



0215300

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

ASSESSOR'S PARCEL NO. (APN#): 001-161-09
003561-490 S. Monro 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 Ruth Parman

(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 the

12 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

George Parman
(Signature)
George Parman
(Print or type name here)

(Signature)

(Print or type name here)

STATE OF NEVADA

COUNTY OF EUREKA

This instrument was acknowledged before me on (date) August 10, 2010

By (person(s) appearing before notary public) George Parman

[Signature]
(Notary Public)
My Commission expires: 7/17/2012



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 hereinafter referred to as "Grantees";

WITNESSETH:

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 described 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 determined to be peculiarly essential to the productions 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.

LAW OFFICES JOHNSTON & FAIRMAN A PROFESSIONAL CORPORATION P.O. BOX 8 - 888 AULTMAN STREET ELY, NEVADA 89301 (702) 834-4444

When recorded send to [unclear] [unclear] [unclear]



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		3e. 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 DAYS		7c. UNDER 1 DAY HOURS MINS	
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	
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) <i>SIGNATURE AUTHENTICATED</i> TEJVIR SINGH 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 22, 2010		21c. HOUR OF DEATH 22:35		22b. DATE SIGNED (Mo/Day/Yr)	
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) TEJVIR 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				Interval between onset and death	
(a) Leptomeningeal metastases					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Breast carcinoma					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
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

3542600

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VRS-Rev. 20090602

CERTIFIED COPY OF VITAL RECORDS

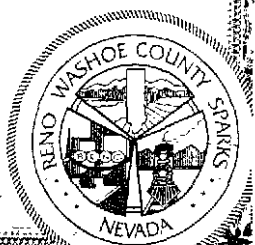
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

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
Fee \$16.00

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 |
| l) <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

BUYER (GRANTEE) INFORMATION

(REQUIRED)
 Print Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____

(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: _____