

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: 003-094-10



OFFICIAL RECORD E10
AMY ELMER, RECORDER

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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 Plat A, at Page 287, records of Lincoln County, Nevada, covering the real property commonly known as 331 Conway St, City/Town of Caliente, County of Lincoln, State of Nevada, and more particularly described as (legal description):

part of Lots 4, 5 and 6, block 42 of Caliente, Nevada, as shown on the official plat in the recorder's office of Lincoln County, Nevada (being in section 7 and 8, Township 4 South, Range 67 East, M. D. B. and M.)

Parcel No. 2 of that certain Parcel map recorded in Book Plat A, Page 287 of the official records in the office of the County Recorder of Lincoln County, Nevada. APN: 003-094-10

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 29th 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)

COUNTY OF LINCOLN) ss.

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 & Greger Leivestad (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/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) Executive Assistant		14b. KIND OF BUSINESS OR INDUSTRY State Government	
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) BODIE L TOPHAM 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) JOHN LESTER ANDERSON 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) MARLI MORAIGNE REINHEIMER 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 I:				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	



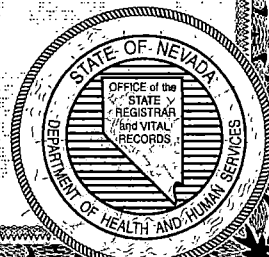
CERTIFIED COPY OF VITAL RECORDS

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.



**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)
 a) 003-094-10
 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

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 [Handwritten Signature] 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 + Leivestad ^{Gregger E.}
 Address: 14100 Linden Ave N #518
 City: Seattle
 State: WA Zip: 98133

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