

DOC # 0222171

11/21/2012

12:59 PM

Official Record

Recording requested By
BEZAIRE & LEATHERS

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$17.00

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RPTT:

Recorded By: FES

Book- 542 Page- 0123

Recording requested by and
when recorded mail to:

HAZEL M. HAAS
737 Magnolia Ave. #230
Corona, CA 92879

APN: 002-016-03



0222171

AFFIDAVIT OF DEATH (Probate Code Section 210)

HAZEL M. HAAS, Successor Trustee, of legal age, declares and says:

That the undersigned, HAZEL M. HAAS, 737 Magnolia Ave. #230, Corona, CA 92879
Successor Trustee of the HAAS TRUST DATED September 13, 1986, hereby accepts the
appointment as trustee and agrees to carry out the duties of trustee.

That WENDALL MAX BOAS HAAS, the decedent mentioned in the attached certified copy of
Certificate of Death, is the same person as WENDALL M. B. HAAS, named as one having an
interest in the HAAS TRUST DATED September 13, 1986. Said interest was transferred by
Quitclaim Deed executed and recorded with the EUREKA County Recorder.

The decedent's death affects the following described property situated in the County of
EUREKA, State of NEVADA.

1. *SEE ATTACHED EXHIBIT "A"*

More commonly known as:

3058 Crescent Ave., Crescent Valley, NV
89821

ASSESSOR'S PARCEL NUMBER:

002-016-03

VERIFICATION

I certify and declare under penalty of perjury under the laws of the State of California that the
foregoing is true and correct.

Dated: 11/19/12

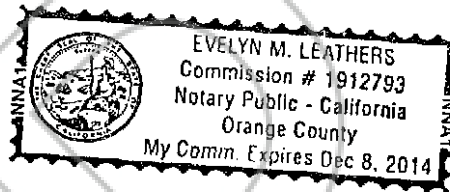
Hazel M. Haas
HAZEL M. HAAS,
Successor Trustee

JURAT

State of California)
) ss.
County of Riverside)

Subscribed and sworn to (or affirmed) before me on this 19th day of November, 2012,
by HAZEL M. HAAS, proved to me on the basis of satisfactory evidence to be
the person who appeared before me.

Evelyn M. Leathers
Notary Public



LOTS 27 and 28 of BLOCK 19 OF CRESCENT VALLEY RANCH AND FARMS UNIT
NUMBER 1 , AS SHOWN ON THE MAP THEREOF RECORDED IN THE OFFICE OF THE
COUNTY RECORDER OF EUREKA COUNTY, NEVADA, AS DOCUMENT NUMBER
34081.

TOGETHER WITH THE TENEMENTS, HEREDITAMENTS AND APPURTENANCES
THEREUNTO BELONGING OR APPERTAINING, AND THE REVERSION AND
REVERSIONS, REMAINDER AND REMAINDERS, RENTS, ISSUES AND PROFITS
THEREOF.

ALABAMA

CERTIFICATE OF DEATH

State File Number 101

1. DECEASED—NAME First Middle Last (Type last name all capitals) Wendall Max Boas HAAS			2. DATE OF DEATH (Month, Day, Year) February 18, 2012		3. COUNTY OF DEATH Jefferson	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Homewood 35209			5. INSIDE CITY LIMITS (Specify Yes or No) Yes		6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION (If in other place, give name and number) Brookwood Medical Center	
7. HOSPITAL (Specify inpatient, other Outpatient, DOA) Inpatient			8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc. No		9. RACE—(Specify American Indian, Black, White, etc.) White	
10. SEX Male			11. DECEASED'S SOCIAL SECURITY NUMBER			
12. AGE YRS MOS DAYS HOURS MINS. 88 YRS			13. DATE OF BIRTH (Month, Day, Year) March 16, 1923			
14. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) 5+			15. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Married		16. SURVIVING SPOUSE (If wife, give maiden name) Hazel LaVonne Moline	
17. STATE OF BIRTH (If not in USA, name country) Washington			18. RESIDENCE—STATE Alabama		19. COUNTY Jefferson	
20. CITY, TOWN, OR LOCATION AND ZIP CODE Birmingham, AL 35242			21. INSIDE CITY LIMITS (Specify Yes or No) No			
22. STREET AND NUMBER 3556 Chippenham Drive			23. INFORMANT—Name and Address Hazel Moline Haas 3556 Chippenham Dr, Birmingham, AL 35242			
24. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Engineer			25. KIND OF BUSINESS OR INDUSTRY Mechanical			
26. FATHER—NAME First Middle Last Max Boas			27. MOTHER—NAME First Middle Last Faith H. Haas			
28. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) Cremation			29. DATE OF DISPOSITION (Month, Day, Year) Feb. 20, 2012		30. CEMETERY OR CREMATORY—Name Johns-Ridout's	
31. FUNERAL HOME—Name and Address Southern Heritage 475 Cahaba Valley Rd, Pelham, AL 35124			32. FUNERAL DIRECTOR—Signature <i>[Signature]</i>		33. DATE SIGNED BY FUNERAL DIRECTOR Feb 24, 2012	
34. CERTIFYING PHYSICIAN (Physician certifying cause of death) To the best of my knowledge, death occurred at the time and date, and due to the cause(s) and manner stated. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner stated. Signature: <i>[Signature]</i> John A. Ward MD 2/20/12						
35. TIME AND DATE OF DEATH 1440 Hr 2/18/12			36. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only)		37. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) JOHN A. WARD MD	
38. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) 2010 B'ham DR. B'ham AL 35209			39. CERTIFIER LICENSE NUMBER 13511		40. DATE FILED (Month, Day, Year) Feb.	
41. REGISTRAR—Signature <i>[Signature]</i>			42. For State or County use only			

MEDICAL CERTIFICATION

43. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → Ischemic cardiomyopathy		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WKS
a. DUE TO (OR AS A CONSEQUENCE OF): Acute MI		
b. DUE TO (OR AS A CONSEQUENCE OF): Coronary artery Disease		days
c. DUE TO (OR AS A CONSEQUENCE OF):		
d. SEQUENTIALLY list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Chronic renal insufficiency, Varicella Zoster		years.
44. PART II. Give significant conditions contributing to death but not resulting in the underlying cause given in Part I. Natural		
45. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) Natural		46. WAS THERE A PREGNANCY IN LAST 12 DAYS? (Specify Yes, No, or Unknown) NO
47. HOW INJURED? (Specify name of injury in item 46, Part I or item 47, Part II)		48. AUTOPSY (Specify Yes or No) NO
49. DATE OF INJURY (Month, Day, Year)		49. HOUR OF DEATH
50. INJURY AT WORK? (Specify Yes or No)		51. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.)
52. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State)		53. DATE OF INJURY (Month, Day, Year)

This is a legal record and must be filed within five (5) days after



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This is a true and exact copy of the record on file with
The Jefferson County Department of Health

February 27, 2012

[Signature]
Registrar

STATE OF NEVADA
DECLARATION OF VALUE

DOC # DV-222171

11/21/2012

12:59 PM

Official Record

1. Assessor Parcel Number(s)

a. 002-016-03
b. _____
c. _____
d. _____

Recording requested By
BEZAIRE & LEATHERS

Eureka County - NV

Mike Rebaleati - Recorder

2. Type of Property:

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

FOR

Page 1 of 1 Fee: \$17.00
Recorded By: FES RPTT:

Book

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Date of Recording: _____

Notes: _____

3.a. Total Value/Sales Price of Property

\$ _____

b. Deed in Lieu of Foreclosure Only (value of property (_____)

c. Transfer Tax Value: \$ _____

d. Real Property Transfer Tax Due \$ _____

4. If Exemption Claimed:

a. Transfer Tax Exemption per NRS 375.090, Section 04

b. Explain Reason for Exemption: Remove deceased 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 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 Hazel M. Haas Capacity: trustee

Signature _____ Capacity: _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Hazel Haas
Address: 737 Magnolia Ave Ste 230
City: Orona
State: CA Zip: 92879

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Hazel Haas
Address: 737 Magnolia Ave Ste 230
City: Orona
State: CA Zip: 92879

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

Print Name: _____
Address: _____
City: _____

Escrow # _____
State: _____ Zip: _____

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED