

A.P.N.7-397-02

When recorded mail to:
Sandra G. Lawrence
Dyer, Lawrence, Flaherty
Donaldson & Prunty
2805 Mountain St.
Carson City, NV 89703

Grantees' Address:
Mail Tax Statements to:

Anita Falen
516 North Laurel Street
Genesee, Idaho 83832

DOC # 0231543

06/08/2016 01:18 PM

Official Record

Recording requested By
DYER, LAWRENCE, FLAHERTY, DONALDSON

Eureka County - NV

Sara Simmons - Recorder

Fee: \$18.00

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RPTT:

Recorded By: LH

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0231543

X The undersigned hereby affirm that this document, including exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

☐ The undersigned hereby affirm that this document, including exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: _____.

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF IDAHO)
) ss:
COUNTY OF LATAH)

Anita L. Falen being of legal age, hereby states under penalty of perjury that the following statements are true:

That Affiant is the person named as a Joint Tenant, one of the Grantees in that certain Deed recorded as File No. 107504, in Book 155, Pages 148 and 149, in the office of the County Recorder of Eureka, State of Nevada, referring to all that certain real property situate in the County of Eureka, State of Nevada, and more particularly described as follows:

Lot 3 as shown on that certain parcel map for Devil's Gate Corp., filed in the Office of the County Recorder of Eureka County, Nevada, filed on October 8, 1981, as File No. 82270, located in a portion of parcel C, of the Large Division Map of the E 1/2 of Section 17, Township 20 North, Range 53 East, M.D. Mer.

EXCEPTING THEREFROM all of the oil and gas, in and under said land, reserved by the United States of America, in patent recorded April 15, 1966, in Book 10, Page 331, Official Records, Eureka County, Nevada.

TOGETHER WITH a Non-Exclusive easement for roadway and utility purposes over the described property shown on that certain parcel map for Devil's Gate Corp., filed in the Office of the County Recorder of Eureka, County, Nevada, filed on June 16, 1982 as File No. 84388, located in a portion of Parcel N of the Large Division Map of the E 1/2 Section 17, Township 20 North, Range 53 East, M.D. Mer.

RESERVING THEREFROM unto the within Devil's Gate Corp., a non-exclusive easement for road and utility purposes 30 feet wide along the Southerly line of said property.

TOGETHER WITH a non-exclusive easement for roadway & utility purposes 30 feet wide along the Northerly line of Lot 2 as shown on that certain parcel map for Devil's Gate Corp., filed in the Office of the County Recorder of Eureka County, Nevada, filed on October 8, 1981, as File No. 82270, located in a portion of Parcel C of the Large Division Map of the E 1/2 of Section 17, Township 20 North, Range 53 East, M.D. Mer., as reserved in Deed recorded in Book 122, Page 328, Document No. 93188, Official Records of Eureka County, State of Nevada.

That Aleita L. Gridley died on March 22, 2016, in the State of Idaho, and was one of the Grantees named in said Deed and was the identical person named as Aleita L. Gridley, the decedent, in that certain Certificate of Death, a certified copy of which is attached hereto as Exhibit "1" and made a part hereof.

DATED this 23 day of May 2016.

Anita L. Falen
Anita L. Falen

SUBSCRIBED and SWORN to before me

this 23 day of May, 2016.

Mary Bielenberg
NOTARY PUBLIC

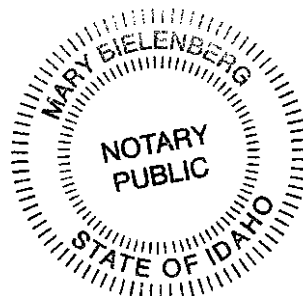


Exhibit "1"

COPY



STATE OF IDAHO CERTIFICATION OF VITAL RECORD

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

State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS IS VALID FOR PROOF OF DEATH (SEE INSTRUCTIONS ON THE BACK OF THIS DOCUMENT) (SOS 21-102 AND SOS 21-104, IDAHO CODE)

Local Reg. No.

TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE PENCIL OR GOLD INK. FOR INSTRUCTIONS SEE HANDBOOKS	DECEDENT		2. SEX		3. SOCIAL SECURITY NUMBER	
	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) ALEITA LOUISE GRIDLEY		FEMALE			
MORTICIAN: Complete, Verify, and File Within 5 Days of Death	4a. AGE-Last Birthday 91 (Years)		4b. UNDER 1 YEAR Months: 00 Days: 00 Hours: 00 Minutes: 00		5. DATE OF BIRTH (Mo/Day/Yr) 07/06/1924	
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) COLUSA, CALIFORNIA					
PARENTS	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY GOODING		7c. CITY OR TOWN WENDELL	
	7d. STREET AND NUMBER 747 BLISS ST SPC 9		7e. APT. NO. 83355		7f. ZIP CODE 83355	
INFORMANT	8. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)			
	10. EVER IN U.S. ARMY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11a. FATHER'S NAME (First, Middle, Last, Suffix) ROBERT ALLEN INMAN		11b. BIRTHPLACE (State, Territory, or Foreign Country) CALIFORNIA	
DISPOSITION	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) MARY BEULAH WEAVER		12b. BIRTHPLACE (State, Territory, or Foreign Country) ILLINOIS			
	13a. INFORMANT'S NAME (Type or print) ANITA FALEN		13b. RELATIONSHIP TO DECEDENT DAUGHTER		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 516 N. LAUREL ST GENESEE, ID 83832	
PLACE OF DEATH	14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) WHEATLAND CREMATORY SOUTH 905 GRAND AVE PULLMAN, WASHINGTON 99163		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY SHORT'S FUNERAL CHAPEL 1225 EAST SIXTH STREET MOSCOW, IDAHO 83843	
	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: PHILLIP N. HUTTON		17b. LICENSE NUMBER (Of licensee) MT295		18. WAS ORDERER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DATE OF DEATH	19a. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> Other		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)		20. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE GENESEE, ID 83832	
	21. FACILITY NAME (If not facility, give street and number) 516 N. LAUREL ST		22. COUNTY OF DEATH LATAH		23. DATE OF DEATH (Mo/Day/Yr) (Spell month) March 22, 2016	
CAUSE OF DEATH	24. TIME OF DEATH (24hr) 22:30		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) March 22, 2016		26. TIME PRONOUNCED DEAD (24hr) 22:30	
	27. CAUSE OF DEATH PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. SEPSIS UNKNOWN ORGANISM DUE TO (or as a consequence of): GANGRENE LOWER EXTREMITY DUE TO (or as a consequence of): PERIPHERAL VASCULAR DISEASE DUE TO (or as a consequence of):					
CERTIFIER: Complete Within 72 Hours of Death	28. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		29. IF FEMALE (Aged 10-54): <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year		30. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined	
	31. DATE OF INJURY (Mo/Day/Yr) (Spell month) March 22, 2016		32. TIME OF INJURY (24hr) 22:30		33. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, hotel, etc.) 516 N. LAUREL ST	
REGISTRAR	34. LOCATION OF INJURY: State: ID City/Town or County: GENESEE Zip Code: 83832		35. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	36. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable. TRANSPORTATION INJURY ONLY <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) 38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> What safety devices did decedent use/employ? <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown					
IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE	39a. CERTIFIER (Check one, based on official capacity for this certificate) <input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE <input type="checkbox"/> CORONER To the best of my knowledge, death occurred at the time, date, and place and due to the natural causes/manner stated. Signature and Title of Certifier: ELECTRONICALLY SIGNED: ERIC A. SOHN, M.D.		39b. LICENSE NUMBER M-07618		39c. DATE SIGNED 3 / 24 / 2016	
	39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) ERIC A. SOHN, 9507 N. DIVISION ST STE K SPOKANE, WA 99218		40a. REGISTRAR'S SIGNATURE James B. Aydelotte			
IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE	40b. DATE SIGNED 3 / 25 / 2016		40c. DATE SIGNED MM DD YYYY			
	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.					

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DATE ISSUED: **March 25, 2016**

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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STATE OF IDAHO County of Latah

This copy of a death certificate was issued
by the District Health Department on behalf
of the Bureau of Vital Records and Health
Statistics.

Kristine Matson

Local Vital Statistics Registration Official