



Deed dated January 4, 1966, executed by Crescent Valley Ranch and Farms, a Nevada corporation, Grantor, in favor of Eugene R. McKinnon and Mildred E. McKinnon, husband and wife, as joint tenants and not as tenants in common, as Grantees, recorded on January 12, 1966, in Book 9, Official Records, Page 490, Eureka County Recorder's Office, Eureka, Nevada, conveying that certain real property situate in the County of Eureka, State of Nevada, and more particularly described as follows:

Lot 3 of Block 10 of CRESCENT VALLEY RANCH & FARMS UNIT NO. 4, as per map recorded in said County as File No. 34552.

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.

5. Mildred E. McKinnon was survived by Eugene R. McKinnon, as joint tenants with right of survivorship and not as tenants in common.

6. This Affidavit is made pursuant to NRS 40.525 and NRS 111.365 for the purpose of terminating the joint tenancy above described, and vesting all right, title and interest of the aforesaid Mildred Eleanor McKinnon, also known as Mildred E. McKinnon, deceased, joint tenant, solely in the aforesaid Eugene Reeves McKinnon, also known as Eugene R. McKinnon, surviving joint tenant, all of record as of date of his death as to the properties above set forth.

Linda Holmes  
LINDA HOLMES

Subscribed and sworn to before  
me this 6 day of ~~February~~ April, 2004,  
by LINDA HOLMES.

Karen Magdaleno  
Notary Public



04020482.bjp  
February 17, 2004

# CERTIFICATE OF DEATH

## STATE OF CALIFORNIA

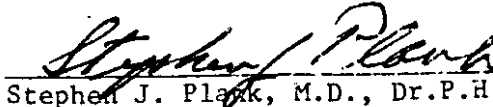
4500 0255

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE	1C. LAST
MILDRED		ELEANOR	McKINNON
2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR	
February 29, 1988		1415	
DECEDENT PERSONAL DATA	3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>
	Female	Cauc.	
	6. DATE OF BIRTH		7. AGE
	June 7, 1910		77 YEARS
	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER
New York		Wilson Garrabrant, New York	
10. BIRTH NAME AND BIRTHPLACE OF MOTHER		11. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)	
Kathryn De Pew, New York		Eugene R. McKinnon	
12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS	
[REDACTED]		Married	
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)		15. PRIMARY OCCUPATION	
Eugene R. McKinnon		Manager	
16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	
8		Self employed	
18. KIND OF INDUSTRY OR BUSINESS		19. CITY OR TOWN	
Grocery		Redding	
USUAL RESIDENCE	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B.
	2138 Saturn Skyway		
PLACE OF DEATH	19D. COUNTY		19E. STATE
	Shasta		California
	21A. PLACE OF DEATH		21B. COUNTY
	Own Residence		Shasta
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN	
2138 Saturn Skyway		Redding	
CAUSE OF DEATH	22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		24. WAS DEATH REPORTED TO CORONER?
	IMMEDIATE CAUSE		YES I 111
	(A) <i>Pneumonia</i>		25. WAS BIOPSY PERFORMED?
	(B) <i>advanced Parkinson's Disease</i>		No
	(C) <i>Senile Dementia</i>		26. WAS AUTOPSY PERFORMED?
		Yes	
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION	
		No	
PHYSI- CIAN'S CERTIFI- CATION	28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE
	[Signature]		3/1/1988
	28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER
G 8279		28E. TYPE PHYSICIAN'S NAME AND ADDRESS	
C. Donald Nelson M.D.,		3330 Churn Creek Road, Redding, California 96002	
INJURY INFORMA- TION	29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY
	31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR
		32B. HOUR	
CORONER'S USE ONLY	33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE	
		35C. DATE SIGNED	
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR	
Burial		March 4, 1988	
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE	
Redding Cemetery, Redding, California		7388 Joel Chambers	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.	
McDonald's Chapel, Redding, CA		177	
41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR	
[Signature]		MAR -2 1988	
STATE REGISTRAR			

### CERTIFICATION STATEMENT

This is to certify that the above is a true and correct copy of facts recorded on the death record of the above-named decedent as registered in this office.

DATED: MAR - 3 1988

  
 Stephen J. Plank, M.D., Dr.P.H.  
 Registrar of Vital Statistics  
 Shasta County Health Department  
 2650 Hospital Lane  
 Redding, CA 96001

VITALS STATEMENT MUST SHOW EMBOSSEMENT OF COUNTY SEAL

EXHIBIT

A

BOOK 379 PAGE 15

186725

# STATE OF NEVADA

## DECLARATION OF VALUE

### 1. Assessor Parcel Number (s)

- a) 003-095-11  
 b) \_\_\_\_\_  
 c) \_\_\_\_\_  
 d) \_\_\_\_\_

### FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 186725  
 Book: 379 Page: 013-015  
 Date of Recording: 4-26-04  
 Notes: \_\_\_\_\_

### 2. Type of Property:

- |                             |              |  |                 |
|-----------------------------|--------------|--|-----------------|
| a) <input type="checkbox"/> | Vacant Land  | b) <input checked="" 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'l/Ind'l    |
| g) <input type="checkbox"/> | Agricultural | h) <input 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) \$ \_\_\_\_\_

Transfer Tax Value: \$ \_\_\_\_\_

Real Property Transfer Tax Due: \$ \_\_\_\_\_

### 4. If Exemption Claimed:

a. Transfer Tax Exemption, per NRS 375.090, Section: 4

b. Explain Reason for Exemption: Transfer of title without consideration from one joint tenant to another (Husband deceased, transfer to wife.)

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 [Signature] Capacity Attorney  
 Signature \_\_\_\_\_ Capacity \_\_\_\_\_

### SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Mildred E. McKinnon  
 Address: 2138 Saturn Skyway  
 City: Shasta  
 State: CA Zip: 96002

### BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Eugene McKinnon  
 Address: 2138 Staurm Skyway  
 City: Shasta  
 State: CA Zip: 96002

### COMPANY/PERSON REQUESTING RECORDING

Wilson and Barrows, Ltd - Richard G. Barrows, Esq.  
 442 Court Street  
 Eiko, Nevada 89801  
 775-738-7271