

Recording Requested by:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

When recorded, mail this deed to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

When recorded, mail this tax statement to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### DEATH OF GRANTOR AFFIDAVIT

(Name of affiant) \_\_\_\_\_, being  
 duly sworn, deposes and says that (name of decedent) \_\_\_\_\_  
 \_\_\_\_\_ 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)  
 \_\_\_\_\_, as document or file number \_\_\_\_\_, book \_\_\_\_\_, at  
 page \_\_\_\_\_, records of \_\_\_\_\_ County, Nevada, covering the real property  
 commonly known as (street address of property) \_\_\_\_\_  
 City of (city property is in) \_\_\_\_\_, County of (county property is in)  
 \_\_\_\_\_, State of Nevada, and more particularly described as (legal  
 description of property): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(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 (*name of grantor*) \_\_\_\_\_ 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)*)  
\_\_\_\_\_.

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

State of Nevada }  
County of \_\_\_\_\_ } ss.

Subscribed and sworn to on this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_,  
before me (*name of notary public*) \_\_\_\_\_, by (*name of  
grantor*) \_\_\_\_\_ 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.

\_\_\_\_\_  
NOTARY SEAL