

**Affidavit-Termination of Community Property
with Right of Survivorship
(Death of Community Property with Right
of Survivorship Co-owner)**ASSESSOR'S PARCEL NO. (APN#): 007-210-32

0215304

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: GEORGE PARMANAddress: P.O. BOX 58City/State/Zip: EUREKA, NEVADA 89316

I, GEORGE PARMAN, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That RUTH PARMAN, the decedent mentioned in the attached certified copy Certificate of Death, is the same person as RUTH PARMAN named as one of the parties in that certain GRANT, BARGAIN AND SALE DEED held as community property with right of survivorship, dated on the 30th day of July, 1992, and executed by JAMES D. KNUPP, known as "Grantor(s)" to GEORGE PARMAN and RUTH PARMAN, Husband and Wife, known as "Grantee(s)", as Community Property with Right of Survivorship, and recorded as Instrument No. 141844, on the 4th day of August, 1992, in book 237, of Official Records of Eureka County, Nevada covering the following described property situated in the County of Eureka, State of Nevada. (Set forth legal description and commonly known street address, if known)

SEE 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 have hereunto set my hand this 11 day of August, 2010.

George Parman
(Signature)

GEORGE PARMAN
(Print or type name here)

State of Nevada)
) ss.
County of Eureka)

This instrument was acknowledged before me on (date) August 11, 2010 by
GEORGE PARMAN.

NOTARY PUBLIC

My Commission expires: 7/17/2012

141844

GRANT, BARGAIN AND SALE DEED

THIS INDENTURE, made and entered into this 30 day of JULY, 1992, by and between JAMES D. KNUPP, of Naperville, Illinois, Grantor; and GEORGE PARMAN and RUTH PARMAN, Husband and Wife, whose address is Post Office Box 58, Eureka, Nevada, 89316, Grantees;

W I T N E S S E T H:

That the Grantor, for and in consideration of the sum of TEN DOLLARS (\$10.00), lawful money of the United States of America, to him in hand paid by the Grantees, and other good and valuable consideration, the receipt whereof is hereby acknowledged, does by these presents grant, bargain, sell and convey unto the said Grantees, as community property with right of survivorship, and to their heirs, executors, administrators, successors and assigns forever, all that certain lot, piece, or parcel of land situate, lying and being in the County of Eureka, State of Nevada, and more particularly described as follows, to-wit:

TOWNSHIP 21 NORTH, RANGE 53 EAST, M.D.B.&M.
Section 26: E 1/2

EXCEPTING THEREFROM all the oil, gas, potash and sodium lying in and under said land as reserved by the United States of America, in Patent Records, recorded September 23, 1964, in Book 5, Page 600, Official Records, Eureka County, Nevada.

SUBJECT to any and all exceptions, reservations, restrictions, restrictive covenants, assessments, easements, rights and rights-of-way of record.

TOGETHER WITH all buildings and improvements situate thereon.

TOGETHER WITH all water rights including all of Seller's right, title and interest to the following water rights:

- 1) Application No. 22698, Certificate Record No. 6329, Book 19, Page 6329; and
- 2) Application No. 19329, Certificate Record No. 6857, Book 21, Page 6857, as the same appear in the Records of the State Water Engineer's Office of the State of Nevada.

TOGETHER WITH the tenements, hereditaments, and appurtenances thereunto belonging or in anywise appertaining, and the reversion and reversions,

44326-24
44326-24

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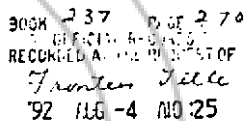
TO HAVE AND TO HOLD the said premises, together with the appurtenances, unto the said Grantees, as community property with right of survivorship, and their heirs, executors, administrators, successors and assigns, forever.



JAMES D. KNUPP

STATE OF ILLINOIS)
) ss.
COUNTY OF DuPage)


NOTARY PUBLIC



141844

BOOK 237 PAGE 271

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

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		Ever in US Armed Forces? 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 SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 47		20c. NAME AND ADDRESS OF FACILITY Smith Family Funeral Home PO BOX 1545 Fallon NV 89407	

PARENTS

DISPOSITION

TRADE CALL

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) TEJ VIR SINGH MD 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 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)		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	

CERTIFIER

REGISTRAR

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

24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED		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				26. AUTOPSY (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



0215304

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VNS-Rev 20090302

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

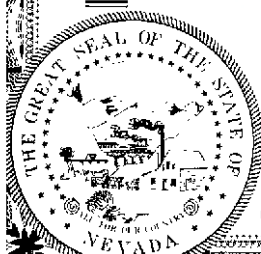
DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED:

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

PRNG 01/09/11/12/09



STATE OF NEVADA
DECLARATION OF VALUE

DOC # DV-215304

08/11/2010

11:00 AM

FOR RECO

Document/

Book:

Date of Re:

Notes:

Official Record

Recording requested By
GEORGE PARMAN

Eureka County - NV

Mike Rebaleati - Recorder

Page 1 of 1 Fee: \$17.00
Recorded By: FES RPTT:
Book- 502 Page- 0118

1. Assessor Parcel Number (s)

a) 007-210-32
b) _____
c) _____
d) _____

2. Type of Property:

a) <input 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 checked="" 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 Spouse

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 George Parman Capacity Grantee
Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

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

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: George Parman
Address: 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)