

Official RecordRecording requested By
WILSON & BARROWS & SALYER

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$18.00

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RPTT:

Recorded By: FES

Book- 0462 Page- 0304



0210533

APN:

Mailing Address of Grantee or Other Person Requesting Recording:Wilson Barrows & Salyer
442 Court Street
Elko, Nevada 89801**Mail Tax Statements to:**Donna Ray Bailey
HC 65 Box 20
Carlin, NV 89822**Social Security Number Affirmation Statement:**

☒ In accordance with NRS 239B.030, the undersigned person recording this document hereby affirms that this document does not contain personal information, including full social security number of any person;

-OR-

☐ In accordance with NRS 239B.030, the undersigned person recording this document hereby affirms that this document does contain personal information, including full social security number of a person.

DONNA L. MITCHELL

LEGAL ASSISTANT

Name

Title

Signature

Title of Document Recorded:AFFIDAVIT TERMINATING INTEREST IN COMMUNITY PROPERTY
WITH THE RIGHT OF SURVIVORSHIPWILSON BARROWS & SALYER
ATTORNEYS AT LAW
442 Court St.
ELKO, NEVADA 89801

AFFIDAVIT TERMINATING INTEREST IN COMMUNITY PROPERTY WITH THE RIGHT OF SURVIVORSHIP

STATE OF NEVADA,)
) ss.
COUNTY OF ELKO.)

Donna Ray Bailey hereby solemnly swears, deposes, says under oath, and declares under penalties of perjury that the following assertions are true:

1. I am a person who has knowledge of all of the facts hereinafter set forth:
2. I am the surviving spouse of Wallace Hale Bailey, now deceased.
3. The aforesaid Wallace Hale Bailey, one of the Grantees named in the Deed hereinafter described, died in the City of Elko, County of Elko, State of Nevada, on June 22, 2007, and is the identical person named as Wallace Hale Bailey in that Certificate of Death, duly certified, marked Exhibit A attached hereto, and incorporated into and made a part hereof by reference.

4. My spouse, Wallace Hale Bailey and I acquired the following property as community property with the right of survivorship in the conveyance hereinafter described:

Deed dated February 1, 1991, executed by Wallace Hale Bailey and Donna Ray Bailey, Grantors, in favor of Wallace Hale Bailey and Donna Ray Bailey, his wife, as community property with right of survivorship, Grantees, recorded on February 6, 1991, in Book 220, Official Records, Page 121, Eureka County Recorder's Office, Eureka, Nevada, conveying that certain real property situate in the County of Eureka, State of Nevada, and more particularly described as follows:

(See Exhibit B attached hereto and made a part hereof).

Together with the improvements thereon situate.

Together with the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

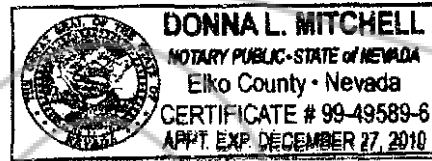
5. Wallace Hale Bailey was survived by me as to the above-described property.

6. This Affidavit is made pursuant to NRS 40.525 and NRS 111.365 for the purpose of terminating the interest in community property with the right of survivorship above described, and vesting all right, title and interest of the aforesaid deceased spouse solely in the aforesaid surviving spouse, all of record.

Donna Ray Bailey
Donna Ray Bailey

Subscribed and sworn to before
me this 24 day of August, 2007.

Donna L. Mitchell
Notary Public



07080511.jas



0210533

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STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH

VITAL STATISTICS

CERTIFICATE OF DEATH

2007004041
STATE FILE NUMBER

WRITE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

**CAUSE OF
DEATH**

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

1a. DECEASED-NAME FIRST Wallace			1b. MIDDLE Hale			1c. LAST BAILEY			2. DATE OF DEATH (Mo/Day/Year) June 22, 2007			3a. COUNTY OF DEATH Elko																																																																													
3b. CITY, TOWN, OR LOCATION OF DEATH Elko						3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Highland Manor of Elko						3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient			4. SEX Male																																																																										
5 RACE-(e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? No If yes, specify Mexican, Cuban, Puerto Rican, etc. Non-hispanic			7a. AGE-Last birthday (Years) 79			7b. UNDER 1 YEAR MOS DAYS			7c. UNDER 1 DAY HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) December 28, 1927																																																																										
9a. STATE OF BIRTH (If not U.S.A., name country) Nevada			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 12			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Donna Ray MILLER																																																																													
13. SOCIAL SECURITY NUMBER [REDACTED]						14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Rancher						14b. KIND OF BUSINESS OR INDUSTRY Ranching																																																																													
15a. RESIDENCE - STATE Nevada			15b. COUNTY Eureka			15c. CITY, TOWN OR LOCATION Pine Valley			15d. STREET AND NUMBER Bailey Ranch			15e. INSIDE CITY LIMITS (Specify Yes or No) No																																																																													
16. FATHER - NAME (First Middle Last Suffix) Wallace BAILEY									17. MOTHER - NAME (First Middle Last Suffix) Mary RAND																																																																																
18a. INFORMANT - NAME (Type or Print) Donna BAILEY						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) HC 65 Box 20 Carlin, Nevada 89822																																																																																			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial						19b. CEMETERY OR CREMATORY - NAME Pine Valley Cemetery						19c. LOCATION City or Town State Pine Valley Nevada																																																																													
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) R SCOTT BURNS SIGNATURE AUTHENTICATED						20b. FUNERAL DIRECTOR LICENSE 07			20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 689 Elko NV 89803																																																																																
TRADE CALL - NAME AND ADDRESS																																																																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10">21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED ERICH MATTERN MD</td> <td colspan="5">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) stated. (Signature & Title)</td> </tr> <tr> <td colspan="5">21b. DATE SIGNED (Mo/Day/Yr) June 20, 2007</td> <td colspan="5">21c. HOUR OF DEATH 15:12</td> <td colspan="5">22b. DATE SIGNED (Mo/Day/Yr)</td> <td colspan="5">22c. HOUR OF DEATH</td> </tr> <tr> <td colspan="10">21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)</td> <td colspan="5">22d. PRONOUNCED DEAD (Mo/Day/Yr)</td> <td colspan="5">22e. PRONOUNCED DEAD AT (Hour)</td> </tr> </table>															21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED ERICH MATTERN MD										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) stated. (Signature & Title)					21b. DATE SIGNED (Mo/Day/Yr) June 20, 2007					21c. HOUR OF DEATH 15:12					22b. DATE SIGNED (Mo/Day/Yr)					22c. HOUR OF DEATH					21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)										22d. PRONOUNCED DEAD (Mo/Day/Yr)					22e. PRONOUNCED DEAD AT (Hour)																								
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23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) ERICH MATTERN MD 2850 Ruby Vista Dr. Elko, NV 89801													23b. LICENSE NUMBER 7943																																																																												
24a. REGISTRAR (Signature) BERTHA MURPHREE SIGNATURE AUTHENTICATED										24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 05, 2007					24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																																																																										
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10">PART I (a) Heart Failure</td> <td colspan="5">Interval between onset and death Hours</td> </tr> <tr> <td colspan="10">DUE TO, OR AS A CONSEQUENCE OF:</td> <td colspan="5">Interval between onset and death</td> </tr> <tr> <td colspan="10">(b) Heart Disease</td> <td colspan="5">Years</td> </tr> <tr> <td colspan="10">DUE TO, OR AS A CONSEQUENCE OF:</td> <td colspan="5">Interval between onset and death</td> </tr> <tr> <td colspan="10">(c)</td> <td colspan="5"></td> </tr> </table>															PART I (a) Heart Failure										Interval between onset and death Hours					DUE TO, OR AS A CONSEQUENCE OF:										Interval between onset and death					(b) Heart Disease										Years					DUE TO, OR AS A CONSEQUENCE OF:										Interval between onset and death					(c)														
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PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I													26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No																																																																										
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST (Specify)			28b. DATE OF INJURY (Mo/Day/Yr)			28c. HOUR OF INJURY			28d. DESCRIBE HOW INJURY OCCURRED																																																																																
28e. INJURY AT WORK (Specify Yes or No)			28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)			28g. LOCATION			STREET OR R.F.D. No.			CITY OR TOWN			STATE																																																																										

STATE REGISTRAR

VRS-Rev

156800

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records

DATE ISSUED:

07/13/2007

This copy is not valid unless prepared on embossed border displaying date, seal and signature of Registrar

SIGNATURE

EXHIBIT

A



0210533

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LEGAL DESCRIPTION

Order No.: 07012136

The land referred to herein is situated in the State of Nevada,
County of EUREKA, described as follows:

PARCEL 1:

TOWNSHIP 30 NORTH, RANGE 52 EAST, M.D.B.&M.

Section 32: SE1/4; NE1/4NW1/4; NW1/4NE1/4; S1/2NE1/4;
E1/2SW1/4NW1/4; E1/2NE1/4SW1/4; NE1/4NE1/4;

Section 33: All;
EXCEPTING THEREFROM Parcel 1 and 2 as shown on
that certain Parcel Map for Wallace Hale and Donna
Ray Bailey filed in the office of the County Recorder
of Eureka County, State of Nevada, on October 7, 1991,
as File No. 137905.

PARCEL 2:

TOWNSHIP 29 NORTH, RANGE 52 EAST, M.D.B.&M.

Section 4: W1/2NW1/4;

Section 5: E1/2NE1/4;

PARCEL 3:

All right, title and interest in the following listed patented
mining claims located in the Mineral Hill Mining District,
described as follows:

The Red Jacket Consolidated Lode Mining Claim designated by the
Surveyor General of the United States of America No. 4472,
embracing a portion of Section 10 in Township 26 North, Range
52 East, M.D.B.&M., as fully described in Patent No. 873052
issued by the United States of America on July 19, 1922, and
recorded January 17, 1966 in Book 9 of Official Records at Page
508 in the Office of the County Recorder of Eureka County,
Nevada.

The Water Pipe Lode Mining Claim designated by the Surveyor
General of the United State of America as Survey No. 4473,
embracing a portion of Sections 3 and 10 in Township 26 North,
Range 52 East, M.D.B.&M., as fully described in Patent No.
874295 issued by the United States of America on August 3, 1922.

