

LINCOLN COUNTY, NV

2022-162969

\$37.00

RPTT:\$0.00 Rec:\$37.00

09/01/2022 04:05 PM

TITLE DEEDS & NEEDS, LLC

Pgs=4 AE

OFFICIAL RECORD

AMY ELMER, RECORDER

E10

APN: 001-240-02
Escrow No: 33220999-LD
When Recorded Mail Tax
Statement to
Sheila Gutierrez
3320 Augustine Circle
Las Vegas, NV 89117

DEATH OF GRANTOR AFFIDAVIT

Recording Requested By: LAWYERS TITLE OF NEVADA

This page added to provide additional information required by NRS 111.312 Section 1-2

DEATH OF GRANTOR AFFIDAVIT

Sheila Gutierrez, being duly sworn, deposes and says that Elizabeth Lerita Hogan, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Elizabeth L. Hogan, named as the grantor or as one of the grantors in the deed upon death recorded on 05-22-2008 , as document or file number 0131560, book 241, at page 0550, records of Lincoln County, Nevada, covering the real property commonly known as 901 Bartolo Road, City of Pioche, County of Lincoln, State of Nevada, or located in the County of Lincoln, State of Nevada, and more particularly described as:

(Legal Description)

Sheila Gutierrez is the beneficiary or at least one of the beneficiaries to whom the real property is conveyed upon the death of the grantor Elizabeth L. Hogan 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 Tamara Flansaas, Sheila Gutierrez, Gary Gillihan and Tim Gross.

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

06-30-22

Sheila Gutierrez
Sheila Gutierrez
Sheila Gutierrez

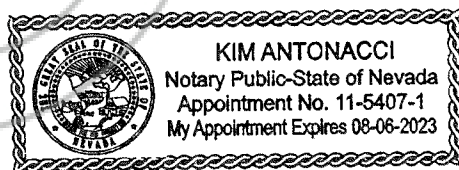
State of Nevada }
 } ss.
County of Clark }

Subscribed and sworn to on this 30th day of June, in the year 2022, before me, Kim Antonacci, by Sheila Gutierrez.

On this 30th day of June, in the year 2022, before me, Kim Antonacci, personally appeared Sheila Gutierrez, 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.

Kim Antonacci
(Signature of Notary Public)

NOTARY SEAL



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4217891

2021013742
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) Elizabeth Lerita HOGAN		2. DATE OF DEATH (Mo/Day/Year) June 10, 2021		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 and number) 3320 Augustine Circle		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Other Residence	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No. - Non-Hispanic	
7a. AGE-Last birthday (Years) 84		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 27, 1937		9a. STATE OF BIRTH (If not US/CA, name country) Maine		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		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) PBX Operator		14b. KIND OF BUSINESS OR INDUSTRY HOTEL/CASINO	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Pioche	
15d. STREET AND NUMBER 901 Bartolo Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Harry FARNSWORTH			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Daisy DEMEYER		
18a. INFORMANT - NAME (Type or Print) Sheila BUTLER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3320 Augustine Circle Las Vegas, Nevada 89117			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Boothill Cemetery		19c. LOCATION City or Town State Pioche Nevada 89043	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RUSSELL E DONALDSON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD963		20c. NAME AND ADDRESS OF FACILITY Bunker's Mortuary 925 N Las Vegas Blvd Las Vegas NV 89101	
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) SIGNATURE AUTHENTICATED JUSTIN W MANSFIELD MD			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) June 10, 2021		21c. HOUR OF DEATH 00:14		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) Justin W Mansfield MD 870 Seven Hill Drive #202 Henderson, NV 89052				23b. LICENSE NUMBER UT4781735-8905	
24a. REGISTRAR (Signature) SUSAN ZANNIS SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 11, 2021		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) Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Coronary Artery Disease DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____				Interval between onset and death Years Interval between onset and death Years Interval between onset and death Years Interval between onset and death Years	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		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	

AKA: Elizabeth L GILLIHAN

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: 6/14/2021

Registrar of Vital Statistics

By: *Susan Zannis*

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

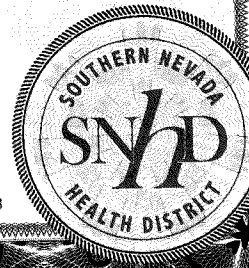


EXHIBIT "A"
Legal Description

Order No.: 33220999

For APN/Parcel ID(s): 001-240-02

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

Parcel One (1) shown by parcel map for Patricia Blanchard recorded August 7, 1987 as document No. 87419, filed in Book A of Maps, Page 276A of Official Records of the County Recorder, Lincoln County, Nevada.

COPY

**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)

- a) 001-240-02
- 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

- 3. a) Total Value/Sales Price of Property \$ 0.00
- b) Deed in Lieu of Foreclosure Only (value of property) ()
- c) Transfer Tax Value: \$ 0.00
- d) Real Property Transfer Tax Due \$ 0.00

4. If Exemption Claimed:

- a. Transfer Tax Exemption per NRS 375.090, Section 10
- b. Explain Reason for Exemption: **Transfer of real property by deed which becomes effective upon the death of grantor pursuant to NRS 111.655 to 111.699 inclusive.**
- c.

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: [Signature] Capacity: AGENT
 Signature: _____ Capacity: _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Elizabeth L. Hogan
 Address: 3320 Augustine Circle
 City: Las Vegas
 State: NV Zip: 89117

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Tim Gross, Gary Gillihan, Sheila Gutierrez & Tamara Flansaas
 Address: 3320 Augustine Circle
 City: Las Vegas
 State: NV Zip: 89117

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

Print Name: TITLE DEEDS & NEEDS
 Address: P.O. Box 180
 City, State & Zip: PLUCKEE, NV 89043

File No. 33220999

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED