

DOC # 0215300

08/10/2010

03:01 PM

Official Record

Recording requested By
GEORGE PARMANEureka County - NV
Mike Rebaleati - RecorderFee: \$16.00 Page 1 of 3
RPTT Recorded By: FES
Book- 502 Page- 0112

0215300

Affidavit-Termination of Joint Tenancy
(Death of a Joint Tenant)

ASSESSOR'S PARCEL NO. (APN#): 001-161-09

: 003561 - 490 S. Monrovia Street

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: George Parman

Address: Box 58

City/State/Zip: Eureka Nev. 89316

I, George Parman, the Affiant, being of legal age, and being first duly sworn,
deposes and says:That Ruth Weaver Parman, the decedent mentioned in the
(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as

(Deceased Name as shown on Deed)

named as one of the parties in that certain Joint Tenancy Grant, Bargain & Sale Deed

(Type of Document)

dated on the 12th day of May, 1980 and executed by
Walter A. and Genevieve Parman known as "Grantor(s)" to George and Ruth Parman,
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 76076, on the12 day of May, 1980, in book 86 Page 72, of Official Records of
Eureka County, Nevada, covering the following described property situated in the City of
Eureka, County of Eureka, State of Nevada.
(Set forth legal description and commonly known street address, if known)

See attachment Exhibit "A"

That value of all real property owned by decedent at date of death, including the full value of the property above described, did
not exceed the sum of \$ _____In witness Whereof, I/We have hereunto set my hand/our hands this 10 day of August, 2010

(Signature)

George Parman

(Signature)

(Print or type name here)

George Parman

(Print or type name here)

STATE OF NEVADA

COUNTY OF EUREKA

This instrument was acknowledged before me on (date) August 10, 2010By (person(s) appearing before notary public) George Parman

(Notary Public)

My Commission expires: 7/17/2012SARA G SIMMONS
NOTARY PUBLIC, STATE OF NEVADA
EUREKA COUNTY, NEVADA
CERTIFICATE # 97-0349-8
APPT. EXP. JULY 17, 2012

RPTT PAID \$3.30

76076

JOINT TENANCY GRANT, BARGAIN AND SALE DEED

THIS INDENTURE, made the 12th day of May, 1980,
by and between WALTER A. PARONI and GENEVIEVE S. PARONI, husband
and wife, parties of the first part and hereinafter referred to
as "Grantors", and GEORGE PARMAN and RUTH PARMAN, husband and
wife, as Joint Tenants, parties of the second part and herein-
after referred to as "Grantees";

W I T N E S S E T H:

That the said Grantors, for and in consideration of the
sum of Ten Dollars (\$10.00) lawful money of the United States of
America, and other good and valuable considerations, the receipt
whereof is hereby acknowledged, do hereby grant, bargain and sell
unto said Grantees, in joint tenancy and to the survivor of them
and to the heirs of such survivor forever, all those certain lots,
pieces or parcels of land situate, lying and being in the County
of Eureka, State of Nevada, and bounded and particularly des-
cribed as follows, to-wit:

Lots 7 and 8, Block 45, Town of Eureka and
that portion of McCoy Street, Town of Eureka,
more particularly described as follows:

Beginning at a point on the SE corner of
Lot 8, Block 45; thence S. 5° 37' E., a
distance of 40.85 ft. to the NE Corner of
Lot 1, Block 46; thence S. 81° 27' W., a
distance of 100.50 ft. along the North
side line of Block 46 to the NW corner of
Lot 1, Block 46; thence North in a direct
line to the SW corner of Lot 8, Block 45;
thence N. 81° 27' E., a distance of 105.90
ft. along the South line of Block 45, to
the place of beginning,

as shown on the official map thereof, filed
in the Office of the County Recorder, Eureka
County, Nevada.

EXCEPTING THEREFROM all uranium, thorium, or
any other material which is or may be deter-
mined to be peculiarly essential to the pro-
ductions of fissionable materials, whether
or not of commercial value, reserved by the
United States of America, in Patent recorded
December 19, 1947, in Book 23, Page 226,
Deed Records, Eureka County, Nevada.

BOOK 86 PAGE 71

LAW OFFICES
JOHNSTON & FAIRMAN
A PROFESSIONAL CORPORATION
P.O. BOX 8 - 828 AULTMAN STREET
ELY, NEVADA 89301
17021 180-4281

When recorded and to
Book 86
Eureka, NV 89301



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Book 502 08/10/2010
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STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT
VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2010009136

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

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,MIDDLE, LAST,SUFFIX) Ruth Weaver PARMAN		2. DATE OF DEATH (Mo/Day/Year) June 17, 2010		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) Renown Regional Medical Center		3d. If Hosp. or Inst. indicate DOA OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 75		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
8. DATE OF BIRTH (Mo/Day/Yr) September 15, 1934		9a. STATE OF BIRTH (If not U.S.A. name country) Nebraska		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE OR DOMESTIC PARTNER George L PARMAN	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Rancher/homemaker		14b. KIND OF BUSINESS OR INDUSTRY Ranching/homemaking	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka	
15d. STREET AND NUMBER 760 Country Road 101		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER - NAME (First Middle Last Suffix) Joseph WEAVER	
17. MOTHER - NAME (First Middle Last Suffix) Laura Rosalee		18a. INFORMANT- NAME (Type or Print) George L PARMAN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 58 Eureka, Nevada 89316	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Smith Family Crematory		19c. LOCATION City or Town State Fallon Nevada 89407	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TROY M SMITH <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 47		20c. NAME AND ADDRESS OF FACILITY Smith Family Funeral Home PO BOX 1545 Fallon NV 89407	
21. TRADE CALL - NAME AND ADDRESS					
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) <i>SIGNATURE AUTHENTICATED</i> TEJ VIR SINGH MD					
21b. DATE SIGNED (Mo/Day/Yr) June 22, 2010		21c. HOUR OF DEATH 22:35		22b. DATE SIGNED (Mo/Day/Yr)	
22c. HOUR OF DEATH		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) TEJ VIR SINGH MD 85 Kirman Avenue Reno, NV 89502				23b. LICENSE NUMBER 11877	
24a. REGISTRAR (Signature) BRIDGES SANDI <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 24, 2010		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) Leptomenigeal metastases					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Breast carcinoma					
DUE TO, OR AS A CONSEQUENCE OF:					
(c)					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
PART II					
26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED		26e. INJURY AT WORK (Specify Yes or No)		26f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)	
26g. LOCATION		STREET OR R.F.D. No.		CITY OR TOWN	
STATE					

STATE REGISTRAR

3542600



0215300

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VRS-Rev. 20090602

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.

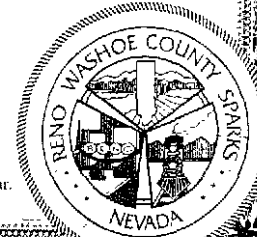
06/24/2010

DEPUTY REGISTRAR

Mary A. Anderson
SIGNATURE AUTHENTICATED

DATE ISSUED:
PRNCD (REV) 12/09

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



STATE OF NEVADA
DECLARATION OF VALUE

DOC # DV-215300
08/10/2010 03:01 PM
Official Record

FOR REC
Document
Book:
Date of R
Notes:

Recording requested By
GEORGE PARMAN

Eureka County - NV
Mike Rebaleati - Recorder

Page 1 of
Recorded By: FES RPTT
Book- 502 Page- 0112

1. Assessor Parcel Number (s)

a) 001-161-09
b) _____
c) _____
d) _____

2. Type of Property:

a) <input checked="" 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 type="checkbox"/>	Comm'l/Ind'l
g) <input type="checkbox"/>	Agricultural	h) <input type="checkbox"/>	Mobile Home
i) <input type="checkbox"/>	Other		

3. Total Value/Sales Price of Property:

Deed in Lieu of Foreclosure Only (value of property) \$ _____
Transfer Tax Value: \$ _____
Real Property Transfer Tax Due: \$ _____

4. If Exemption Claimed:

a. Transfer Tax Exemption, per NRS 375.090, Section: 5
b. Explain Reason for Exemption: Death of a Joint Tenant

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 _____ Capacity _____
Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: _____
Address: _____
City: _____
State: _____ Zip: _____

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: George Parman
Address: PO Box 58
City: Eureka
State: NV Zip: 89316

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)