

176423

WHEN RECORDED MAIL TO

APN # 410-000-22

GREGORY J. LIVINGSTON  
BADER & RYAN, LTD.  
232 Court Street  
Reno, Nevada 89501

**AFFIDAVIT OF ENTITLEMENT**

STATE OF NEVADA            )  
  )ss.  
COUNTY OF WASHOE        )

I, MICHAEL D. CROFT, do hereby swear under penalty of perjury, that the assertions of this Affidavit are true as follows, and are made pursuant to Nevada Revised Statute Section 146.080:

1. That I currently reside at 726 Ralston Street, Reno, Nevada 89503 and am the son of NORMA LORRAINE CROFT.

2. That the personal property described in Exhibit 1, attached hereto and incorporated herein by this reference (hereafter "Property"), is located in County of Eureka, State of Nevada, and, to the best of my knowledge, represents all of the property belonging to my mother NORMA LORRAINE CROFT in the state of Nevada prior to her death on October 18, 2000. An original Death Certificate of NORMA LORRAINE CROFT is attached hereto as Exhibit 2.

3. That pursuant to the Last Will and Testament of NORMA LORRAINE CROFT, dated July 15, 1982, a true and correct copy of which is attached hereto as Exhibit 3, THE PARLEY DEAN CROFT FAMILY TRUST, dated July 15, 1982 is entitled to receive the Property. I am successor Trustee to THE PARLEY DEAN CROFT FAMILY TRUST, dated July 15, 1982 and execute this Affidavit in my capacity as successor Trustee.

4. That the total gross value of the Property does not exceed \$20,000.00, and that the Property does not include any real property, nor interest therein, nor lien thereon.

5. That at least forty (40) days have elapsed since the death of NORMA LORRAINE CROFT.

6. That no application or petition for the appointment of a personal representative is

pending or has been granted in any jurisdiction with regard to the estate of NORMA LORRAINE CROFT.

7. That all debts of NORMA LORRAINE CROFT, including funeral and burial expenses and money owed to the department of human resources as a result of the payment of benefits for MEDICAID, have been paid or provided for.

8. That, as specifically set forth in the Will attached hereto as Exhibit 3, no person or entity exists which has an equal or superior right or claim to the Property, and notice is not required under NRS 146.080(5).

9. That I acknowledge that filing a false affidavit constitutes a felony in this state.

10. That I, as successor Trustee of THE PARLEY DEAN CROFT FAMILY TRUST, dated July 15, 1982, am specifically entitled to full delivery of the Property claimed.

11. That title to the Property identified in Exhibit 1, attached hereto, should be changed of record to reflect the owner of such interest as "MICHAEL D. CROFT, as Successor Trustee of THE PARLEY DEAN CROFT FAMILY TRUST, dated July 15, 1982."

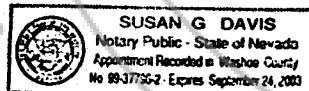
DATED this 12 day of April, 2001.

THE PARLEY DEAN CROFT FAMILY TRUST,  
dated July 15, 1982

Michael D. Croft  
MICHAEL D. CROFT, Successor Trustee

SUBSCRIBED AND SWORN to before me  
on this 12<sup>th</sup> day of April, 2001.

Susan G. Davis  
NOTARY PUBLIC



**EXHIBIT 1**

An undivided one twelfth (1/12) interest in an to those certain Patented Lode Mining Claims located in Eureka, Nevada, and more particularly described as follows:

<u>Name of Patented Claim</u>	<u>Survey No.</u>	<u>Patent No.</u>
Eureka Lode	152	3507
Keystone Lode	153	3506
Clipper Lode	154	3508

Assessors Parcel Number 410-000-22

**EXHIBIT 1**

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# WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

## VITAL STATISTICS

Reno, Nevada

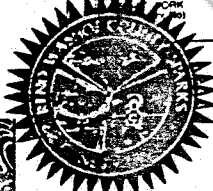
STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

ROLL 101 IMAGE 672  
LOCAL FILE NUMBER

2394

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1. DECEASED—NAME First: <b>Norma</b> Middle: <b>L.</b> Last: <b>CROFT</b>		2. DATE OF DEATH (Month, Day, Year) <b>October 18, 2000</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
	3b. CITY, TOWN OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION—Name (if not enter, give street and number) <b>Hearthstone of Northern Nevada</b>		3d. Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> SEX <b>Female</b>	
DECEDENT	4. RACE—(a) White, (b) Black, (c) American Indian, etc. (Specify) <b>White</b>		5. AGE—Last birthday (Years) <b>80</b>		6. DATE OF BIRTH (Mo., Day, Yr.) <b>November 16, 1919</b>	
	7. STATE OF BIRTH (if not U.S.A., name country) <b>Nevada</b>		8. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		9. DECEASED'S EDUCATION—Grade completed <b>14</b>	
IF DEATH OCCURRED IN INSTITUTION SEE AND CHECK COMPLETION OF RECORDING FORM	10. SOCIAL SECURITY NUMBER [REDACTED]		11. USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired) <b>Homemaker</b>		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
	13. RESIDENCE—STATE <b>Nevada</b>		14. COUNTY <b>Washoe</b>		15. CITY, TOWN, OR LOCATION <b>Reno</b>	
PARENTS	16. FATHER—NAME First: <b>Edgar</b> Middle: <b>Eather</b> Last: <b>Tyoni</b>		17. MOTHER—MAIDEN NAME First: <b>Rose</b> Last: <b>Tyoni</b>		18. STREET AND NUMBER <b>1995 Pineridge Dr.</b>	
	19. INFIRMANT—NAME (Type or Print) <b>Michael Croft - Son</b>		20. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>726 Ralston St. Reno, Nevada 89503</b>			
DISPOSITION	21a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		21b. CEMETERY OR CREMATORY—NAME <b>Mountain View Cemetery</b>		21c. LOCATION <b>Reno, Nevada</b>	
	22. FUNERAL DIRECTOR'S SIGNATURE (If Person Acting Specify) <i>[Signature]</i>		23. FUNERAL DIRECTOR LICENSE NUMBER <b>16</b>		24. NAME AND ADDRESS OF FACILITY <b>Walton Funeral Home 875 West Second Street Reno, Nevada 89503</b>	
CERTIFIER	25. To the best of my knowledge, death occurred at the residence and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) <b>10/23/00</b>		26. HOUR OF DEATH <b>0950</b>		27. 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) and manner stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) <b>10/23/00</b>	
	28. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Steve Phillips MD 50 Kierman #205 Reno NV 89502</b>		29. LICENSE NUMBER <b>25596</b>		30. ON <input type="checkbox"/> AT <input type="checkbox"/>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST	31. REGISTRAR <b>Sandy Antunes Dep.</b>		32. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>October 23, 2000</b>		33. DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	34. IMMEDIATE CAUSE <b>Failure to thrive</b>		35. DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death <b>Weeks</b>	
CAUSE OF DEATH	36. PART 1 <b>Dysphagia</b>		37. DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death <b>months</b>	
	38. PART 2 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to cause but not resulting in the underlying cause given in Part 1.		39. AUTOPSY (Specify Yes or No) <b>No</b>		40. WAS CASE REFERRED TO CORNER (Specify Yes or No) <b>Yes</b>	
41. ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)		42. DATE OF INJURY (Mo., Day, Yr.)		43. HOUR OF INJURY		
44. PLACE OF INJURY—(a) Home, farm, street, factory, office building, etc. (Specify)		45. LOCATION		46. STREET OR R.F.D. No.		
47. CITY OR TOWN		48. STATE		49. [REDACTED]		



STATE REGISTRAR

This is to certify that the above is a true and legal copy of the certificate on file in this office.

Deputy Registrar: *Sandy Antunes* Date: **OCT 25 2000**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

No.161641

BOOK 341 PAGE 74

EXHIBIT 3

Last Will and Testament  
of

NORMA LORRAINE CROFT

I, NORMA LORRAINE CROFT, presently residing in the County of Washoe, State of Nevada, being over the age of 18 years and of sound and disposing mind and memory, and not acting under the duress, menace, fraud or undue influence of any person whomsoever, do hereby make, publish and declare this to be my Last Will and Testament, revoking all other Wills and Codicils or instruments of a testamentary nature heretofore made by me.

FIRST: Family. I declare that I am married and that my husband's name is PARLEY DEAN CROFT, and all reference in this Last Will and Testament to my husband are to him. I declare that I have two (2) children, namely: MICHAEL DEAN EDGAR CROFT, born June 7, 1952, and DEANA ROSE BROWN, born July 1, 1942. I have no deceased issue leaving surviving issue.

SECOND: Funeral Expenses. I direct my Executor hereinafter named, as soon as sufficient funds are available therefor in my estate, to pay all my funeral expenses, the expenses of my last illness, and the just debts so far as claims therefor shall be filed in my estate and approved by my said Executor and the Judge of the Court supervising the administration of my estate.

THIRD: Intentions. It is my intention by this Last Will and Testament:

A. To dispose of my separate property, whether real, personal, or mixed real and personal, which I may own at the time of my death.

B. To dispose of my one-half (1/2) share of the

EXHIBIT 3 BOOK 341 PAGE 075

J. L. C.

community property belonging to my husband and me.

C. To refrain from exercising any testamentary power or power of appointment that I may have at the time of my death.

FOURTH: Personal Effects. I give, devise and bequeath all my jewelry, clothing, household furniture and furnishings, and personal effects to my husband PARLEY DEAN CROFT, if he shall survive me for a period of sixty (60) days. If my husband shall not survive me for a period of sixty (60) days, my jewelry, clothing, household furniture and furnishings, and other personal effects shall be given to my children who shall survive me, in equal shares as they shall agree or as my Executor shall in his discretion determine, if my children do not agree.

FIFTH: Rest, Residue and Remainder. I give, devise and bequeath all the rest, residue and remainder of my estate, both real and personal and wheresoever situated, as follows:

A. To the Trustee of that certain trust designated as THE PARLEY DEAN CROFT FAMILY TRUST AGREEMENT, established earlier this day, or to the successor Trustee, and I direct that the rest, residue and remainder of my estate shall be added to, administered and distributed as a part of that trust according to the terms thereof, and any amendments made thereto prior to my death. I do not, in making this bequest, wish to create a separate trust by this Will, nor to subject any of the trust estate of THE PARLEY DEAN CROFT FAMILY TRUST AGREEMENT to the jurisdiction of the Probate Court.

B. If the disposition in Subparagraph A of this Paragraph Fifth above shall be inoperative or invalid for any reason, or if the trust referred to above shall have been revoked prior to my death, then I hereby incorporate by reference all of the terms and conditions of THE PARLEY DEAN CROFT FAMILY TRUST AGREEMENT as executed earlier this day, without giving effect to

any amendment made subsequent thereto, and I give the rest, residue and remainder of my estate to the Trustee named therein or to any successor Trustee thereof, to be held, administered and distributed as provided in said Trust Agreement.

SIXTH: Executor. I nominate my husband, PARLEY DEAN CROFT, as Executor of this, my Last Will and Testament. If my husband shall cease or fail for any reason to act as my Executor, I nominate my son, MICHAEL DEAN CROFT to act as my Executor. If MICHAEL DEAN CROFT shall cease or fail for any reason to act as my Executor, then I nominate my daughter DEANA ROSE BROWN to act as my Executrix. All who serve shall serve without bond.

SEVENTH: Power of Executor. I give unto my said Executor all of the powers granted to the Trustee under THE PARLEY DEAN CROFT FAMILY TRUST AGREEMENT executed earlier this day, and in addition, full power and authority to sell at public or private sale (for cash or on terms), to lease (without restriction or limitation as to the terms), to mortgage or otherwise dispose of any of my property, with or without notice or without the necessity of obtaining the order of any court approval, either to continue the operation of any business belonging to my estate for such time and in such manner as my Executor may deem advisable and for the best interests of my estate, or to sell or liquidate said business at such time and upon such terms as my Executor may deem advisable, and for the best interests of my estate; and any such operation, sale or liquidation shall be at the risk of my estate and without liability on the part of my Executor for any losses resulting therefrom.

EIGHTH: Instructions to Executor.

A. No Interest. I direct that no interest shall be paid on any of the legacies provided for in this Last Will and Testament, or in any Codicil thereto.

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Page Three

EXHIBIT 3

A.L.C.

B. Death Taxes. I direct that all inheritance, estate, succession or other death taxes or duties (by whatever names called) assessed with respect to any property included in my gross estate, as that term is defined under appropriate provisions of the Internal Revenue Code, shall be paid out of THE PARLEY DEAN CROFT FAMILY TRUST AGREEMENT in accordance with the terms thereof. My Executor shall not seek reimbursement for or collect any part of such taxes from any person, legatee, devisee or beneficiary under this Will or any Codicil to it, except as specifically provided herein.

Any such taxes referred to above assessed with respect to life insurance, joint tenancy property, and any other property constituting part of my gross estate for the purpose of assessing such death taxes, shall be prorated among the persons to whom the property is, has been, or may be transferred, including the Trustee of THE PARLEY DEAN CROFT FAMILY TRUST AGREEMENT under the terms of this Last Will and Testament. Such apportionment is to be made at the discretion of my Executor as he may deem fair and equitable, it being my intention that such interest shall bear its fair burden of such taxes.

C. Marital Deduction Election. It is my intention that the trust established as Trust B of THE PARLEY DEAN CROFT FAMILY TRUST AGREEMENT executed earlier this day qualify for the marital deduction allowable in determining the Federal Estate Tax upon my estate, subject to the election of my Executor. I hereby authorize my Executor, in his sole discretion, to elect that any part or all of any property passing under Trust B of THE PARLEY DEAN CROFT FAMILY TRUST AGREEMENT executed earlier this day, be treated as qualified terminable interest property for the purposes of qualifying for the marital deduction allowable in determining the Federal Estate Tax upon my estate. Without



limiting the discretion contained in the foregoing sentence, it is my expectation that my Executor will make said election with respect to any such property, taking into full consideration the computation of the combined death duties resulting in my husband's death and mine, together with any other considerations my Executor deems appropriate. I hereby direct that no authorization or direction or other provisions contained in this, My Last Will and Testament, which would prevent the above referred to Trust B or the Executor's election from so qualifying shall apply to said Trust "B", and I hereby state that it is my intention that any Court having jurisdiction over this, my Last Will and Testament, shall construe this instrument accordingly.

NINTH: Simultaneous Death.

A. If my husband, PARLEY DEAN CROFT, and I die under such circumstances that it would be difficult or impossible to determine which of us died first, then for the limited purposes of Trust B of THE PARLEY DEAN CROFT FAMILY TRUST AGREEMENT executed earlier this day and sub-paragraph B of Paragraph EIGHTH of this, my Last Will and Testament, my husband shall be deemed to have survived me and for all other purposes of this, my Last Will and Testament, shall be deemed to have predeceased me.

B. Except as otherwise provided in sub-paragraph A of this Paragraph NINTH, if any interest in any part of my estate or any trust under this, my Last Will and Testament, would vest in any person if he or she were alive upon the occurrence of any contingency (such as the death of any individual (including me) or any individuals attaining a specified age) and such person dies under such conditions that it would be difficult or impossible to determine whether he or she was alive upon the occurrence of such contingency, such person shall be deemed, for the purposes of this my Last Will and Testament, to have died prior to the

occurrence of such contingency.

TENTH: Contest. I have purposely made no further provisions for any other person, claiming to be an heir of mine or not; and if such person (whether a beneficiary under this Last Will and Testament mentioned or not) shall contest this Last Will and Testament or object to any of the provisions hereof, I give, devise and bequeath to such person or persons so contesting or objecting the sum of ONE DOLLAR (\$1.00) and no more, in lieu of such provisions which I may have made herein.

IN WITNESS WHEREOF, I, NORMA LORRAINE CROFT, have hereunto set my hand at Reno, Nevada, this 15th day of July, 1982.

*Norma Lorraine Croft*  
NORMA LORRAINE CROFT

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Page Six

EXHIBIT 3

*N.L.C.*

The foregoing instrument, consisting of 11 pages, including this page, was, on the date thereof, signed, sealed, published and declared by NORMA LORRAINE CROFT, to be her Last Will and Testament, in our presence, and we, at her request, and in her presence, and in the presence of each other, have hereunto subscribed our names as witnesses thereto this 15 day of July 1982.

James W. Hendrich residing at 5300 Valley Vista Dr.  
Sparks, Nv. 89421  
Ray J. Underwood residing at 2500 N. Empress  
Sparks, Nv.

STATE OF NEVADA )  
 ) SS.  
COUNTY OF WASHOE )

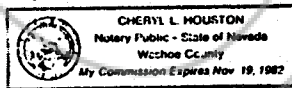
The undersigned, being first duly sworn, depose and say:

That they witnessed the execution of the within Will of NORMA LORRAINE CROFT, the Testatrix; that said Testatrix subscribed said Will and declared the same to be her Last Will and Testament in their presence, that they thereafter subscribed the same as witnesses in the presence of said Testatrix; that the said Testatrix, at the time of the execution of said Will, appeared to them to be of full age and of sound mind and memory, and that they make this Affidavit at the request of said Testatrix.

James W. Hendrich  
Ray J. Underwood

SUBSCRIBED and SWORN to before me this 15<sup>th</sup> day of July, 1982.

George L. Houston  
NOTARY PUBLIC



BOOK 341 PAGE 71  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
Bader & Ryan Ltd  
01 APR 16 AM 9:49

EURERA COUNTY NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. FEES 17.00

176423

BOOK 341 PAGE 81  
Page Six

EXHIBIT 3

J.L.C.

State of Nevada  
Declaration of Value

1. Assessor Parcel Number(s)

- a) 410-000-22
- 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'/Ind'l
- g)  Agricultural
- h)  Mobile Home
- i)  Other \_\_\_\_\_

<b>FOR RECORDERS OPTIONAL USE ONLY</b>	
Document/Instrument #:	<u>176423</u>
Book:	<u>341</u> Page: <u>71</u>
Date of Recording:	<u>4-16-01</u>
Notes:	_____

3. Total Value/Sales Price of Property:

\$ 130.00

Deduct Assumed Liens and/or Encumbrances:

( \_\_\_\_\_ )

(Provide recording information: Doc/Instrument #: \_\_\_\_\_ Book: \_\_\_\_\_ Page: \_\_\_\_\_)

Transfer Tax Value per NRS 375.010, Section 2:

\$ 130.00

Real Property Transfer Tax Due:

\$ -0-

4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, Section: 8
- b. Explain Reason for Exemption: Transfer to a Trust without consideration.

5. Partial Interest: Percentage being transferred: 1/12 %

The undersigned Seller (Grantor)/Buyer (Grantee), 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 the 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 1½% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

**SELLOR (GRANTOR) INFORMATION**

Seller Signature: Michael Croft  
Print Name: Michael Croft  
Address: 726 Ralston Street  
City: Reno  
State: Nevada Zip: 89503  
Telephone: (775) 786-7816  
Capacity: Trustee

**BUYER (GRANTEE) INFORMATION**

Buyer Signature: Michael Croft  
Print Name: Michael Croft  
Address: 726 Ralston Street  
City: Reno  
State: Nevada Zip: 89503  
Telephone: (775) 786-7816  
Capacity: Trustee

**COMPANY REQUESTING RECORDING**

Co. Name: \_\_\_\_\_ Esc. #: \_\_\_\_\_

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)