LINCOLN COUNTY, NV
Rec:$37.00
Total:$37.00
SUSAN ROBBINS

2024-166671
03/11/2024 08:35 AM
Pgs=4 AE

00013775202401666710040047

OFFICIAL RECORD
AMY ELMER, RECORDER

E10

After recording, please return to:

Name: SUSAN ROBBINS
Address: P.O. BOX 473
City, State, Zip: CALIENTE, NV 89008
Phone:

Assessor's
Parcel Number 003-087-03

----Above This Line Reserved For Official Use Only-----

DEATH OF GRANTOR AFFIDAVIT
(Nev. Rev. Stat. §§111.655 – 111.699)

SUSAN ROBBINS (name of affiant), being duly sworn, deposes and says that CARL MORGENSTERN (name of deceased), the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as CARL MORGENSTERN (name of grantor), named as the grantor or as one of the grantors in the deed upon death recorded on 1/3/23 (date), as document or Document number 2023-163614 Book....., at Page....., records of Lincoln County, Nevada, covering the real property commonly known as 351 MAIN ST, City/Town of CALIENTE, County of Lincoln, State of Nevada, and more particularly described as (legal description): LOT 7 AND 8 IN BLOCK 33 OF ALICE C. DIXON ADDITION, TO THE CITY OF CALIENTE, AS DELINEATED ON THE PLAT THEREOF RECORDED JUNE 16, 1923 AND FILED IN BOOK OF PLATS, PAGE 43, AS FILE NO. 3364 LINCOLN COUNTY, NEVADA RECORDS.

SUSAN ROBBINS (name of affiant) is the beneficiary or at least one of the beneficiaries to whom the real property is conveyed upon the death of the grantor CARL MORGENSTERN (name of deceased) 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 SUSAN ROBBINS

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING DOES NOT CONTAIN A SOCIAL SECURITY NUMBER.

DATED this 7 day of MARCH, 2024

SIGNATURE(S)
SUSAN ROBBINS

NOTARY CERTIFICATE ATTACHED

**THIS INSTRUMENT IS ATTACHED TO A DEATH OF GRANTOR AFFIDAVIT FOR APN 003-087-03 DATED: 3/7/24 **

STATE OF NEVADA)

) ss.

COUNTY OF LINCOLN)

Subscribed and sworn to on this 7 day of March, in the year 2024, before me, Sasha Jorr (here insert name of notary public), by Susan Robbins (here insert name of principal).

On this 7 day of March, in the year 2024, before me, Sasha Jorr (here insert name of notary public), personally appeared Susan Robbins (here insert name of principal) 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.

Sasha Jorr
Notary Public

SASHA J. ORR
Notary Public, State of Nevada
No. 13-12275-11
My Appt. Exp. Dec. 2, 2025

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4392015

CERTIFICATE OF DEATH

2024001248
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1a. DECEASED-NAME (FIRST, MIDDLE, LAST, SUFFIX)			2. DATE OF DEATH (Mo/Day/Year)	3a. COUNTY OF DEATH
Carl	Francis	MORGENSTERN	January 12, 2024	Lincoln

3b. CITY, TOWN, OR LOCATION OF DEATH	3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number)	3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm, Inpatient(Specify)	4. SEX
Caliente	351 Main Street	Home	Male

5. RACE (Specify)	6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years)	7b. UNDER 1 YEAR MOS / DAYS	7c. UNDER 1 DAY HOURS / MINS	8. DATE OF BIRTH (Mo/Day/Yr)
White		75			May 22, 1948

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

9a. STATE OF BIRTH (If not US/CA, name country)	9b. CITIZEN OF WHAT COUNTRY	10. EDUCATION	11. MARITAL STATUS (Specify)	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)
Pennsylvania	UNITED STATES	12	Widowed	

13. SOCIAL SECURITY NUMBER	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of	14b. KIND OF BUSINESS OR INDUSTRY	Ever in US Armed Forces?
[redacted]	Lineman	Communications	Yes

15a. RESIDENCE - STATE	15b. COUNTY	15c. CITY, TOWN OR LOCATION	15d. STREET AND NUMBER	15e. INSIDE CITY LIMITS (Specify Yes or No)
Nevada	Lincoln	Caliente	351 Main Street	Yes

PARENTS

16. FATHER/PARENT - NAME (First Middle Last Suffix)	17. MOTHER/PARENT - NAME (First Middle Last Suffix)
William MORGENSTERN	Ruth

18a. INFORMANT- NAME (Type or Print)	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)
Susan ROBBINS	Po Box 473 Caliente, Nevada 89008

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	19b. CEMETERY OR CREMATORY - NAME	19c. LOCATION City or Town State
Cremation	Southern Utah Crematory	Cedar City Utah 84720

20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)	20b. FUNERAL DIRECTOR LICENSE NUMBER	20c. NAME AND ADDRESS OF FACILITY
BODIE L TOPHAM SIGNATURE AUTHENTICATED	FD959	Southern Nevada Mortuary 730 Front Street Caliente NV 89008

TRADE CALL TRADE CALL - NAME AND ADDRESS Southern Utah Crematory 190 North 300 West Cedar City UT 84720

CERTIFIER

To Be Completed by CERTIFYING PHYSICIAN

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** **TROY PAUL BERTOLI MD**

21b. DATE SIGNED (Mo/Day/Yr)	21c. HOUR OF DEATH
January 25, 2024	19:00

21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To Be Completed by CORONER'S OFFICE

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)

22b. DATE SIGNED (Mo/Day/Yr)	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)	23b. LICENSE NUMBER
Troy Paul Bertoli MD 3039 W Horizon Ridge Pkwy Henderson, NV 89005	12412

REGISTRAR

24a. REGISTRAR (Signature)	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)	24c. DEATH DUE TO COMMUNICABLE DISEASE
DEBORAH K CHARLTON SIGNATURE AUTHENTICATED	January 25, 2024	YES ☐ NO ☒

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST >

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

		Interval between onset and death
PART I (a)	Cardio Pulmonary failure	Minutes
(b) DUE TO, OR AS A CONSEQUENCE OF:	Emphysema / Chronic Obstructive Pulmonary Disease	Years
(c) DUE TO, OR AS A CONSEQUENCE OF:	Smoking	Years
(d) DUE TO, OR AS A CONSEQUENCE OF:	Nicotine Dependence	Years

PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Chronic Kidney Disease, Congestive Heart Failure, Anemia, Hyponatremia, Previous Myocardial Infarction

26. AUTOPSY (Specify Yes or No)	27. WAS CASE REFERRED TO CORONER (Specify Yes or No)
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

00103653

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: 1/31/2024

STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF NEVADA
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)
   a) 003-087-03
   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: DEED UPON DEATH 2023-163614
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 _____ Capacity AFFIANT

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION (REQUIRED)	**BUYER (GRANTEE) INFORMATION (REQUIRED)**
Print Name: CARL MORGENSTERN	Print Name: SUSAN ROBBINS
Address: 351 MAIN ST	Address: P.O. BOX 473
City: CALIENTE	City: CALIENTE
State: NV Zip: 89008	State: NV 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