

APN: 001-092-05

**Recording Requested By
and Return to:**

Goicoechea, Di Grazia,
Coyle & Stanton, Ltd.
530 Idaho Street
Elko, NV 89801

Mail tax statement to:

HC 65 Box 46
Carlin, NV 89822

The undersigned affirms that
this document does contain
a social security number.

DOC # 0226570

01/13/2014

10:02 AM

Official Record

Recording requested By
GOICOECHEA, DIGRAZIA, COYLE &

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$16.00

Page 1 of 3

RPTT:

Recorded By: LLH

Book- 561 Page- 0223



0226570

DEATH OF GRANTOR AFFIDAVIT

I, **ANTONE J. DAMELE**, being duly sworn, according to law, deposes and
says:

1. That **ELLEN M. DAMELE** also known as **ELLEN MARIE DAMELE**,
the decedent mentioned in the attached certified copy of the Certificate of Death,
is the same person as **ELLEN M. DAMELE**, named as **ELLEN M. DAMELE**, as
trustee for the ELLEN M. DAMELE TRUST DATED JANUARY 16, 1992, in the
deed upon death recorded February 25, 2010, as document number 0214626,
records of Eureka County, Nevada covering the real property commonly known
as 360 W. Bateman Street, Eureka, Nevada, more particularly described as
follows:

Lots Nine (9), Ten (10) and Eleven (11) in Block Sixty in the Townsite of
Eureka, County of Eureka, State of Nevada, as the same appears upon the
official map or plat of said townsite on file in the office of the County
Recorder, Eureka County Nevada, and approved by the U.S. General and
Office on November 19, 1937.

TOGETHER WITH all buildings and improvements situate thereon.

GOICOECHEA, DI GRAZIA, COYLE & STANTON, LTD.
ATTORNEYS AT LAW
530 IDAHO STREET - P. O. BOX 1358
ELKO, NEVADA 89801
(775) 738-8091

TOGETHER WITH the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues, and profits thereof.

2. That **ANTONE J. DAMELE** is the beneficiary to whom the real property is conveyed upon the death of **ELLEN M. DAMELE**, or is the authorized representative of the beneficiary or at least one of the beneficiaries. The beneficiary listed in the deed upon death is **ANTONE J. DAMELE**.

3. That Affiant makes this Affidavit for recording and for the purpose of effecting transfer of ownership of the deceased's and all of her trust's right, title, interest and estate in and to the foregoing described property, and vesting it in the beneficiary, **ANTONE J. DAMELE**.

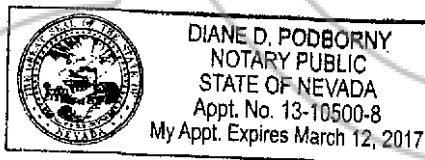
DATED this 23rd day of December, 2013.



ANTONE J. DAMELE

STATE OF NEVADA)
 : ss.
COUNTY OF Eureka)

This instrument was acknowledged before me on 23rd day of December 2013 by **ANTONE J. DAMELE**.





NOTARY PUBLIC

GOICOECHEA, DI GRAZIA, COYLE & STANTON, LTD.
ATTORNEYS AT LAW
530 IDAHO STREET - P. O. BOX 1358
ELKO, NEVADA 89801
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STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2013017785

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Ellen Marie DAMELE		2. DATE OF DEATH (Mo/Day/Year) September 07, 2013		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)) 360 W Bateman		3d. If Hosp. or Inst. indicate DOA, OP/ Emer. Rm. Inpatient (Specify) Hortie	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 93	
	7b. UNDER 1 YEAR MOS. DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) January 04, 1920	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A. name country) Idaho		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)		13. SOCIAL SECURITY NUMBER	
PARENTS	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Rancher		14b. KIND OF BUSINESS OR INDUSTRY Ranching		Ever in US Armed Forces? No	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka	
DISPOSITION	15d. STREET AND NUMBER 360 W Bateman		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Lincoln HOLLEY	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Julie FAULKNER		18a. INFORMANT - NAME (Type or Print) Tony DAMELE		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) HC 65 Box 46 Carlin, Nevada 89822	
TRADE CALL	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) JASON MUTH SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 238		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 689 Elko NV 89803	
CERTIFIER	21a. To the best of my knowledge, 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) November 01, 2013		21c. HOUR OF DEATH 23:30	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. PRONOUNCED DEAD (Mo/Day/Yr) September 07, 2013		22b. PRONOUNCED DEAD AT (Hour) 01:35	
REGISTRAR	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) BIANCA GALEANO SIGNATURE AUTHENTICATED	
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 04, 2013		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).) Congestive Heart Failure	
CAUSE OF DEATH	PART I (a) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death Immediate		Interval between onset and death	
	(b) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death		Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(c) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death		Interval between onset and death	
	(d) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death		Interval between onset and death	
STATE REGISTRAR	PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I. Kidney Failure		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	
3732227	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		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		28i. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR



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VRS-Rev-20120623a

503010

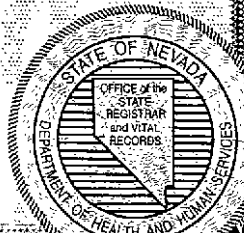
CERTIFIED COPY OF VITAL RECORDS

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: 11/04/2013

SIGNATURE AUTHENTICATED

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



STATE OF NEVADA
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)

a) 001-092-05
b) _____
c) _____
d) _____

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 _____

3. Total Value/Sales Price of Property

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

Transfer Tax Value: _____

Real Property Transfer Tax Due _____

DOC # DV-226570

01/13/2014 10:02 AM

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Eureka County - NV

Mike Rebaleati - Recorder

Page 1 of 1 Fee: \$16.00
Recorded By: LLH RPTT:
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\$1,503.00

\$0.00

\$0.00

4. If Exemption Claimed:

a. Transfer Tax Exemption per NRS 375.090, Section 5

b. Explain Reason for Exemption: transfer of title from deceased mother to son

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 Robert B. Goicoechea

Capacity Attorney for Antone Damele

Signature _____

Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Ellen Damele
Address: HC 65 Box 46
City: Carlin
State: NV Zip: 89822

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Antone Damele
Address: HC 65 Box 46
City: Carlin
State: NV Zip: 89822

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

Print Name: Goicoechea, Di Grazia, Coyle &
Address: 530 Idaho Street Stanton
City: Elko

Escrow #: _____
State: NV Zip: 89801

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED