

DOC # 0219223

12/15/2011 02:45 PM

Official Record

Recording requested By
ANNA OTEGUI

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$16.00 Page 1 of 3
RPTT Recorded By: FES
Book- 526 Page- 0279

RECORDING REQUESTED BY:

ANNA OTEGUI

WHEN RECORDED, MAIL TO
AND MAIL TAX STATEMENTS TO:

Anna Otegui
4437 Red Blossom Circle
West Valley City, UT 84120



0219223

THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT — DEATH OF JOINT TENANT

STATE OF UTAH)
) ss.
COUNTY OF SALT LAKE)

ANNA OTEGUI, of legal age, being first sworn, deposes and says:

That FRANK OTEGUI, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Frank Otegui, named as one of the parties in that certain Grant, Bargain and Sale Deed, dated May 6, 1997, executed by David A. Pastorino, to Frank Otegui and Anna Otegui, as Joint Tenants, and recorded on May 7, 1997, in the Office of the Recorder of the County of Eureka, State of Nevada, as Document No. 166794, of Official Records, relating to the real property located in said County and more particularly described in Exhibit "A" (attached hereto and incorporated herein by reference).

Executed on November 15, 2011, in West Valley City, Salt Lake County, Utah.

Anna Otegui
ANNA OTEGUI

SUBSCRIBED AND SWORN TO (or affirmed) before me on November 15, 2011, by ANNA OTEGUI, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

[Signature]

NOTARY PUBLIC

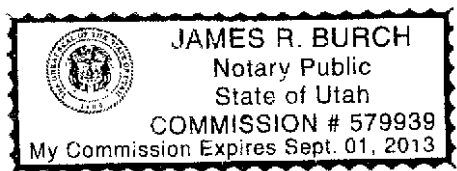


EXHIBIT "A"

Parcel A-9 as shown on that certain Parcel Map for WILLIAM D. MILES and DAVID A. PASTORINO filed in the Office of the County Recorder of Eureka County, State of Nevada, on July 8, 1992, as File No. 141573, being a portion of SE1/4NE1/4 of Section 14, TOWNSHIP 19 NORTH, RANGE 53 EAST, M.D.B.&M.

EXCEPTING THEREFROM, all uranium, thorium, or any other material which is or may be determined to be peculiarly essential to the production of fissionable materials in and under said land, reserved by the United State of America in Patent recorded December 19, 1947, in Book 23, Page 226, Deed Records, Eureka County, Nevada.



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2008018569
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) Frank L OTEGUI		2. DATE OF DEATH (Mo/Day/Year) November 17, 2008		3a. COUNTY OF DEATH Eureka	
3b. CITY, TOWN, OR LOCATION OF DEATH Eureka		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 250 S. Main St.		3a.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)	
4. SEX Male		5. RACE White, Other - Basque, American (Specify) Indian or Alaskan Native -		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 82		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) March 07, 1926		9a. STATE OF BIRTH (If not U.S.A., name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 8		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Anna DESPAIN	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Supervisor		14b. KIND OF BUSINESS OR INDUSTRY Mining	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka	
15d. STREET AND NUMBER 570 Nob Hill		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER - NAME (First Middle Last Suffix) Joseph OTEGUI			17. MOTHER - NAME (First Middle Last Suffix) Margret BLAIR		
18a. INFORMANT- NAME (Type or Print) Anna OTEGUI			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 622 Eureka, Nevada 89316		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eureka Catholic Cemetery		19c. LOCATION City or Town State Eureka Nevada 89316	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) R SCOTT BURNS 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) [Signature]			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) KENNETH E JONES SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) [Signature]		21c. HOUR OF DEATH [Signature]		22b. DATE SIGNED (Mo/Day/Yr) December 17, 2008	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 20:30		22d. PRONOUNCED DEAD (Mo/Day/Yr) November 17, 2008	
22e. PRONOUNCED DEAD AT (Hour) 22:20		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Kenneth E Jones PO Box 736 Eureka, NV 89316			
23b. LICENSE NUMBER					
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 18, 2008		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) Myocardial infarction				Immediate	
(b) DUE TO, OR AS A CONSEQUENCE OF: Atherosclerosis				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
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

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VRS-Rev-2008T

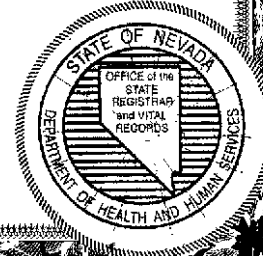
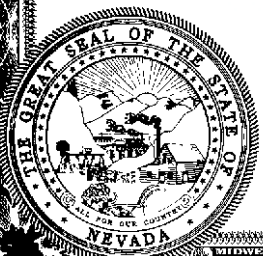
CERTIFIED COPY OF VITAL RECORDS

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: **12/24/2008**

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

Rand White
STATE REGISTRAR
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**STATE OF NEVADA
DECLARATION OF VALUE FORM**

DOC # DV-219223

12/15/2011 02:45 PM

Official Record

1. Assessor Parcel Number(s):

- a. 01-012-23
- b. _____
- c. _____
- d. _____

Recording requested By
ANNA OTEGUI

Eureka County - NV

Mike Rebaleati - Recorder

2. Type of Property:

- a. Vacant Land
- b. Single Fam. Res.
- c. Condo/Townhouse
- d. 2-4 Plex
- e. Apt. Bldg
- f. Comm'l/Ind'l
- g. Agricultural
- h. Mobile Home
- Other: _____

FOR R
Page 1 of 1 Fee \$16.00
Recorded By: FES RPTT:
Book: Book-526 Page-0279
Date of Recording: _____
Notes: _____

- 3. a. Total Value /Sales Price of Property: \$ 0.00
- b. Deed in Lieu of Foreclosure Only (value of property) (0.00)
- c. Transfer Tax Value: \$ 0.00
- d. Real Property Transfer Tax Due: \$ 0.00

4. **If Exemption Claimed:**

- a. Transfer Tax Exemption per NRS 375.090, Section 4
- b. Explain Reason for Exemption: Transfer to surviving joint tenant without consideration.

5. Partial Interest: Percentage being transferred: 100 %

The undersigned declare and acknowledge, 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 parties agree that 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: Anna Otegui Capacity: Grantor

Signature: Anna Otegui Capacity: Grantee

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Anna Otegui
Address: 4437 Red Blossom Circle
City: West Valley City
State: UT Zip: 84120

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Anna Otegui, as Trustee of
The A.O. Trust
Address: Same as Grantor
City: Same as Grantor
State: Same as Grantor Zip: Same as Grantor

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)

Print Name: Anna Otegui
Address: 4437 Red Blossom Circle
City: West Valley City
State, ZIP: UT, 84120

(AS A PUBLIC RECORD, THIS FORM MAY BE RECORDED/MICROFILMED)