

WILLIAM C. RAND, being first duly sworn, deposes and says:

E1/2 SE1/4, Section 9
T30N R51E M.D.B.&M.

TOGETHER WITH all buildings and improvements
situate thereon.

TOGETHER WITH the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

That said Deed was recorded on November 4, 1955,
in Book 24, Deeds, page 471, File No. 32153, Eureka County
Recorder's Office.

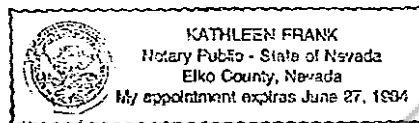
That the said ELLA M. RAND, one of the Grantees named in the aforesaid Deed, died in the City of Elko, County of Elko, Nevada on February 7, 1974, and is the identical person named as ELLA M. RAND in that Certificate of Death, duly certified, marked Exhibit A and attached hereto; that said certified copy

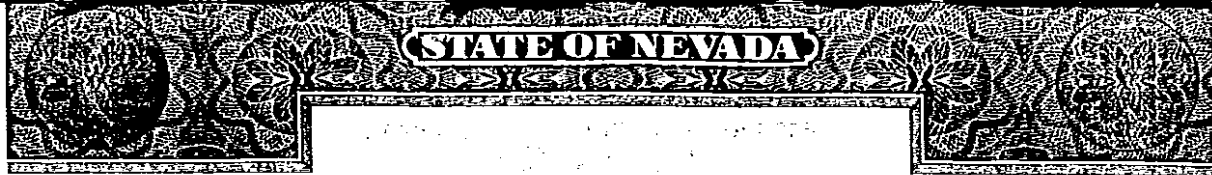
of Certificate of Death is hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth.

William C Rand
WILLIAM C. RAND

Subscribed and sworn to before me
this 5th day of June, 1981.

Kathleen Frank
NOTARY PUBLIC





STATE OF NEVADA—DEPARTMENT OF HEALTH, WELFARE, AND REHABILITATION									
DIVISION OF HEALTH—SECTION OF VITAL STATISTICS									
CERTIFICATE OF DEATH									
393		4,144		74-		0567			
LOCAL FILE NUMBER		STATE FILE NUMBER							
DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)									
1. Ella May RAND, Female, February 7, 1974									
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) CAUCASIAN AGE—LAST BIRTHDAY (YEAR, MONTH, DAY) 79 UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) May 2, 1894 COUNTY OF DEATH ELKO									
CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) YES 71. Elko General Hospital HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)									
72. Elko									
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) SURVIVING SPOUSE (IF WIFE, GIVE MARRIED NAME)									
1. Nevada USA 11. Married 12. William Rand									
SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY									
13. [REDACTED] 13a. House wife 13b. Own home									
RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) STREET AND NUMBER									
14a. Nevada 14b. Eureka 14c. Rural of Carlin 14d. No 14e. Rand Ranch									
FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST									
15. Christofer Hildebrand 16. Susana --									
INFORMANT—NAME MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)									
17a. Rachael Jones 17b. Carlin, Nevada									
PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))									
18. 4123 (a) <i>Coronary heart failure</i> (b) <i>Arteriosclerosis cordis</i> (c) <i>Myocardial infarction</i> APPROPRIATE INTERVAL BETWEEN ONSET AND DEATH									
19. 5da 5yr 10yr									
PART II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a))									
20. <i>Diagnosis: Arteriosclerosis</i> 20a. No 20b. No									
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)									
21. 22. 23. 24. 25. 26. 27. 28. 29. 30.									
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 2 2 74 TO 2 6 74 21. 2 6 74 I DID/DID NOT VIEW THE BODY AFTER DEATH. (HOUR) DATE, AND, TO THE BEST OF MY KNOWLEDGE, DATE OF THE CAUSE(S) STATED.									
21a. DECEASED FROM 2 2 74 TO 2 6 74 21b. 2 6 74 21c. 12 7 74									
CERTIFICATION—MEDICAL EXAMINER OR CORONER, ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND FOR THE CAUSE(S) STATED.									
22. 23. 24. 25. 26. 27. 28. 29. 30.									
CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE DEGREE OR TITLE DATE SIGNED (MONTH, DAY, YEAR)									
23a. L. A. Moore 23b. [Signature] 23c. MD 23d. 2 6 74									
MAILING ADDRESS—CITY OR TOWN STATE ZIP									
23e. Elko 23f. 762-1441 23g. Elko 23h. Nevada 23i. 89801									
BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE									
24a. Burial 24b. Palisade Cemetery 24c. Palisade, Nevada									
DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)									
24d. Feb. 11, 1974 24e. Burns Funeral Home Inc., P. O. Box 639, Elko, Nevada									
FUNERAL DIRECTOR—SIGNATURE REGISTRAR—SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR									
24f. [Signature] 24g. W. O. [Signature] 24h. 2/12/74									



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

026042

RECORDED AT REQUEST OF
Byron A. Bilbey
BOOK 95 PAGE 355

81 JUN 18 AIO: 37

OFFICIAL RECORDS
EUREKA COUNTY, NEVADA
WILLIS A. GORDON, CLERK
FILE NO. 80733
FEE \$5.00

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