

DOC# 231924
09/12/2016 02:35PM

APN: 008-160-01
Escrow No. 00220867 - 001 -COM

When Recorded Return to:
P.O. Box 66565
Scotts Valley, CA 95067

Official Record

Requested By
STEWART TITLE ELKO

Eureka County - NV
Sara Simmons - Recorder

Page: 1 of 3 Fee: \$16.00
Recorded By LH RPTT: \$0.00
Book- 0595 Page- 0283



0231924

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT OF SURVIVORSHIP

STATE OF NEVADA } ss:
COUNTY OF Elko

Pamela Lee Roberts, of legal age, being duly sworn, deposes and says

That Hallett Evans Roberts the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Hallett E. Roberts named as one of the parties in that certain Grant, Bargain and Sale Deed dated August 30, 2000 executed by Fish Creek Ranch, LLC, a Nevada limited liability company to Hallett E. Roberts and Pamela Lee Roberts, spouses as community property with right of survivorship, recorded as Instrument No. 175131, on September 5, 2000 in Book 336 Page 538 of Official Records of Eureka County, Nevada, covering the following described property.

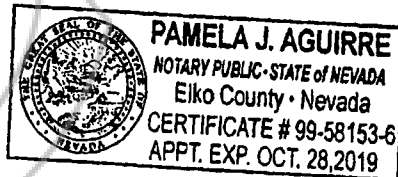
Dated: August 31, 2016

Pamela Lee Roberts

Pamela Lee Roberts

SUBSCRIBED AND SWORN TO before me on this 31st day of August, 2016.

[Signature]
NOTARY PUBLIC



SPACE BELOW FOR RECORDER

LEGAL DESCRIPTION

The land referred to herein is situated in the State of Nevada, County of Eureka, described as follows:

TOWNSHIP 18 NORTH, RANGE 54 EAST, M.D.B.&M.

Section 18: SE1/4NW1/4; NE1/4SW1/4; NW1/4SE1/4; S1/2SE1/4; Lot 2;

Section 19: NE1/4; SE1/4NW1/4; N1/2SE1/4;

Section 20: W1/2NW1/4; N1/2SW1/4; SE1/4NW1/4; Lot 1;

EXCEPTING FROM all those parcels shown in Township 18 North, Range 54 East, M.D.B.&M., except the S1/2SE1/4 of Section 18, the NE1/4NE1/4 of Section 19, the SE1/4NW1/4, Lot 1, NW1/4NW1/4 and the NE1/4SW1/4 of Section 20, all the coal and other minerals as reserved in patent executed by the United States of America, recorded August 17, 1932, in Book 21 of Deeds at Page 89, Eureka County, Nevada, records.



231924

Book: 595 09/12/2016
Page: 284 2 of 3

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SANTA CRUZ
 SANTA CRUZ, CALIFORNIA

CERTIFICATE OF DEATH
 STATE OF CALIFORNIA
 USE BLACK INK ONLY FOR SIGNATURES, INITIALS OR ATTENTION
 VS (1 BY 10)

3-2006-44-000301
 LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT - FIRST (last name) Hallett		2. MIDDLE Evan		3. LAST (family) Roberts	
4. DATE OF BIRTH 07/12/1942		5. AGE Yrs. 63		6. SEX M	
7. BIRTH STATE/FOREIGN COUNTRY CO		8. EVER IN U.S. ARMED FORCES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		9. MARRITAL STATUS at time of death Married	
10. EDUCATION - (highest level/years) (last completed by last) Associate		11. WAS DECEDENT HISPANIC/LATINO/SPANISH? If yes, see separate part (1) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. DATE OF DEATH 03/11/2006	
13. USUAL OCCUPATION - Type of work for most of life DO NOT USE RETIRE. Sheriff		14. KIND OF BUSINESS OR INDUSTRY (e.g. primary store, food construction, employment agency, etc.) Law Enforcement		15. YEARS IN OCCUPATION 19	
16. DECEDENT'S RESIDENCE (Street and number in regular) 845 Blair Ranch Rd.		17. COUNTY Santa Cruz		18. ZIP CODE 95066	
19. DECEASED'S RELATIONSHIP Ashleigh Roberts - Daughter		20. ADDRESS (Street and number, city or town, state, ZIP) 1538 Maurice Lane, #79, San Jose, CA 95129			
21. NAME OF BURNING HOUSE - FIRST Pamela		22. MIDDLE Lee		23. LAST (maiden name) Boardway	
24. NAME OF FATHER - FIRST Harold		25. MIDDLE Evan		26. LAST Roberts	
27. NAME OF MOTHER - FIRST Dorothy		28. MIDDLE Natelle		29. LAST (maiden) Smith	
30. DATE OF DEATH 03/16/2006		31. PLACE OF FUNERAL DISPOSITION RES: Pamela Roberts, 845 Blair Ranch Rd., Santa Cruz, CA 95066			
32. TYPE OF DISPOSITION CR/RES		33. SIGNATURE OF EMBALMER Not Embalmed		34. LICENSE NUMBER	
35. NAME OF FUNERAL ESTABLISHMENT Santa Cruz Memorial Oakwood Chapel		36. LICENSE NUMBER FD-1530		37. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
38. DATE 03/14/2006					
39. PLACE OF DEATH Dominican Hospital		40. COUNTY Santa Cruz		41. CITY Santa Cruz	
42. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number if possible) 1555 Soquel Drive		43. FACILITY NAME Santa Cruz			
44. CAUSE OF DEATH Cardiac Arrhythmia		45. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
46. IMMEDIATE CAUSE (If death occurred immediately or within 24 hours of death) Hypertensive & Arteriosclerotic Cardiovascular Disease		47. DEATH REPORTED TO CORONER 06-2471			
48. UNDERLYING CAUSE (Immediate cause of injury that caused the death resulting in death) LAST		49. YEARS years			
50. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 1A		51. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
52. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 111? (Yes, No, Type of operation and date)		53. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
54. CERTIFY THAT I AM AN ANATOMIST OR LICENSED DEATH INVESTIGATOR Discipline: Anatomist		55. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		56. LICENSE NUMBER	
57. CERTIFY THAT I AM AN ANATOMIST OR LICENSED DEATH INVESTIGATOR Discipline: Anatomist		58. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		59. DATE 03/14/2006	
60. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		61. BURIED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		62. INJURY DATE (approximately) 03/14/2006	
63. PLACE OF INJURY (e.g. home, construction site, wooded area, etc.)		64. INJURY DATE (approximately) 03/14/2006			
65. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		66. HOUR (24 Hours)			
67. LOCATION OF INJURY (Street and number, or location, vicinity, and ZIP)		68. TYPE OF OCCASION / DEPUTY CORONER L. Roland, Supervising Deputy-Coroner			
69. SIGNATURE OF PHYSICIAN / DEPUTY CORONER <i>[Signature]</i>		70. DATE 03/14/2006		71. TYPE OF OCCASION / DEPUTY CORONER L. Roland, Supervising Deputy-Coroner	
72. STATE REGISTRAR		73. COUNTY REGISTRAR		74. SEMBUS TRACT	

* 000358174 *

CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA, COUNTY OF SANTA CRUZ

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE SANTA CRUZ COUNTY RECORDER

DATE ISSUED **August 22, 2016** BY *[Signature]* DEPUTY

Sean Saldaiva
 SEAN SALDAIVA
 COUNTY RECORDER

THIS COPY IS NOT VALID UNLESS PRINTED ON AN APPROVED PAPER, DISPLAYING THE OFFICIAL SEAL OF THE COUNTY RECORDER



231924

Book: 595 09/12/2016
 Page: 285 3 of 3