

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

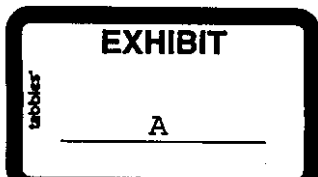
STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)		12B. HOUR	
MILDRED	ELEANOR	McKINNON	February 29, 1988		1415	
3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>	6. DATE OF BIRTH	7. AGE	8. IF UNDER 1 YEAR MONTHS	
Female	Cauc.		June 7, 1910	77 YEARS		
9. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER			
New York	Wilson Garrabrant, New York		Kathryn De Pew, New York			
11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE.	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)		
U. S. A.	19 n/a TO 19 n/a	[REDACTED]	Married	Eugene R. McKinnon		
15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS			
Manager	8	Self employed	Grocery			
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)			19B.	19C. CITY OR TOWN		
2138 Saturn Skyway				Redding		
19D. COUNTY	19E. STATE	20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP				
Shasta	California	Eugene R. McKinnon - Husband 2138 Saturn Skyway Redding, California 96002				
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					
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)			24. WAS DEATH REPORTED TO CORONER?	25. WAS BIOPSY PERFORMED?	
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.	(A) <i>Pneumonia</i>			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	YES I 111	
	(B) <i>advanced Parkinson's Disease</i>			1 day	no	
	(C) <i>Senile Dementia</i>			1 yr.	no	
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	DATE		
			no			
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER			
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)	I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)	<i>C. D. Nelson</i>	3/1/1988	G 8279		
Jan 26 88	2-27-88	28E. TYPE PHYSICIAN'S NAME AND ADDRESS C. Donald Nelson M.D., 3330 Churn Creek Road, Redding, California 96002				
29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR	32B. HOUR		
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	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE		
Burial	March 4, 1988	Redding Cemetery, Redding, California		7388 <i>Joel Chambers</i>		
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR			
McDonald's Chapel, Redding, CA	177	<i>Linda K. Allen-DePeg</i>	MAR - 2 1988			
STATE REGISTRAR	A.	B.	C.	D.	E.	

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
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

BOOK 379 PAGE 15

186725

STATE OF NEVADA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	<u>186725</u>
Book:	<u>379</u> Page: <u>013-015</u>
Date of Recording:	<u>4-26-04</u>
Notes:	

1. Assessor Parcel Number (s)

- a) 003-095-11
- b) _____
- c) _____
- d) _____

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 Staurn 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