

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES \$16.00

200250

THENCE N 81° 11' 41" E, a distance of 107.90 feet to the TRUE
POINT OF BEGINNING.

CONTAINING 0.10 acres, or 4,536 square feet, more or less.

Refer to Record of Survey, Recorder's File #165774

Main Street Pavillion

All of Block 25, and

Portion of Patented Mine

Patented mines and M.S. (POR 7), Parcel no. 410-000-72

7/60 Cosmos
7/60 Jones and Kyle
7/60 Mary Ann
7/60 Silver Brick
7/60 Wolverine
7/60 Wolverine Mill Site
3/40 Monroe

TOGETHER WITH all buildings and improvements
situate thereon.

TOGETHER WITH all furnishings, fixtures and household
equipment situate thereon.

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

Michael N. Rebaleti

MICHAEL N. 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 and MICHAEL N. 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
BOOK 418 PAGE 282



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

LOCAL FILE NUMBER

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) 3d. 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.	INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes
FATHER—NAME First Middle Last 16. John Baptiste Rebaleati			MOTHER—MAIDEN NAME First Middle Last 17. Violet Hancock		
INFORMANT—NAME (Type or Print) 18a. Maxine Rebaleati - 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) [Signature] DATE SIGNED (Mo., Day, Yr.) 21b.		HOUR OF DEATH 21c.		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) [Signature] DATE SIGNED (Mo., Day, Yr.) 22b. June 21, 2005	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		PRONOUNCED DEAD (Mo., Day, Yr.) 22c. 1945		PRONOUNCED DEAD (Hour) 22d. ON June 20, 2005	
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 I (a) Gunshot wound through abdomen		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No) 25. No			
WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes					
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 26a. Suicide		DATE OF INJURY (Mo., Day, Yr.) 26b. June 20, 2005	HOUR OF INJURY 26c. 1640	DESCRIBE HOW INJURY OCCURRED 26d. Shot self with rifle	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f. Home		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE 28g. 300 Main Street, Eureka, Nevada			

STATE REGISTRAR

No. 283341

200250

Book 418 pag 283

Deputy Registrar

Barbara Lee Hunt

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) 1-124-01
b) 1-129-01
c) 410-000-72
d) _____

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument#: 200250
Book: 418 Page: 281-283
Date of Recording: 8-8-05
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 checked="" 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) \$ 294,362
Transfer Tax Value: \$ 294,362
Real Property Transfer Tax Due: \$.00

4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, Section: 4 and 9
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 Joint Tenant & 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, NV 89316
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)