

DOC # 0229366

05/15/2015

10:41 AM

Official Record

Recording requested By
THOMAS MATHEWS

Eureka County - NV

Sara Simmons - Recorder

Fee: \$19.00

Page 1 of 6

RPTT:

Recorded By: LH

Book- 578 Page- 0348

APN # 00509069

Recording Requested By:

Name: Thomas R. Mathews

Address 482 Fourth Street

City/State/Zip Crescent Valley Nv, 89821



0229366

*Verified Letters Testamentary
& Order of Appointment
CPH*

T31N R49E Section 33 East 1/2
(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: 00509069

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 A. Mathews,

Co-Personal Representatives for the Estate of Max Mathews for and in consideration of
Inheritance: _____ Dollars (\$ 12,320.00) do hereby QUIT CLAIM

the right, title and interest, if any, which GRANTOR(S) may have in all that real property, the receipt of which
is hereby acknowledged, to the GRANTEE(S): Thomas Raymond 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 bounded and described as follows:

(Set forth legal description) Undivided ownership of 320 acres vacant land, Section 33 East half,
Township 31 North, Range 49 East, Eureka County, Nevada.

Together with all and singular hereditament and appurtenances thereunto belonging or in any way
appertaining to. In Witness Whereof, I/We have hereunto set my hand/our hands on 3-30-15

XXX

Signature of Grantor

XXX [Signature]

Signature of Grantor

STATE OF ~~NEVADA~~ WA)

COUNTY OF ~~EUREKA~~ King)

This instrument was acknowledged before me on (date) 3-30-2015

By (person(s) appearing before notary public) Michael [Signature] ~~Notary Public~~

[Signature]
Notary Public

My Commission expires: 6-10-2017

State of Washington
SONIA E. ALEXANDER
MY COMMISSION EXPIRES
JUNE 10, 2017
[Notary Stamp]

QUIT CLAIM DEED

APN: 00509069

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO:

Name: Thomas Raymond Mathews

Address: 482 Fourth Street

City/State/Zip: Crescent Valley, Nv

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Together with all and singular hereditament and appurtenances thereunto belonging or in any way
appertaining to. In Witness Whereof, I/We have hereunto set my hand/our hands on April 1, 2015.

XXX Michelle M. Rauer

Signature of Grantor

XXX _____

Signature of Grantor

STATE OF ~~NEVADA~~ Idaho

COUNTY OF ~~EUREKA~~ Ada

This instrument was acknowledged before me on (date) April 1, 2015.

By (person(s) appearing before notary public) Michelle M. Rauer

Jana L. Filer
Notary Public Residing in Boise, Idaho
My Commission expires: 11-07-2015

JANA L. FILER
Notary Public
State of Idaho

(Notary Stamp)



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Page: 3 of 6

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD



STATE OF IDAHO
 IDAHO DEPARTMENT OF HEALTH AND WELFARE
 BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

CERTIFICATE OF DEATH

Date Filed: JANUARY 07, 2015

State File No. 2015-00066

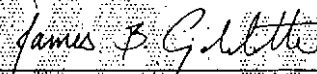
DECEDENT - LEGAL NAME MAX MATHEWS			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 83 YEARS	DATE OF BIRTH FEBRUARY 15, 1931
BIRTHPLACE IDAHO FALLS, IDAHO		PLACE OF RESIDENCE TWIN FALLS, IDAHO	
MARRITAL STATUS AT TIME OF DEATH WIDOWED		NAME OF SURVIVING SPOUSE (if wife, maiden name)	WAS DECEDENT EVER IN U.S. ARMED FORCES? YES
FATHER - NAME MAX JOHN MATHEWS			BIRTHPLACE UTAH
MOTHER - MAIDEN NAME PHYLLIS LEONA PARK			BIRTHPLACE UTAH
METHOD OF DISPOSITION BURIAL	FUNERAL SERVICE LICENSEE PRESTON FLANARY		
NAME AND ADDRESS OF FUNERAL FACILITY WHITE MORTUARY AND CREMATORY, TWIN FALLS, IDAHO			
DATE OF DEATH JAN 05, 2015	TIME OF DEATH 8:00 A.M.	CITY/TOWN OR LOCATION OF DEATH TWIN FALLS, IDAHO	COUNTY OF DEATH TWIN FALLS
CAUSE OF DEATH (underlying cause last) a. STROKE			Approximate Interval Between Onset and Death HOURS
DUE TO (or as a consequence of): b. CEREBELLAR HEMORRHAGE			HOURS
DUE TO (or as a consequence of): c.			
DUE TO (or as a consequence of): d.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above HYPERTENSION			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER JAMES WESTBERRY, M.D.		TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			



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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.

DATE ISSUED: JANUARY 07, 2015

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


JAMES B. AYDELOTTE
 STATE REGISTRAR



MICHELLE M. RAUER

MICHAEL A. MATHEWS

5621 W Gage Street
Boise, ID 83706

March 19, 2015

Jay Scott, President NNAU
488 Fourth St.
Crescent Valley, Nv 89821

Sara Simmons, County Recorder-Eureka Co
PO Box 556
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 E½, 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.

Sincerely

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

Michael A. Mathews
Co-Personal Representative of
Max Mathews Will

State of <u>Idaho</u>	County of <u>Ada</u>
This instrument was acknowledged before me on (date) <u>April 15, 2015</u>	
By (person appearing before notary) <u>Michelle M. Rauer</u>	<div data-bbox="899 1705 1317 1829" data-label="Text"> <p>JANA L. FILER Notary Public State of Idaho</p> </div>
<div data-bbox="219 1732 584 1837" data-label="Text"> <p><u>Jana L. Filer</u> Notary of Public</p> </div>	
<div data-bbox="324 1827 803 1890" data-label="Text"> <p><u>Notary Expires 11-07-15</u></p> </div>	



0229366

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Page: 352 Page: 5 of 6

MICHELLE M. RAUER

MICHAEL A. MATHEWS

5621 W Gage Street
Boise, ID 83706

March 19, 2015

Jay Scott, President NNAU
488 Fourth St.
Crescent Valley, Nv 89821

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PO Box 556
Eureka, NV 89316

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Sincerely,

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



Michael A. Mathews
Co-Personal Representative of
Max Mathews Will

State of <u>WA</u>	County of <u>King</u>	<input type="checkbox"/>
This instrument was acknowledged before me on (date) <u>4-</u>		<input type="checkbox"/>
By (person appearing before notary) <u>Michael Mathews</u>		<input type="checkbox"/>
<u>Sonia Alexandre</u> Notary of Public		<input type="checkbox"/>

Notary Public
State of Washington
SONIA E. ALEXANDER
MY COMMISSION EXPIRES
JUNE 10, 2017

(Notary Stamp)

DOC # DV-229366

05/15/2015

10:41 AM

STATE OF NEVADA
DECLARATION OF VALUE FORM

Official Record

1. Assessor Parcel Number(s)

- a) 00509069
- b) _____
- c) _____
- d) _____

Recording requested By
THOMAS MATHEWS

Eureka County - NV

Sara Simmons - 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 _____

Page 1 of 1 Fee: \$19.00

Recorded By: LH RPTT

Book- 578 Page- 0348

Date of Recording: _____

Notes: _____

3. Total Value/Sales Price of Property

\$ 12,320.00

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

Transfer Tax Value: \$ _____

Real Property Transfer Tax Due \$ _____

4. If Exemption Claimed:

- a. Transfer Tax Exemption per NRS 375.090, Section 5
- b. Explain Reason for Exemption: Deceased father 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 Thomas Mathews Capacity Grantee

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Max Mathews
Address: 1351 Poplar Ave
City: Twin Falls
State: Idaho Zip: 83301

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Thomas R. Mathews
Address: 482 Fourth St
City: Crescent Valley
State: Nevada Zip: 89821

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

Print Name: _____ Escrow #: _____
Address: _____
City: _____ State: _____ Zip: _____

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED