

APN Nos. 001-132-03 and 001-136-04

The undersigned hereby affirms that there is no Social Security Number in this document or its attachment.

WHEN RECORDED, RETURN TO:
Robert A. Youngberg, Attorney
P. O. Box 800
Park City, Utah 84060

MAIL TAX STATEMENTS TO:
Marianne Price
P. O. Box 781
Midway, Utah 84049

DOC # 0231689

08/01/2016

09:09 AM

Official Record

Recording requested By
ROBERT YOUNGBERG

Eureka County - NV

Sara Simmons - Recorder

Fee: \$16.00

Page 1 of 3

RPTT:

Recorded By: LH

Book- 593 Page- 0025



0231689

AFFIDAVIT OF DEATH OF JOINT TENANT - NRS 111.365

STATE OF UTAH)
) ss.
COUNTY OF WASATCH)

On July 2nd 2016, MARIANNE S. PRICE, a married woman, formerly known as Marian S. Morrison Powell, Marion Sharon Lyninger and Marian S. Price, of lawful age, being duly sworn, deposes and states:

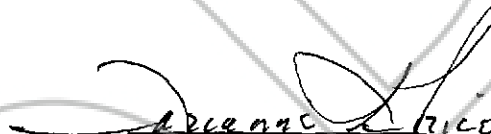
1. That she is the same person as Marian S. Morrison Powell named as joint tenant with right of survivorship with Joan Morrison Shangles as shown on the original Deed executed by Lena Ganduglia and recorded March 3, 1958, as Document No. 33575 in the Official Records of the Eureka County Recorder, Eureka County, State of Nevada.
2. That she is the sister of Joan Lyninger Shangle, also known as Joan Morrison Shangles.
3. That Joan Morrison Shangles named in the above-described Deed is the same person as Joan Lyninger Shangle named as the Decedent in the attached certified copy of Certificate of Death.
4. The real property conveyed by the above-described Deed is commonly known as 160 and 191 South Spring Street, Eureka, Nevada, and is more particularly described as:

All of Lots 9 and 10 in Block 7, and the East 52.89 feet of Lot 7, in Block 13, of the town of Eureka, Nevada, together with the frame house and improvements situate thereon; also, the furniture, equipment and property situate therein.

TOGETHER with all and singular, the said tenements, hereditaments, and appurtenances thereunto belonging, or in anywise appertaining, and the reversion or reversions, remainder and remainders, rents, issues, and profits thereof.

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5. As recited in the attached Certificate of Death, Joan Lyninger Shangle died on March 30, 2005, in the City of Eureka, County of Eureka, State of Nevada.

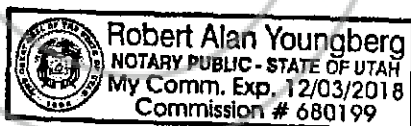

Marianne S. Price,
Affiant


ACKNOWLEDGMENT

STATE OF UTAH)
) ss.
COUNTY OF WASATCH)

Before me, the undersigned Notary Public, on July 20th 2016, personally appeared MARIANNE S. PRICE, to me known to be the identical person who executed the within and foregoing instrument and acknowledged to me that she executed the same as her free and voluntary act and did for the uses and purposes therein set forth.

I have hereunto set my official signature and affixed my official seal on July 20th 2016.




Robert A. Youngberg,
Notary Public

STATE OF NEVADA CERTIFICATE OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

2005 0005030

TYPE OR PRINT IN PERMANENT BLACK INK PRECEDENT IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS.		LOCAL FILE NUMBER DECEASED—NAME First Middle Last 1. Joan Lyninger SHANGLE				DATE OF DEATH (Month, Day, Year) 2. March 30, 2005		STATE FILE NUMBER COUNTY OF DEATH 3a. Eureka	
CITY, TOWN OR LOCATION OF DEATH 3b. Eureka		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 17th & Keg St.				If Hosp. or Inst. indicate DOA, QP/Emet. Rm. Inpatient (Specify) 3d. 6		SEX 4. female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. white		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6. No		AGE—Last Birthday (years) 7a. 67		UNDER 1 YEAR—MOS. DAYS 7b. 6		UNDER 1 DAY—HOURS MINS 7c. 6	
STATE OF BIRTH (If not U.S.A.; name, country) 8a. Nevada		CITIZEN OF WHAT COUNTRY 9b. USA		Decedent's Education: Specify highest grade completed. 10. 14		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married		SURVIVING SPOUSE (If wife, give maiden name) 12. Monte Shangle	
SOCIAL SECURITY NUMBER 13.		USUAL OCCUPATION (Give kind of work done during most of Working Life, Even if Retired) 14a. County Clerk/Treasurer				KIND OF BUSINESS OR INDUSTRY 14b. County Government			
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Eureka		CITY, TOWN OR LOCATION 15c. Eureka		STREET AND NUMBER 15d. 17th & Keg St.		INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes	
FATHER—NAME First Middle Last 16. John Lyninger		MOTHER—MAIDEN NAME First Middle Last 17. Dorothy Morrison		INFORMANT—NAME (Type or Print) 18a. Monte Shangle (Husband)					
MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. P.O. Box 100 Eureka, NV 89316		BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation							
CEMETERY OR CREMATORY—NAME 19b. Sunset Crematory		LOCATION City or Town State 19c. Elko Nevada		FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>					
FUNERAL DIRECTOR LICENSE NUMBER 20b. 7		NAME AND ADDRESS OF FACILITY 20c. Burns Funeral Home, Inc. P.O. 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 and Title) DATE SIGNED (Mo., Day, Yr.) 21b. 04-18-05					
HOUR OF DEATH 21c. 11:00 A.M.		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		To be completed by Coroner or Office DATE SIGNED (Mo., Day, Yr.) 22a. 04-18-05		HOUR OF DEATH 22b. 11:00 A.M.		PRONOUNCED DEAD (Mo., Day, Yr.) 22c. 03-30-05	
PRONOUNCED DEAD (Hour) 22d. 12:00 P.M.		NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER): (Type or Print) 23a. Laurance F. Etter P.O. Box 736 Eureka, NV 89316							
LICENSE NUMBER 23b.		REGISTRAR 24a. <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. April 19 2005		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) 25. Myocardial Infarction (Acute)		DUE TO, OR AS A CONSEQUENCE OF: (b)		DUE TO, OR AS A CONSEQUENCE OF: (c)		INTERVAL BETWEEN ONSET AND DEATH Immediate			
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. 26. No		AUTOPSY (Specify Yes or No) 26. No		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27.		28. No			
ACC., SUICIDE, HOMICIDE, UNDET., OR PENDING INVEST. (Specify) 28a. Natural		DATE OF INJURY (Mo., Day, Yr.) 28b. 03-30-05		HOUR OF INJURY 28c. 11:00 A.M.		DESCRIBE HOW INJURY OCCURRED 28d.			
INJURY AT WORK (Specify Yes or No) 28e. No		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f. 17th & Keg-Residence		LOCATION 28g. 17th & Keg		STREET OR R.F.D. No. 28h. Eureka		CITY OR TOWN 28i. NV	

Information corrected, State Affidavit #43977, 5/24/05 No. 279108
Item #13. STATE REGISTRAR

16

Birth Cert# 1937 001199

000631518



0231689

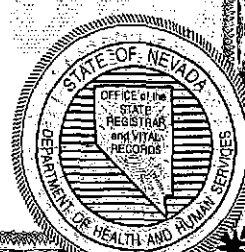
Book 593 08/01/2016
Page 27 Page 3 of 3

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:

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.



STATE OF NEVADA
DECLARATION OF VALUE

DOC # DV-231689

08/01/2016

09:09 AM

Official Record

Recording requested By
ROBERT YOUNGBERG

Eureka County - NV

Sara Simmons - Recorder

F Page 1 of 1 Fee: \$16.00
E Recorded By: LH RPTT:
D. Book- 593 Page- 0025

Notes:

1. Assessor Parcel Number(s)

a. 001-132-03

b. 001-136-04

c.

d.

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

3.a. Total Value/Sales Price of Property

\$

b. Deed in Lieu of Foreclosure Only (value of property ())

c. Transfer Tax Value:

\$

d. Real Property Transfer Tax Due

\$

4. If Exemption Claimed:

a. Transfer Tax Exemption per NRS 375.090, Section 04

b. Explain Reason for Exemption: Remove joint tenant without consideration

5. Partial Interest: Percentage being transferred: 100 %

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

Marianne Price

Capacity: Affiant

Signature

Marianne Price

Capacity: Affiant

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Marianne Price

Address: P. O. Box 781

City: Midway

State: Utah

Zip: 84049

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Marianne Price

Address: P. O. Box 781

City: Midway

State: Utah

Zip: 84049

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

Print Name:

Escrow #

Address:

City:

State: Utah

Zip:

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED