

APN # 003-224-02

Recording Requested By:

Name SB Grant + GB Franklin
LLC

Address Suite 202 #431, 29080
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 + GB Franklin
2006 APR 24 PM 1:48 LLC

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 42⁰⁰

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

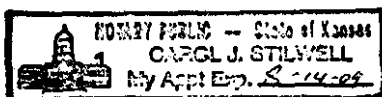
County of Morris

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



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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

31-A

STATE FILE NUMBER

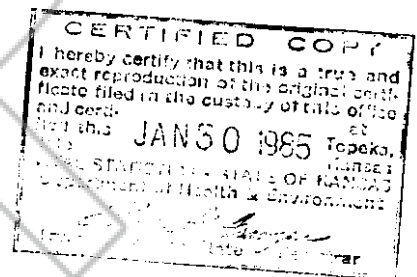
DECEDENT—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Month, Day, Year)	
John Thomas Wood Calfee					2 Male	3 January 22, 1985	
AGE—Last Birthday (Yr.)	UNDER 1 YEAR MOS	UNDER 1 DAY DAYS	UNDER 1 HOUR HOURS	DATE OF BIRTH (Mo., Day, Yr.)	RACE—(e.g., White, Black, American Indian, etc.) (Specify)	ORIGIN OR DESCENT (Specify)	(e.g., Italian, Mexican, German, Puerto Rican, Cuban, etc.)
73				March 24, 1911	White	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/Emr. Am., Inpatient (Specify)	
Geary		Fort Riley		Irwin Army Community Hospital		Inpatient/ICU	
STATE OF BIRTH (if not in U.S., 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)		
Colorado	USA	Married	Clella May Young		Yes		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY			
		Air Man (Retired)		U.S. Air Force			
RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
Kansas	Morris	White City		P. O. Box 6		Yes	
FATHER—NAME First	Middle	Last	MOTHER—MAIDEN NAME First	Middle	Last		
Almer	Lionel	Calfee	Gertrude	(NMI)	Morelock		
INFORMANT—NAME (Type or Print)		MAILING ADDRESS		STREET OR R.F.D. NO.		CITY OR TOWN	STATE
Clella May Calfee		P. O. Box 6		White City		Kansas	ZIP 66872
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN	STATE
Burial		Fort Riley Cemetery		Fort Riley, Kansas			
FUNERAL SERVICE LICENSEE & LICENSE NO. (Signature)		NAME OF EMBALMER & LICENSE NO.		NAME & ADDRESS OF FIRM			
Dennis W. Irvin		Dennis W. Irvin 2786		Johnson Funeral Chapel, Inc.			
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 at the time, date and place and due to the cause(s) stated (Signature and Title)					
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)			
Jan 23, 1985		7:30 P.M.		HOUR OF DEATH			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)		22b. ON		22c. ON			
William H. Marx, MAJ, DO, MC, Irwin Army Community Hospital, Fort Riley, Kansas 5037							
REGISTRAR		DATE RECEIVED BY REGISTRAR					
24a. (Signature)		1-24-85					
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death					
PART I (a) Cardio Respiratory Arrest		8 Minutes					
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death					
(b) Sepsis and UGI Bleeding		2 Days					
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death					
(c) Gallstone Ileus		2 Weeks					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in Part I (a), (b), or (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)	
		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 Natural		28b		28c		28d	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, school, factory, etc. (Specify)		LOCATION		STREET OR R.F.D. NO.	
		28f		28g		28h	

STATE OF KANSAS, MORRIS COUNTY S.S.
This instrument was filed for Record on the
15 day of April A.D. 19 99
at 10:15 o'clock A. M., and duly Recorded
in Book 123 of Records
at Page 490 Fee \$ 8.00
By Mary Allen Register of Deeds
Deputy



COUNTER ☒
FILED ☒
msx

ORIGINAL COMPARED WITH RECORD



204539

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