# APN# \_\_00330114 & 00330107 Recording Requested By: Name: \_\_Thomas R. Mathews Address \_\_482 Fourth Street

City/State/Zip Crescent Valley Ny, 89821

DOC # 0229365

05/15/2015

10:39 AM

Official Record

Recording requested By THOMAS MATHEWS

Eureka County - NV Sara Simmons - Recorder

Fee: **\$19.00** RPTT: Page 1 of 6 Recorded By: LH

Book- 578 Page- 0342

0229365

V eited Hetter Testa mentary

Location of A proint ment of

El Cortez Rancho Subdivision, Lots 18 & 20 (Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fees applies)

# QUIT CLAIM DEED

APN: 00330114 & 00330107	( )
RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO	\ \
Name: Thomas Raymond Mathews	\ \
Address: 482 Fourth Street	\ \
City/State/Zip:. Crescent Valley, Nv	
THIS INDENTURE WITNESS That the GRANTOR(S): Michell	le M. Rauer And Michael A. Mathews,
Co-Personal Representatives for the Estate of Max N	Mathews for and in consideration of
	\$_700.00) do hereby QUIT CLAIM
the right, title and interest, if any, which GRANTOR(S) may have i	n all that real property, the receipt of which
is hereby acknowledged, to the GRANTEE(S): Thomas Raym	ond Mathews whose
address is (if applicable): 482 Fourth Street	, situate in the
City of Crescent Valley , County of Eureka	, State of Nevada All
that certain property in the County of Eureka, State of Nevada bound	ded and described as follows:
	Cortez Rancho Subdivision; a portion
of Section 9, Township 29 No	orth, Range 48 East MDBM, Crescent
Valley, Eureka County, Neva	ıda.
\ \	4
	;
Together with all and singular hereditament and appeurtenance	es thereunto belonging or in any way
appertaining to. In Witness Whereof, I/We have hereunto set my ha	A
XXX VIIchlle U. Kuy	xxx
Signature of Grantor	Signature of Grantor
STATE OF NEVADA Idali.	
COUNTY OF EUREKA Ada	
	wail 1 2015
This instrument was acknowledged before me on (a By (Person(s) appearing before notary public) Michelle L	1. Rauer
150	JANA L. FILER
Allena Fills	Notary Public State of Idaho
My Commission expires:	
	5/2015 (Notary Stamp)
0229365 Page: 343 Page	2 of 6

# QUIT CLAIM DEED

APN: 00330114 & 00330107	\
RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO	\
Name: Thomas Raymond Mathews	\
Address: 482 Fourth Street	\
City/State/Zip: Crescent Valley, Nv	\
	\
THIS INDENTURE WITNESS That the GRANTOR(S): Michelle M. Rauer And Michael	l A. Mathews
Co-Personal Representatives for the Estate of Max Mathews <sup>for</sup> and in consumption of the Inheritance: Seven Hundred Dollars Dollars (\$\frac{700.00}{200.00}) do hereby Consumption of the Estate of Max Mathews <sup>for</sup> and in consumption of the Estate of Max Mathews <sup>for</sup> and in consumption of the Estate of Max Mathews <sup>for</sup> and in consumption of the Estate of Max Mathews <sup>for</sup> and in consumption of the Estate of Max Mathews <sup>for</sup> and in consumption of the Estate of Max Mathews <sup>for</sup> and in consumption of the Estate of Max Mathews <sup>for</sup> and in consumption of the Estate of Max Mathews <sup>for</sup> and in consumption of the Estate of Max Mathews <sup>for</sup> and in consumption of the Estate of Max Mathews <sup>for</sup> and in consumption of the Estate of Max Mathews <sup>for</sup> and in consumption of the Estate of Max Mathews <sup>for</sup> and in consumption of the Estate of Max Mathews <sup>for</sup> and in consumption of the Estate of Max Mathews <sup>for</sup> and in consumption of the Estate of Max Mathews <sup>for</sup> and in consumption of the Estate of Max Mathews <sup>for</sup> and in consumption of the Estate of Max Mathews <sup>for</sup> and in consumption of the Estate of Max Mathews <sup>for</sup> and in consumption of the Estate of Max Mathews <sup>for</sup> and in consumption of the Estate of Max Mathews <sup>for</sup> and in consumption of the Estate of Max Mathews <sup>for</sup> and in consumption of the Estate of Max Mathews <sup>for</sup> and in consumption of the Estate of Max Mathews <sup>for</sup> and in consumption of the Estate of Max Mathews <sup>for</sup> and in consumption of the Estate of Max Mathews <sup>for</sup> and in consumption of the Estate of Max Mathews <sup>for</sup> and in consumption of the Estate of Max Mathews <sup>for</sup> and in consumption of the Estate of Max Mathews <sup>for</sup> and in consumption of the Estate of Max Mathews <sup>for</sup> and in consumption of the Estate of Max Mathews <sup>for</sup> and in consumption of the Estate of Max Mathews <sup>for</sup> and in consumption of the Estate of Max Mathews <sup>for</sup> and in consumption of the Estate of Max Mathews <sup>for</sup> and in consumption of the Estate of Max Mathews <sup>for</sup> and in consumption of the Estate of Max Mathews <sup>for</sup> and in consumption of the Estat	7.
the right, title and interest, if any, which GRANTOR(S) may have in all that real property, the rec	
is hereby acknowledged, to the GRANTEE(S): Thomas Raymond Mathews	whose
	situate in the
City of _ Crescent Valley, County of _ Eureka, State of _ Nevada	. Ali
that certain property in the County of Eureka, State of Nevada bounded and described as follows:	
(Set forth legal description)  Lots 18 & 20, Unit No. 1, El Cortez Rancho Subdivisi of Section 9, Township 29 North, Range 48 East MD Valley, Eureka County, Nevada.  Together with all and singular hereditament and appeurtenances thereunto belonging or in appertaining to. In Witness Whereof, I/We have hereunto set my hand/our hands on	BM, Crescent
XXX Whill AND	O to
Signature of Grantor Signature of Grantor	
STATE OF NEVADAWA )	







DANO DEPARTMENT OF HEALTH AND WELFARE BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

### CERTIFICATE OF DEATH

Date Filed JANUARY 07, 2015		State File No. 2015-00086
PEOPER LEON MARCH		
DECEDENT LEGAL NAME		
Co. 16. 227, 17. 17. 17. 17. 17. 17. 17. 17. 17. 17.	URITY MUMBER: AGE DATE OF BIRTH	
SOCIAL SEC	A second	RY 15, 1931
BIRTHPLACE X	PLACE OF RESIDENCE	
IDAHO FALLS, IDAHO	TWIN FALLS, IDA	HO
MARITAL STATUS AT TIME OF DEATH	NAME OF SURVIVING SPOUSE (If wife, maiden frame)	WAS DECEDENT EVER IN
WIDOWED		YES
FATHER NAME?		BIRTHPLACE
MAX JOHN MATHEWS		UTAH
MOTHER MADEN NAME		BIRTHPLACE
PHYLLIS LEONA PARK		UTAH
METHOD OF DISPOSITION BURTAL	FUNERAL SERVICE LICENSES	
NAME AND ADDRESS OF FUNERAL FACILITY.	PRESTON FLANARY	
WHITE MORTUARY AND CREMA	TORY: TWIN PALLS TOAHO	
DATE OF DEATH	A CONTRACTOR OF DEATH	COUNTY OF DEATH
JAN: 05, 2015 8:00 A	部分体的1 医研测量 6. 通常经验基据 <b>计整</b> 数数据的数据 2. 是自然的时代的现在分词	TWIN FALLS
CAUSE OF DEATH: (underlying cause last)		Approximate Interval Between
STROKE		HOURS
DUE TO (or as a consequence of):		
CEREBELLAR HEMORRHAGE		HOURS
OUE TO (or as a connequence of)		
DUE TO (or as a consequence of): **		The NAME OF THE STATE OF THE ST
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH but not resulting in the underlying cause given above:	WAS AN AUTOPSY PERFORMED?
HYPERTENSION		NO PERFORMED!
MANNER OF DEATH	MARIE OF CERTIFIER	TITLE STATE OF THE
NATURAL	JAMES WESTBERRY, M.D.	PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY		
	THE RESERVE OF THE PARTY OF THE	A second of the second of the second of
DATE OF INJURY	EXTERNAL CAUSES ONLY  TIME OF INJURY.  PLACE OF INJURY.	WINDRY AT
		WORLD TO
LOCATION WHERE INJURY OCCURRED		ANT .
		The state of the s
DESCRIPTION OF HOW INJURY OCCUPRED.		
		The same of the sa
	The common common contract the contract of the	

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS:

0229365 Book 578



DATE ISSUED:

JANUARY 07, 2015

This copy not valid unless prepared on engraved border adisplaying state seal and signature of the Registrar.

JAMES B. AYDELOTTE STATE REGISTRAR

05/15/2015



5621 W Gage Street Boise, ID 83706

March 19, 2015

Jay Scott, President NNAU

Sara Simmons, County Recorder-Eureka Co

488 Fourth St.

PO Box 556

Crescent Valley, Nv 89821

Eureka, NV 89316

Dawna L. Warr, County Recorder-Lyon Co.

27 S. Main St.

Yerington, NV 89447

To Whom It May Concern:

We are writing this letter in regards to the passing of our father, Max Mathews. We have been appointed Co-Personal Representative's to the Estate of Max Mathews as outlined in the attachments.

According to the Final Will based on four equal shares as agreed upon by the surviving children, it has been determined that Thomas Raymond Mathews (our brother) of Crescent Valley, Nevada will receive all business interest's and land holdings in the State of Nevada in Max Mathews name. These holdings include: NNAU Corporate Common Stock (12,500 shares), Mules 1 & 2 lode mining claims (T26N R48E S3, NMC857561 & NMC857562, Eureka Co.), El Cortez Rancho Estates Lot 18 & 20 (T29N R48E S9, Parcel #'s 00330114 & 00330107, Eureka Co.). 320 acres vacant land (T31N R49E S33 E1/2, Parcel # 00509069, Eureka Co.) and Silver Springs Residential Lot (3780 Fort Churchhill Rd., Parcel #018-429-05, Lyon Co.). Thomas will assume all tax liability and have the ability to dispose or retain any of these holdings as he deems appropriate.

Any help you may be able provide in the assistance of transferring these holding's into our brother's name, Thomas R. Mathews, will be greatly appreciated. Should you have any questions, please contact us at 208-871-7766. Thank you in advance for your assistance.

Sincergly

Michelle M. Rauer

Co-Personal Representative of Max Mathews Will

Michael A. Mathews

Co-Personal Representative of

Max Mathews Will

County of

This instrument was acknowledged before me on (datc)

By (person appearing before notary)

Jana L. Filer Notary Public

State of Idaho

### MICHELLE M. RAUER

5621 W Gage Street Boise, ID 83706

March 19, 2015

Jay Scott, President NNAU

Sara Simmons, County Recorder-Eureka Co

488 Fourth St.

PO Box 556

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Any help you may be able provide in the assistance of transferring these holding's into our brother's name, Thomas R. Mathews, will be greatly appreciated. Should you have any questions, please contact us at 208-871-7766. Thank you in advance for your assistance.

Sincerely,

Michelle M. Rauer Co-Personal Representative of Max Mathews Will Michael A. Mathews Co-Personal Representative of

Co-Personal Representative o Max Mathews Will

State of WA County of King  This instrument was acknowledged before me on (date) 4-15	☐ Motary Public ☐ State of Washington ☐
By (person appearing before notary) Michael Machews  Notary of Public	SONIA E. ALEXANDER MY COMMISSION EXPIRES JUNE 10, 2017

STATE OF NEVADA	DOC # DV-229365
DECLARATION OF VALUE FORM	05/15/2015 10:39 AM
1. Assessor Parcel Number(s)	Official Record
a) 00330114	n i i i i i i i i i i i i i i i i i i i
b) 00330107	Recording requested By THOMAS MATHEWS
c)	- 1 0 \ \NV
d)	Eureka County - NV
2. Type of Property:	Sara Simmons - Recorder
a) X Vacant Land b) Single Fam. Res	Page 1 of 1 Fee: \$19.00
c) Condo/Twnhse d) 2-4 Plex	Recorded By: LH RPTT:
e) Apt. Bldg f) Comm'l/Ind'l	Book - 578 Page - 9342
g) Agricultural h) Mobile Home	Notes:
Other	Troves.
3. Total Value/Sales Price of Property	\$ 700.00
Deed in Lieu of Foreclosure Only (value of prope	~ <u></u>
Transfer Tax Value:	\$
Real Property Transfer Tax Due	S
4. If Exemption Claimed:	Y
a. Transfer Tax Exemption per NRS 375.090, Se	etion 5
b. Explain Reason for Exemption: Decease	sec Father to son
o, Explain Roason for Exemption —	332 331 19 11 29 1
5. Partial Interest: Percentage being transferred:	%
The undersigned declares and acknowledges,	
NRS 375.060 and NRS 375.110, that the information	
information and belief, and can be supported by docu	
information provided herein. Furthermore, the parties	
exemption, or other determination of additional tax di	
due plus interest at 1% per month. Pursuant to NRS 3	
jointly and severally liable for any additional amount	
Signature Command	Capacity Grantee
0.5.1111.	outputty
Signature	Capacity
SELLER (GRANTOR) INFORMATION	UYER (GRANTEE) INFORMATION
(REQUIRED)	(REQUIRED)
	rint Name: Thomas R. Mathews
Address: 1351 Poplar Ave	Address: 482 Fourth St
City: Twin Falls	City: Crescent Valley
City: Twin Falls State: Idaho Zip: 83301 S	tate: Nevada Zip: 89821
Silite. Idento Zip. Coor	2rp, 89821
COMPANY/PERSON REQUESTING RECORDS	NG (required if not seller or haver)
Print Name:	scrow #:
Address:	**************************************
	tate: Zip:
	m.s

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED