

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

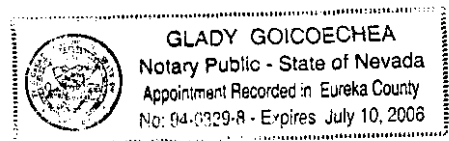
MICHAEL N. REBALEATI

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 4 1 8 PAGE 2 8 2



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
LOCAL FILE NUMBER

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

1. DECEASED—NAME First Middle Last Joseph Norman REBALEATI			2. DATE OF DEATH (Month, Day, Year) June 20, 2005		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Washoe Medical Center		3e. Emergency Room Emergency Room		4. SEX Male
5. RACE—(s.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.		7a. AGE—Last Birthday (Years) 81		8. DATE OF BIRTH (Mo., Day, Yr.) May 4, 1924
9a. STATE OF BIRTH (If not U.S.A., name country) Nevada		9b. CITIZEN OF WHAT COUNTRY U.S.A.		10. Decedent's Education. Specify highest grade completed. 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Self-Employed		14b. KIND OF BUSINESS OR INDUSTRY Mechanical Engineer		12. SURVIVING SPOUSE (If wife, give maiden name) Maxine Peterson
15a. RESIDENCE—STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN, OR LOCATION Eureka		15d. STREET AND NUMBER 391 S. Main St.
15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		18. FATHER—NAME First Middle Last John Baptiste Rebaletti		17. MOTHER—MAIDEN NAME First Middle Last Violet Hancock		
18a. INFORMANT—NAME (Type or Print) Maxine Rebaletti - Wife			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 633, Eureka, Nevada 89316			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME FitzHenry's Crematory		19c. LOCATION City or Town State Carson City, Nevada		
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting As Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 610		20c. NAME AND ADDRESS OF FACILITY Washoe Memorial 5401 Longley Ln #11, Reno, Nevada 89511		
21a. To be Completed by CERTIFYING PHYSICIAN 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) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520			22a. To be Completed by Coroner's Office 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) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 22b. PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON June 20, 2005			22c. HOUR OF DEATH 1945 22e. PRONOUNCED DEAD (Hour) 1945 22e. AT
23a. REGISTRAR 24a. (Signature) <i>[Signature]</i> Dep.		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) June 22, 2005		24c. DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		23b. LICENSE NUMBER WCC S. 35
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						
PART I (a) Gunshot wound through abdomen		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
PART I (b)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
PART I (c)		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No) 25. No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes
26a. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) Suicide		26b. DATE OF INJURY (Mo., Day, Yr.) June 20, 2005		26c. HOUR OF INJURY 1640 M		26d. DESCRIBE HOW INJURY OCCURRED Shot self with rifle
28a. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) Home		28b. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE 300 Main Street, Eureka, Nevada		28c. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE		

STATE REGISTRAR

No. 283341

200250

Book 418 pag 283
Deputy Registrar

Debra Lee Hunt

Date: JUN 28 2005

STATE OF NEVADA DECLARATION OF VALUE

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument#:	200250
Book:	418
Page:	281-283
Date of Recording:	8-8-05
Notes:	

1. Assessor Parcel Number (s)

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

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'Vnd'l |
| g) <input type="checkbox"/> | Agricultural | h) <input type="checkbox"/> | Mobile Home |
| i) <input type="checkbox"/> | Other | | |

3. Total Value/Sales Price of Property:

	\$	294,362
Deed in Lieu of Foreclosure Only (value of property)	\$	
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)