

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

Maxine P. Rebaleti

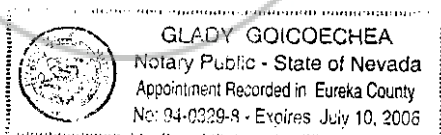
MAXINE P. REBALEATI

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

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

DECEASED—NAME First Middle Last 1. Joseph Norman REBALEATI			DATE OF DEATH (Month, Day, Year) 2. June 20, 2005		COUNTY OF DEATH 3a. Washoe
CITY, TOWN OR LOCATION OF DEATH 3b. Reno		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Washoe Medical Center		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Emergency Room	SEX 4. Male
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. 81	DATE OF BIRTH (Mo., Day, Yr.) 8. May 4, 1924
STATE OF BIRTH (If not U.S.A., name country) 9a. Nevada		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education. Specify highest grade completed. 10. 16	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married
SOCIAL SECURITY NUMBER 13. [REDACTED]		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Self-Employed		KIND OF BUSINESS OR INDUSTRY 14b. Mechanical Engineer	
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Eureka	CITY, TOWN, OR LOCATION 15c. Eureka		STREET AND NUMBER 15d. 391 S. Main St.
FATHER—NAME First Middle Last 16. John Baptiste Rebaleti			MOTHER—MAIDEN NAME First Middle Last 17. Violet Hancock		
INFORMANT—NAME (Type or Print) 18a. Maxine Rebaleti - Wife			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. P.O. Box 633, Eureka, Nevada 89316		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. FitzHenry's Crematory		LOCATION City or Town State 19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting As Such) 20a. [Signature]		FUNERAL DIRECTOR LICENSE NUMBER 20b. 610	NAME AND ADDRESS OF FACILITY 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) DATE SIGNED (Mo., Day, Yr.) 21b. [Signature] 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. [Signature]			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) DATE SIGNED (Mo., Day, Yr.) 22b. June 21, 2005 22d. ON June 20, 2005		
21c. HOUR OF DEATH 21c. [Signature]			22c. HOUR OF DEATH 22c. 1945 22e. AT 1945		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520					LICENSE NUMBER 23b. WCC S. 35
REGISTRAR 24a. (Signature) [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. June 22, 2005		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART 1 (a) Gunshot wound through abdomen		DUE TO, OR AS A CONSEQUENCE OF:			
PART 1 (b)		DUE TO, OR AS A CONSEQUENCE OF:			
PART 1 (c)		DUE TO, OR AS A CONSEQUENCE OF:			
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.				AUTOPSY (Specify Yes or No) 26. No	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes
ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify) 25a. Suicide		DATE OF INJURY (Mo., Day, Yr.) 25b. June 20, 2005	HOUR OF INJURY 25c. 1640	DESCRIBE HOW INJURY OCCURRED 25d. Shot self with rifle	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 25f. Home		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE 25g. 300 Main Street, Eureka, Nevada			



STATE REGISTRAR
200248

No. 283341

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

STATE OF NEVADA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	<u>200248</u>
Book:	<u>418</u> Page: <u>276-278</u>
Date of Recording:	<u>8-8-05</u>
Notes:	

1. Assessor Parcel Number (s)

- a) 1-162-03
- 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)	\$	<u>215,111</u>
Transfer Tax Value:	\$	<u>215,111</u>
Real Property Transfer Tax Due:	\$	<u>00</u>

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)