

**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  
JH*

**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: Greseent 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]

[Signature]  
Notary Public

My Commission expires: 6-10-2017

[Signature]  
Notary Public

State of Washington

SONIA E. ALEXANDER

MY COMMISSION EXPIRES  
JUNE 10, 2017



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# 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

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

Jane 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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**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 <b>MAX MATHEWS</b>			
SEX <b>MALE</b>	SOCIAL SECURITY NUMBER [REDACTED]	AGE <b>83 YEARS</b>	DATE OF BIRTH <b>FEBRUARY 15, 1931</b>
BIRTHPLACE <b>IDAHO FALLS, IDAHO</b>		PLACE OF RESIDENCE <b>TWIN FALLS, IDAHO</b>	
MARRITAL STATUS AT TIME OF DEATH <b>WIDOWED</b>		NAME OF SURVIVING SPOUSE (If wife, maiden name)	WAS DECEDENT EVER IN U.S. ARMED FORCES? <b>YES</b>
FATHER - NAME <b>MAX JOHN MATHEWS</b>			BIRTHPLACE <b>UTAH</b>
MOTHER - MAIDEN NAME <b>PHYLLIS LEONA PARK</b>			BIRTHPLACE <b>UTAH</b>
METHOD OF DISPOSITION <b>BURIAL</b>		FUNERAL SERVICE LICENSEE <b>PRESTON FLANARY</b>	
NAME AND ADDRESS OF FUNERAL FACILITY <b>WHITE MORTUARY AND CREMATORY, TWIN FALLS, IDAHO</b>			
DATE OF DEATH <b>JAN. 05, 2015</b>	TIME OF DEATH <b>8:00 A.M.</b>	CITY/TOWN OR LOCATION OF DEATH <b>TWIN FALLS, IDAHO</b>	COUNTY OF DEATH <b>TWIN FALLS</b>
CAUSE OF DEATH (underlying cause last) <b>a. STROKE</b>			Approximate Interval Between Onset and Death HOURS
DUE TO (or as a consequence of): <b>b. CEREBELLAR HEMORRHAGE</b>			
DUE TO (or as a consequence of): <b>c.</b>			
DUE TO (or as a consequence of): <b>d.</b>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above <b>HYPERTENSION</b>			WAS AN AUTOPSY PERFORMED? <b>NO</b>
MANNER OF DEATH <b>NATURAL</b>	NAME OF CERTIFIER <b>JAMES WESTBERRY, M.D.</b>		TITLE <b>PHYSICIAN</b>
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
<b>EXTERNAL CAUSES ONLY</b>			
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*  
**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="901 1711 1315 1837" data-label="Text"><p>JANA L. FILER Notary Public State of Idaho</p></div> <p>(Notary Stamp)</p>
<u>Jana L. Filer</u> Notary of Public <u>Notary Expires 11-07-15</u>	



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MICHELLE M. RAUER

MICHAEL A. MATHEWS

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Boise, ID 83706

March 19, 2015

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488 Fourth St.  
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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"/>
<b>Notary Public</b> <b>State of Washington</b> <b>SONIA E. ALEXANDER</b> MY COMMISSION EXPIRES JUNE 10, 2017 (Notary Stamp)		



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STATE OF NEVADA  
DECLARATION OF VALUE FORM

DOC # DV-229366

05/15/2015

10:41 AM

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 \_\_\_\_\_

Capacity \_\_\_\_\_

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