

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



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**.

 **DIANE D. PODBORNY**
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 13-10500-8
My Appt. Expires March 12, 2017



NOTARY PUBLIC

GOICOECHEA, DI GRAZIA, COYLE & STANTON, LTD.
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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

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) 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	
5. RACE White (Specify)		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	
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	
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	
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	
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 298		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 689 Elko NV 89803	
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		22a. PRONOUNCED DEAD (Mo/Day/Yr) September 07, 2013	
22b. PRONOUNCED DEAD AT (Hour) 01:35		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).)					
PART I (a) Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death Immediate	
(b) DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(d) 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		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	

STATE REGISTRAR



0226570

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VRS-Rev. 20120523a

503010

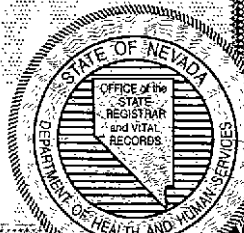
CERTIFIED COPY OF VITAL RECORDS

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]
STATE REGISTRAR
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

DOC # DV-226570

01/13/2014 10:02 AM

Official Record

1. Assessor Parcel Number(s)

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

Recording requested By
GOICOECHEA, DIGRAZIA, COYLE &

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 _____

Eureka County - NV

Mike Rebaleati - Recorder

Page 1 of 1 Fee: \$16.00
Recorded By: LLH RPTT:
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3. Total Value/Sales Price of Property

Deed in Lieu of Foreclosure Only (value of property) \$1,503.00
Transfer Tax Value: \$ 0.00
Real Property Transfer Tax Due \$ 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 & Escrow #: _____
Address: 530 Idaho Street Stanton
City: Elko State: NV Zip: 89801

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED