quarter (N/E 1/4)
Of section twelve (12), Township Four South, Range 66 East, M.D.M., Lincoln County, Nevada.
Parcel 2 of that certain parcel map for Dorothea Rowe recorded in the office of the county
Recorder of Lincoln County on January 5, 1999 as document No 112122

(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 and Michael J Harding.

**The undersigned hereby affirms that this document submitted for recording does not
contain a social security number.**

Date: 3/1/2022

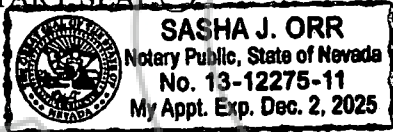
Signature: [Handwritten Signature]

State of Nevada }
County of Lincoln } ss.

Subscribed and sworn to on this 1 day of March, in the year 2022,
before me (*name of notary public*) Sasha J Orr, by (*name of*
grantor) Richard 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.

[Handwritten Signature]

NOTARY SEAL



STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number 2022003459

Lavette Marie Lee

DECEDENT INFORMATION

Date of Death: February 16, 2022
City of Death: St George
Age: 81
Place of Birth: Ontario, California
Armed Services: No
Spouse's Name:
Industry/Business: State of Nevada
Residence: Caliente, Nevada
Mother's Name: Dorothea Fullam
Facility or Address: St George Regional Hospital

Time of Death: 20:30
County of Death: Washington
Date of Birth: December 29, 1940
Sex: Female
Marital Status: Widowed
Usual Occupation: Youth Corrections
Education: 9th Through 12th Grade
Father's Name: George Rowe
Facility Type: Hospital Inpatient

INFORMANT INFORMATION

Name: Michael Harding Relationship: Son
Mailing Address: PO Box 652, Caliente, Nevada 89008

DISPOSITION INFORMATION

Method of Disposition: Cremation
Place of Disposition: Southern Utah Crematory, Cedar City, Utah
Date of Disposition: February 24, 2022

FUNERAL HOME INFORMATION

Funeral Home: Southern Utah Mortuary - Cedar City
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 (or as a consequence of): Aspiration
Due to (or as a consequence of): Cerebrovascular Accident
Other significant conditions: Hypertension, Acute Hypoxic Respiratory Failure, GERD, AFIB, 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, 2022

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. Winger

Linda S. Winger LCSW
State Registrar
Rev. 4/19



066450621

David W. Blodgett

David W. Blodgett, MD
Director/Health Officer



**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)
 a) APN# 013-140-11
 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 \$ _____
 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 10
 b. Explain Reason for Exemption: Death of Grantor Doc # 2021-159766
 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 _____
 Signature Rachel Harding Capacity Agent for Richard

SELLER (GRANTOR) INFORMATION
(REQUIRED)
 Print Name: Lavette Marie Lee
 Address: P.O. Box 330
 City: Cajonville
 State: NV Zip: 89008

BUYER (GRANTEE) INFORMATION
(REQUIRED)
 Print Name: Richard D Harding & Michael J Harding
 Address: 4043 Eureka Ave
 City: Crescent Valley
 State: NV Zip: 89821

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