

BOOK 418 PAGE 276-278
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Michael N. Rebeath
2005 AUG -8 AM 8:26

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 16⁰⁰

200248

[illegible]

That JOSEPH NORMAN REBALEATI, the decedent mentioned in the attached certified copy Certificate of Death, is the same person as J. NORMAN REBALEATI, aka J.N. REBALEATI, named as one of the parties in that certain Joint Tenancy Deed, dated on the 31st day of July 1991, and executed by J. NORMAN REBALEATI, known as “Grantor” to J. NORMAN REBALEATI AND MAXINE P. REBALEATI, known as “Grantees”, as Joint Tenants, and recorded as Instrument No. 137365, on the 31st day of July, 1991, in book 224 Page 235, of Official Records of Eureka County, Nevada, covering the following described property situated in the Town of Eureka, County of Eureka, State of Nevada.

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

In witness Whereof, I have hereunto set my hand this 5th day of August, 2005

Maxine P. Rebaleti

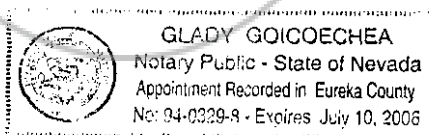
MAXINE P. REBALEATI

STATE OF NEVADA)
 : SS
County of Eureka)

On this 5th day of August, 2005, personally appeared before me, a Notary Public in and for said County and State, MAXINE P. REBALEATI, known to me to be the person described in and who executed the foregoing instrument, who acknowledged to me that the executed the same freely and voluntarily and for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year in this document first above written.

Glady Goicoechea



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 118 IMAGE 773

1801

TYPE OR PRINT IN PERMANENT BLACK INK		LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH	
1. Joseph Norman REBALEATI		2. June 20, 2005		3a. Washoe	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		SEX	
3b. Reno		3c. Washoe Medical Center		4. Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	
5. White		6. 81		7a. 81	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.	
9a. Nevada		9b. U.S.A.		10. 16	
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]		14a. Self-Employed		14b. Mechanical Engineer	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION	
15a. Nevada		15b. Eureka		15c. Eureka	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		STREET AND NUMBER	
16. John Baptiste Rebaletti		17. Violet Hancock		15d. 391 S. Main St.	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		INSIDE CITY LIMITS (Specify Yes or No)	
18a. Maxine Rebaletti - Wife		18b. P.O. Box 633, Eureka, Nevada 89316		15e. Yes	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Cremation		19b. FitzHenry's Crematory		19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20a. [Signature]		20b. 610		20c. Washoe Memorial 5401 Longley Ln #11, Reno, Nevada 89511	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)		22a. 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)		22b. June 21, 2005	
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		22c. 1945	
21b. [Signature]		21c. [Signature]		22d. June 20, 2005	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
21d. [Signature]		22e. AT 1945		22f. [Signature]	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER		23b. WCC S. 35	
23a. Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520		23c. [Signature]		23d. [Signature]	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24a. [Signature]		24b. June 22, 2005		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death		Interval between onset and death	
(a) Gunshot wound through abdomen		Interval between onset and death		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		Interval between onset and death	
PART 1 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
26. No		27. Yes		27. Yes	
ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28a. Suicide		28b. June 20, 2005		28c. 1640	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE	
29. No		28f. Home		28g. 300 Main Street, Eureka, Nevada	

STATE REGISTRAR

No. 283341

200248

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

Book 48 page 278 Barbara Lee Hunt
Deputy Registrar

Date: JUN 28 2005

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

STATE OF NEVADA DECLARATION OF VALUE

1. Assessor Parcel Number (s)

- a) 1-162-03
b) _____
c) _____
d) _____

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 200248
Book: 418 Page: 276-278
Date of Recording: 8-8-05
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) \$ 215,111
Transfer Tax Value: \$ 215,111
Real Property Transfer Tax Due: \$ 00

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

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 Michael N. Rebaleati Capacity Son
Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

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

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Michael N. Rebaleati
Address: P.O. Box 321
City: Eureka
State: NV Zip: 89316

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)