

178352

Affidavit-Termination of Joint Tenancy
(Death of a Joint Tenant)

I, Dorothy E Tilton, the Affiant,
being of legal age, and being first duly sworn, deposes and says:

That William Frank Tilton Sr, the decedent
(Decedent Name as shown on Death Certificate)

mentioned in the attached certified copy Certificate of Death, is the same person as

William F. Tilton, Sr
(Decedent Name as shown on Death Certificate)

named as one of the parties in that certain Quit Claim Deed
(Type of Document)

dated on the 27 day of December, 19 98, and executed by

David E Mason & Debbie L Mason, known as "Grantor(s)"

to William F. Tilton Sr & Dorothy E Tilton, known

as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 171516, on the

28 day of December, 19 98, in book 324 Pg 203, of Official

Records of Eureka County, Nevada, covering the following described property situated in the City of

Crescent Valley, County of Eureka, State of Nevada.
(Set forth legal description and commonly known street address, if known)

Lot 14 Block 4 Crescent Valley Ranch & Farms Unit #1
5080 Tenabo Ave

ASSESSOR'S PARCEL NO. (APN#) 02-023-24

That value of all real property owned by decedent at date of death, including the full value of the property above described, did not exceed the sum of \$ 10,000

In Witness Whereof, I/We have hereunto set my hand/our hands this 19 day of July, 19 2002

Dorothy E Tilton
(Signature)

(Signature)

Dorothy E. Tilton
(Print or type name here)

(Print or type name here)

STATE OF NEVADA

COUNTY OF EUREKA

On this 19 day of July, 19 2002
personally appeared before me, a Notary Public

Dorothy Tilton

personally known to me to be the person whose name(s) is subscribed to the above instrument who acknowledged that s/he executed the instrument.

Pam D Lyninger
(Notary Public)



PAM D. LYNINGER (Notary)
Notary Public - State of Nevada
Appointment Expired in Eureka County
No. 99-51201-8 - Expires November 19, 2002

RECORDING REQUESTED BY AND MAIL TO

NAME
ADDRESS
CITY/ST/ZIP

If applicable mail tax statements to

NAME
ADDRESS
CITY/ST/ZIP

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

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 105 IMAGE 710

5196

<p>TYPE ON FRONT OR PERMANENT BLACK INK</p>	<p>DECEASED—NAME</p> <p>First Middle Last</p>	<p>DATE OF DEATH (Month, Day, Year)</p>	<p>STATE FILE NUMBER</p>
	<p>1. William Frank TILTON, Sr.</p>	<p>2. December 29, 2001</p>	<p>3. Washoe</p>
<p>DECEDENT</p>	<p>4. Sparks</p>	<p>5. Northern Nevada Medical Center</p>	<p>6. Inpatient</p>
	<p>7. White</p>	<p>8. U.S.A.</p>	<p>9. Male</p>
	<p>10. Oregon</p>	<p>11. Married</p>	<p>12. February 19, 1922</p>
	<p>13. 7563</p>	<p>14. Undersheriff</p>	<p>15. Law Enforcement</p>
<p>PARENTS</p>	<p>16. Nevada</p>	<p>17. Eureka</p>	<p>18. Crescent Valley</p>
	<p>19. Eugene Mills</p>	<p>20. Ida Mae Barrett</p>	<p>21. 5080 Tenabo Ave.</p>
	<p>22. Dorothy E. Tilton</p>	<p>23. P.O. Box 211203, Crescent Valley, NV 89821</p>	<p>24. Sparks Nevada</p>
	<p>25. Cremation</p>	<p>26. Truckee Meadows Crematory</p>	<p>27. Sparks Nevada</p>
<p>DISPOSITION</p>	<p>28. January 4, 2001</p>	<p>29. 2310</p>	<p>30. 20</p>
	<p>31. MARK L. GLICKFELD, 1000 LOCUST STREET, RENO, NEVADA 89502</p>	<p>32. January 8, 2002</p>	<p>33. YES</p>
	<p>34. RENAL CELL CANCER</p>	<p>35. RECEIVED BY REGISTRAR (Date, Day, Yr.)</p>	<p>36. DEATH DUE TO COMMUNICABLE DISEASE</p>
	<p>37. RECEIVED BY REGISTRAR (Date, Day, Yr.)</p>	<p>38. DEATH DUE TO COMMUNICABLE DISEASE</p>	<p>39. RECEIVED BY REGISTRAR (Date, Day, Yr.)</p>
<p>CERTIFIER</p>	<p>40. RENAL CELL CANCER</p>	<p>41. RECEIVED BY REGISTRAR (Date, Day, Yr.)</p>	<p>42. DEATH DUE TO COMMUNICABLE DISEASE</p>
	<p>43. RECEIVED BY REGISTRAR (Date, Day, Yr.)</p>	<p>44. DEATH DUE TO COMMUNICABLE DISEASE</p>	<p>45. RECEIVED BY REGISTRAR (Date, Day, Yr.)</p>
	<p>46. RECEIVED BY REGISTRAR (Date, Day, Yr.)</p>	<p>47. DEATH DUE TO COMMUNICABLE DISEASE</p>	<p>48. RECEIVED BY REGISTRAR (Date, Day, Yr.)</p>
	<p>49. RECEIVED BY REGISTRAR (Date, Day, Yr.)</p>	<p>50. DEATH DUE TO COMMUNICABLE DISEASE</p>	<p>51. RECEIVED BY REGISTRAR (Date, Day, Yr.)</p>
<p>CAUSE OF DEATH</p>	<p>52. RECEIVED BY REGISTRAR (Date, Day, Yr.)</p>	<p>53. DEATH DUE TO COMMUNICABLE DISEASE</p>	<p>54. RECEIVED BY REGISTRAR (Date, Day, Yr.)</p>
	<p>55. RECEIVED BY REGISTRAR (Date, Day, Yr.)</p>	<p>56. DEATH DUE TO COMMUNICABLE DISEASE</p>	<p>57. RECEIVED BY REGISTRAR (Date, Day, Yr.)</p>
	<p>58. RECEIVED BY REGISTRAR (Date, Day, Yr.)</p>	<p>59. DEATH DUE TO COMMUNICABLE DISEASE</p>	<p>60. RECEIVED BY REGISTRAR (Date, Day, Yr.)</p>
	<p>61. RECEIVED BY REGISTRAR (Date, Day, Yr.)</p>	<p>62. DEATH DUE TO COMMUNICABLE DISEASE</p>	<p>63. RECEIVED BY REGISTRAR (Date, Day, Yr.)</p>

STATE REGISTRAR

No. 214351

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

Deputy Registrar:

Barbara Lee Hunt

Date: JAN 14 2002

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BOOK 348 PAGE 306
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Barth & Sifton
02 JUL 19 PM 2:43

EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 1/6 ⁰⁰

178352

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number (s)

a) 02-023-24
b) _____
c) _____
d) _____

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument# 178352
Book: 348 Page: 306
Date of Recording: 7-17-02
Notes: _____

2. Type of Property:

a) <input type="checkbox"/>	Vacant Land	b) <input type="checkbox"/>	Single Fam Res.
c) <input type="checkbox"/>	Condo/Twnhse	d) <input type="checkbox"/>	2-4 Plex
e) <input type="checkbox"/>	Apt. Bldg.	f) <input type="checkbox"/>	Comm/Indl
g) <input type="checkbox"/>	Agricultural	h) <input checked="" type="checkbox"/>	Mobile Home
i) <input type="checkbox"/>	Other		

3. Total Value/Sales Price of Property:

Deed in Lieu of Foreclosure Only (value of property) \$ 14,000
Transfer Tax Value: \$ _____
Real Property Transfer Tax Due: \$ _____

4. If Exemption Claimed:

a. Transfer Tax Exemption, per NRS 375.090, Section: 3
b. Explain Reason for Exemption: Surviving spouse

5. Partial Interest: Percentage being transferred: _____ %

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 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 Dorothy E. Tilton Capacity _____
Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Dorothy E. Tilton
Address: P.O. Box 211223
City: Crescent Valley
State: NV Zip: 89821

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: _____
Address: _____
City: _____
State: _____ Zip: _____

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: _____ Escrow # _____
Address: _____
City: _____ State: _____ Zip: _____

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)