

After recording, please return to: )  
Name: Cheryl L. Leivestad )  
          Greger E. Leivestad )  
Address: 14100 Linden Ave N #518 )  
City, State, Zip: Seattle WA 98133 )  
Phone: \_\_\_\_\_ )  
Assessor's )  
Parcel Number 003-192-15 )



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

Cheryl L. Leivestad & Greger E. Leivestad (name of affiant), being duly sworn, deposes and says that Julie A. McGhie (name of deceased), the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Julie A. McGhie (name of grantor), named as the grantor or as one of the grantors in the deed upon death recorded on 9/12/2018 (date), as document or Document number 2018-155-224, Book \_\_\_\_\_, at Page \_\_\_\_\_, records of Lincoln County, Nevada, covering the real property commonly known as 183 Denton Heights, City/Town of Caliente, County of Lincoln, State of Nevada, and more particularly described as (legal description):

APN: 003-192-15

the southeasterly half of lot four, all of lot six, and the Northwesterly half of lot eight in Block B, in the Denton Heights addition to the city of Caliente, Lincoln County, Nevada.

Cheryl L. Leivestad & Greger E. Leivestad (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 Julie A. McGhie (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 Cheryl L. Leivestad & Greger E. Leivestad

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

DATED this 29<sup>th</sup> day of May, 2024

SIGNATURE(S)  
Cheryl L. Leivestad  
Greger E. Leivestad

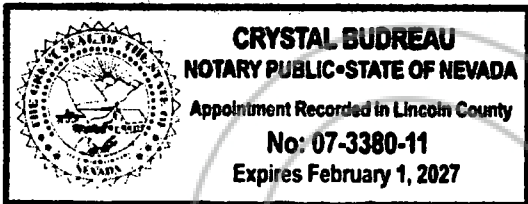
\*\*THIS INSTRUMENT IS ATTACHED TO A DEATH OF GRANTOR AFFIDAVIT  
FOR APN \_\_\_\_\_ DATED: \_\_\_\_\_ \*\*

STATE OF NEVADA        )  
  ) ss.  
COUNTY OF LINCOLN    )

Subscribed and sworn to on this 29 day of May, in the year 2024, before me, Crystal Budreau  
(here insert name of notary public), by Cheryl E. Greiner, Nevada (here insert name of principal).

On this 29 day of May, in the year 2024, before me, Crystal Budreau (here insert name of  
notary public), personally appeared ..... (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.

Crystal Budreau  
Notary Public



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4352273

**CERTIFICATE OF DEATH**

2023012224  
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) Julie Ann MCGHIE		2. DATE OF DEATH (Mo/Day/Year) May 29, 2023		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Caliente		3c. HOSPITAL OR OTHER INSTITUTION-Name(if not either, give street and number) HOME		3e. If Hosp. or Inst. indicate DOA, OP/7 Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No-Non-Hispanic	
7a. AGE-Last birthday (Years) 82		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) June 01, 1940		9a. STATE OF BIRTH (If not US/CA, name country) Idaho		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Divorced		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)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Caliente	
15d. STREET AND NUMBER HOME		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Charles Joseph KAVANAUGH			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Elizabeth Giselle ANDERSON		
18a. INFORMANT- NAME (Type or Print) Cheryl Lynne LEIVESTAD		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 14100 Linden Ave. North #518 Seattle, Washington 98133			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Caliente Cemetery		19c. LOCATION City or Town State Caliente Nevada 89008	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BODIE L TOPHAM</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD959		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) [Signature]			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) <b>JOHN LESTER ANDERSON</b> SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) June 05, 2023		21c. HOUR OF DEATH 12:25		22b. DATE SIGNED (Mo/Day/Yr) June 05, 2023	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 12:25		22d. PRONOUNCED DEAD (Mo/Day/Yr) May 29, 2023	
22e. PRONOUNCED DEAD AT (Hour) 12:25		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner John Lester Anderson 225 Justice Way Pioche, NV 89043			
23b. LICENSE NUMBER		24a. REGISTRAR (Signature) <b>MARLI MORAIGNE REINHEIMER</b> SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 05, 2023		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) Cardiac Arrest				Interval between onset and death	
(b) Atrial Fibrillation				Interval between onset and death	
(c) High Blood Pressure				Interval between onset and death	
(d) High Cholesterol				Interval between onset and death	
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) Yes			
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	



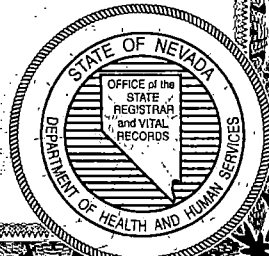
CERTIFIED COPY OF VITAL RECORDS

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: 6/13/2023

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) ~~003-094-10~~ *CJ*  
 b) 003-192-15  
 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

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 \_\_\_\_\_  
 Signature *Cheryl P...* Capacity Grantee

**SELLER (GRANTOR) INFORMATION**  
**(REQUIRED)**  
 Print Name: Julie A. McGhie  
 Address: PO Box 146  
 City: Caliente  
 State: NV Zip: 89008

**BUYER (GRANTEE) INFORMATION**  
**(REQUIRED)**  
 Print Name: Cheryl L. Leivestad + Greger E. Leivestad  
 Address: 14100 Linden AVE #518  
 City: Seattle  
 State: WA Zip: 98133

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