

**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



RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO
Name: <u>GEORGE PARMAN</u>
Address: <u>P.O. BOX 58</u>
City/State/Zip: <u>EUREKA, NEVADA 89316</u>

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.

Sara G Simmons
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;

WITNESSETH:

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-PA

BOOK 237 PAGE 270



0215304

Book 502
Page 119

08/11/2010
Page 2 of 4

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			Ever in US Armed Forces? No						
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) TEJ VIR SINGH MD <i>SIGNATURE AUTHENTICATED</i>						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)			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) 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) Leptomeningeal metastases Interval between onset and death															
DUE TO, OR AS A CONSEQUENCE OF:															
(b) Breast carcinoma Interval between onset and death															
DUE TO, OR AS A CONSEQUENCE OF:															
(c) Interval between onset and death															
DUE TO, OR AS A CONSEQUENCE OF:															
(d) 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

3542600



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.

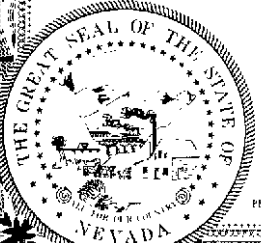
06/24/2010

DEPUTY REGISTRAR

Mary A. Anderson
SIGNATURE AUTHENTICATED

DATE ISSUED:

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



**STATE OF NEVADA
DECLARATION OF VALUE**

DOC # DV-215304

08/11/2010 11:00 AM

Official Record

1. Assessor Parcel Number (s)

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

FOR RECO
Document/Book: _____
Date of Rec: _____
Notes: _____

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

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

BUYER (GRANTEE) INFORMATION

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

(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: _____