

**Official Record**

Recording requested By  
WILSON & BARROWS & SALYER

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$18.00

Page 1 of 5

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

*Donna L. Mitchell*

Signature

**Title of Document Recorded:**

AFFIDAVIT TERMINATING INTEREST IN COMMUNITY PROPERTY  
WITH THE RIGHT OF SURVIVORSHIP

# 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.

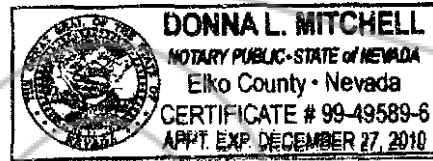
5. Wallace Hale Bailey was survived by me as to the above-described property.

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

**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

PLEASE PRINT IN PERMANENT BLACK INK

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 <b>BAILEY</b>			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? If yes, specify Mexican, Cuban, Puerto Rican, etc. No 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) <b>R SCOTT BURNS</b> 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																	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>ERICH MATTERN MD</b> SIGNATURE AUTHENTICATED						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)								
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) <b>BERTHA MURPHREE</b> 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).)																	
PART I (a) Heart Failure DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death Hours											
(b) Heart Disease DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death Years											
(c) OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I						Interval between onset and death											
PART II						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

156800

CERTIFIED COPY OF VITAL RECORDS

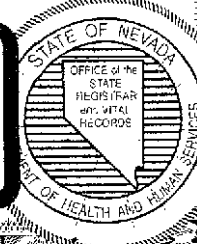
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records

DATE ISSUED:

07/13/2007

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

SIGNATURE



## 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.

