

APN# 003-224-02

Recording Requested By:

Name SB Grant + GB Franklin  
LLC

Address Suite 202 #431, 29030  
Sw Town Center Loop East  
City/State/Zip Wilsonville OR 97070

BOOK 435 PAGE 139-143  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
SB Grant + EB Franklin  
2006 APR 24 PM 1:48 LLC

EUREKA COUNTY, NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. FEES 42<sup>00</sup>

**204539**

Affidavit - Death of Joint Tenant  
(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fees applies)

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL  
THIS DEED AND MAIL TAX  
STATEMENTS TO:

S B Grant & E B Franklin LLC  
Suite 202#431  
29030 SW Town Center Loop East  
Wilsonville, OR 97070-5499

**AFFIDAVIT - DEATH OF JOINT TENANT**

Clella M. Calfee, of legal age, being first duly sworn, deposes and says:

That John T. W. Calfee, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as John T. W. Calfee named as one of the parties in that certain Grant Deed dated August 5, 1977, executed by Del E. Preston to John T. W. Calfee and Clella M. Calfee as joint tenants, recorded as instrument No. 63631, on September 19, 1977, in Book 61, Page 14, of the Official Records in the Office of the County Recorder of Eureka County, State of Nevada, concerning the following described real property situated in the County of Eureka, State of Nevada, to wit:

See Attached Exhibit 'A' Made A Part Hereof by Reference.

That the value of all real and personal property owned by the decedent at the date of death, including the full value of the above described real property, did not then exceed the sum of \$ 20,000.

Executed on April 11, 2006 at White City, KS  
(MONTH) (DAY) (YEAR) (CITY AND STATE)

I declare under penalty of perjury that the foregoing is true and correct.

Clella M. Calfee  
Clella M. Calfee

State of Kansas  
County of Morris

On 4-11-06 before me, Carol J. Stilwell, Notary Public  
(NAME/TITLE, I.E. "JANE DOE, NOTARY PUBLIC")

personally appeared Clella M. Calfee personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and sworn to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

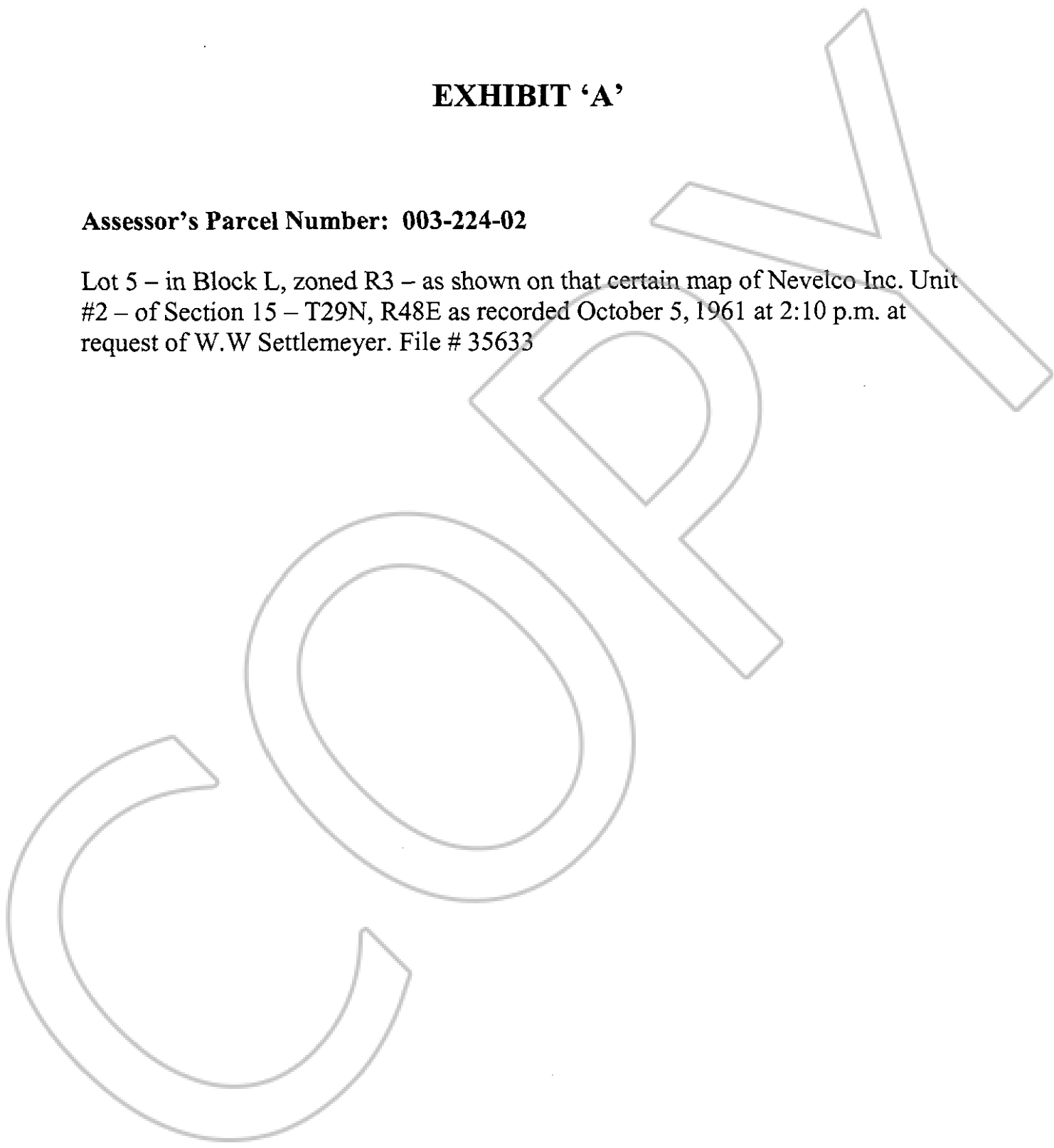
Carol J. Stilwell  
Signature (NOTARY PUBLIC) (SEAL)  
Carol J. Stilwell



**EXHIBIT 'A'**

**Assessor's Parcel Number: 003-224-02**

Lot 5 – in Block L, zoned R3 – as shown on that certain map of Nevelco Inc. Unit #2 – of Section 15 – T29N, R48E as recorded October 5, 1961 at 2:10 p.m. at request of W.W Settlemyer. File # 35633



JAN 25 1985 537-12

31-A

KANSAS STATE DEPARTMENT OF HEALTH AND ENVIRONMENT  
VITAL STATISTICS  
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Month, Day, Year)	
1		John	Thomas Wood	Calfee	2 Male	3 January 22, 1985	
AGE—Last Birthday (Yrs.)	UNDER 1 YEAR MOS	YEAR DAYS	UNDER 1 DAY HOURS	DATE OF BIRTH (Mo., Day, Yr.)	RACE—(e.g., White, Black, American Indian, etc.) (Specify)	ORIGIN OR DESCENT—(Specify)	
4a 73			4c	5 March 24, 1911	6a White	6b Irish/American	
COUNTY OF DEATH	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not in either, give street and number)		IF HOSP OR INST. Indicate DOA, OP/Emer. Am., Inpatient (Specify)		
7a Geary	7b Fort Riley		7c Irwin Army Community Hospital		7d Inpatient/ICU		
STATE OF BIRTH (if not in U.S.A., name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
8 Colorado	9 USA	10 Married		11a Glella May Young		12 Yes	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			KIND OF BUSINESS OR INDUSTRY		
13		14a Air Man (Retired)			14b U.S. Air Force		
RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
15a Kansas	15b Morris	15c White City		15d P. O. Box 6		15e Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last					
16a Almer Lionel Calfee		17a Gertrude (NMI) Morelock					
INFORMANT—NAME (Type or Print)		MAILING ADDRESS		STREET OR R.F.D. NO.	CITY OR TOWN	STATE	ZIP
18a Glella May Calfee		18b P. O. Box 6		18c White City	18d Kansas	18e 66872	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION	CITY OR TOWN	STATE	
19a Burial		19b Fort Riley Cemetery		19c Fort Riley, Kansas			
FUNERAL SERVICE LICENSEE & LICENSE NO. (Signature)		NAME OF EMBALMER & LICENSE NO.		NAME & ADDRESS OF FIRM		CITY, STATE, ZIP	
20a Dennis W. Irvin 1657		20b Dennis W. Irvin 2786		20c Johnson Funeral Chapel, Inc.		20d	
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)		21b DATE SIGNED (Mo., Day, Yr.)		21c HOUR OF DEATH		21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
21a		21b Jan 23, 1985		21c 7:30 P.M.		21d	
22a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature and Title)		22b DATE SIGNED (Mo., Day, Yr.)		22c HOUR OF DEATH		22d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
22a		22b		22c		22d	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)		23		24a		24b	
23 William H. Marx, MAJ, DO, MC, Irwin Army Community Hospital, Fort Riley, Kansas 6037		24a		24b		24c	
24a		24b		24c		24d	
24a		24b		24c		24d	
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		26a		26b		27	
PART I (a) Cardio Respiratory Arrest		26a		26b		27 8 Minutes	
DUE TO, OR AS A CONSEQUENCE OF:		26a		26b		27	
(b) Sepsis and UGI Bleeding		26a		26b		27 2 Days	
DUE TO, OR AS A CONSEQUENCE OF:		26a		26b		27	
(c) Gallstone Ileus		26a		26b		27 2 Weeks	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in Part I (a) - (c)		AUTOPSY (Yes or No)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH (Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
28a Natural		26a Yes		26b NO		27	
ACC., SUICIDE, HOMICIDE, UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED				
28a	28b	28c	28d				
28a	28b	28c	28d				
28a	28b	28c	28d				
28a	28b	28c	28d				

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66442-  
1-24-85

STATE OF KANSAS, MORRIS COUNTY S.S.  
This instrument was filed for Record on the  
15 day of April A.D. 1999  
at 10:15 o'clock A. M., and duly recorded  
in Book 123 of Records  
at Page 490 Fee \$ 8.00  
Mary Allen Register of Deeds  
By \_\_\_\_\_ Deputy



COMPUTER   
INDEX   
msx

ORIGINAL COMPARED WITH RECORD



**CERTIFIED COPY**  
I hereby certify that this is a true and exact reproduction of the original certificate filed in the custody of this office and certified to me at  
JAN 30 1995 Topeka, Kansas  
STATE ARCHIVES - STATE OF KANSAS  
Department of Health & Environment  
Date of Certification

**204539**

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