## DOC # 0232323

01/03/2017

03:19 PM

Official Record

Recording requested By JEFFREY WEINBERG

Eureka County - NV Lisa Hoehne - Recorder

Fee: \$15.00

Page 1 of 2 Recorded By: CH

Book- 598 Page- 0094

APN: #003-193-01

Recording requested by, and please send recorded document and future tax statements to: Jeffrey L. Weinberg PO Box 445 Dolan Springs, AZ 86441

STATE OF NEVADA COUNTY OF EUREKA

Affidavit of Death of Joint Tenant Under NRS § 111.365

The affiant, Jeffrey L. Weinberg , being first duly sworn, deposes and states that:

1. The affiant is of legal age for the state of Nevada.

)

2. That Mandel J. Weinbeg , the decedent mentioned in the attached certified certificate of death, who died on December 06, 2009, in Los Angeles County, California , is the same person as Mandel J. Weinberg.

3. That the affiant and the decedent were both grantees in that certain GRANT deed dated June 27, 2006 , recorded on June 30, 2006 , as book/page Book 439 in the records of EUREKA Page 13 or instrument #205342 County, Nevada, and executed by the grantor(s) Kent Taylor to the grantee(s) Mandel J. and Marcia J. Weinberg and Jeffrey L. Weinberg as Joint Tenants covering the real property commonly known as Nevelco Lot #31 Inc. Unit.1 , City of Crescent Valley County of Eureka , State of Nevada, more particularly described as:

APN 3 003-193-01

4. That the relationship between the affiant and the decedent was that of:

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

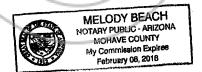
In witness whereof, I set my hand this 19 day of Olc , 2016

Affrant

Jeffrey L. Weinberg

Print name

Subscribed and sworn to before me on <u>W. 19, 2016</u> by <u>Jeffrey L. Weinberg</u>



Notary Public Feb. 8 2018 Commission expiration date

Deeds.com Uniform Conveyancing Blanks

# COUNTY OF LOS ANGELES REGISTRAR-RECORDER/COUNTY CLERK

			CERTIFIC	ATE OF DEA			320091904		
	STATE FILE NUMBER  1 NAME OF DECEDENT — FIRST (Given)  MANDEL		2 MIDDLE  J.	ENASCHES, WATEOUTS OF	3 LAST (I	Family) NBERG	LOCAL REGISTRATIO	N NUMBER	
DECEDENT'S PERSONAL DATA	AKA ALSO KNOWN AS Include IUN AKA	(FIRST MIDDLE LAST)	1	4 DATE OF 08/13/	BIRTH mm/dd/ccyy	S AGE Yrs	UNDER ONE YEAR	IFUNDER 24 HOURS 8 SEX Hours Minutes M	
	B BIRTH STATE/FOREIGN COUNTRY	19 SOCIAL BECURITY NUM	MBER 11 EVER IN U.S. A	7 - TOTAL CONTRACTOR	2 HARITAL STATUS	- TO 8 TO 18 T	ATE OF DEATH mm/dd	(CONY 8 HOUR (24 Hours)	
	13 EDUCATION Indings Level/Degree 14/15 [see worksheet on back) SOME COLLEGE	WAS DECEDENT HISPANICAL YES	ATINO(AUSPANISH? III yes see	2 Page 1 1 1 2 1 1 2 1 1 2 1 2 1 2 1 2 1 2 1	DECEDENT'S RACE	4.20.000 (0.000)	pe Asled (see worksheet c	n back)	
	17 USUAL OCCUPATION — Type of work in RESEARCH ENGINE	States For Milest and Control	THE TRANSPORT OF THE SAME	OF BUSINESS OR INOU	and a second or	elore road construction	employment agency eld	18 YEARS IN OCCUPATION	
USUAL RESIDENCE	20 DECEDENT'S RESIDENCE (Strapt and I	symber or location)	Service of the servic						
	21 CITY 22 COUNTY/PROVINCE 23 22 PC CODE 34 YEARS HI COUNTY CERRITOS LOS ANGELES 90703 59					CA	(1, 470), (1, 1)		
INFOR-	25 INFORMANT'S NAME RELATIONSHIP 27 INFORMANT'S NAME RELATIONSHIP 28 INFORMANT'S NAME RELATIONSHIP 29 INFORMANT'S NAME RELATIONSHIP 20 INFORMANT'S NAME RELATIONSHIP 21 INFORMANT'S NAME RELATIONSHIP 22 INFORMANT'S NAME RELATIONSHIP 23 INFORMANT'S NAME RELATIONSHIP 24 INFORMANT'S NAME RELATIONSHIP 25 INFORMANT'S NAME RELATIONSHIP 26 INFORMANT'S NAME RELATIONSHIP 26 INFORMANT'S NAME RELATIONSHIP 27 INFORMANT'S NAME RELATIONSHIP 28 INFORMANT'S NAME RELATIONSHIP 29 INFORMANT'S NAME RELATIONSHIP 29 INFORMANT'S NAME RELATIONSHIP 20 INFORMANT'S NAME RELATIONSHIP 20 INFORMANT'S NAME RELATIONSHIP 20 INFORMANT'S NAME RELATIONSHIP 27 INFORMANT'S NAME RELATIONSHIP 28 INFORMANT'S NAME RELATIONSHIP 29 INFORMANT'S NAME RELATIONSHIP 20 INFORMANT'S NAME RELATIONSHIP								
SPOUSE AND PARENT INFORMATION	28 NAME OF SURVIVING SPOUSE — FIR.	st out the state of the state o	29 MIDDLE		30 LAST (Maden )	Name)	<u> </u>		
	31 NAME OF FATHER FIRST HENRY		32 MIDDLE	/5/	WEINBE	RG		34 BIRTH STATE CZECH	
	35 NAME OF MOTHER FIRST	Lawrence	36 MIDDLE		GOODM	AN		38 BIRTH STATE POLAND	
FUNERAL DIRECTOR/ LOCAL REGISTRAR	38 DISPOSITION DATE minudatery 140 PLACE OF FINAL DISPOSITION RES RIKK! WEST 19403 LEON CIRCLE, CERRITOS, CA 90703								
	41 TYPE OF DISPOSITIONIS) CR/RES		. ∕ ,	OF EMBALMER MBALMED		The training parties of the control	<i>t</i>	43 LICENSE NUMBER	
	44 NAME OF FUNERAL ESTABLISHMENT FDA BELLFLOWER		FD118	The second second	THAN FIE	LDING, MD	<b>F</b> @	47 DATE mm/dd/ccyy 12/14/2009	
PLACE OF DEATH	101 PLACE OF DEATH RESIDENCE				KOSPITAL SPECIFY P ERVOP		HEN THAN HOSPITAL pice Nursing Home/LT	Decedents Come	
	LOS ANGELES	19403 LEON C	THE SECOND SECURITY SECOND		Life Bases		CERRIT	LENGTHS TOTAL	
CAUSE OF DEATH	107 CAUSE OF DEATH  IMMEDIATE CAUSE IAI ACUTE (Final disease of	is cardiac arrest respiratory arre-		a showing the stology. D	IN DO NOT enter term O NOT ABBREVIATE	nical everals such	Time Injurial Between Onset and Ocean (AT)	YES X NO	
	condition resulting in death) (8) PROST/	ATE CANCER					(87)	108 BIOPSY PERFORMED?	
	conditions, if any leading to cause on Line A Enler (C) UNDERLYING					**************************************	YRS	110 AUTOPSY PERFORMED?	
	CAMSE (draess or repry that shaked the system (D), resulting in death) LAST			The state of the s	- ak		(от)	111 USED IN DETERMINING CAUSE	
	112 OTHER SIGNIFICANT CONDITIONS ON NONE	ONTRIBUTING TO DEATH BU	T NOT RESULTING IN THE UNC	DERLYING CAUSE GIVE	N IN 107				
	113 WAS OPERATION PERFORMED FOR ANY CONDITION IN TEN 107 OR 1327 IF yes, let type of operation and date ).								
PHYSICIAN'S CERTIFICATION	114 I CERTIFY THAT TO THE BEST OF MY KNOW AT THE HOUR DATE AND PLACE STATED FROM Decedent Atlanded Since	THE CAUSES STATED	SIGNATURE AND TITLE OF C	HOWSKY M	i.D.	F.G	116 LICENSE NUM	12/10/2009	
	(B) movidaticely (B)	mm/dd/ccyy 118	TYPE ATTENDING PHYSICIAN 0631 PARAMOU	NT BL , DOV	ORESS ZIP CODE   WNEY, CA	1ELMUT M 90805	MACHOWS	KY M.D.	
CORONER'S USE ONLY	119 I CERTIFY THAT 'N MY OPINION DEATH OCC MANNER OF DEATH Natural		PLACE STATED FROM THE CAUSES: Suicide Pending investigation	Could not be	120 INJURED	AT WORK?	121 INJURY DATE	mm/dd/ccyy 122 HOUR (24 Hou	
	123 PLACE OF INJURY (e.g. home consti	uction sile wooded area etc.)	$\rightarrow$						
	124 DESCRIBE HOW INJURY OCCURRE	) (Evante which riquited in vijur	n			WW.			
	125 LOCATION OF INJURY (Street and mu	mber or location and city and 2	Σ <b>(P)</b>				XIII.		
	126. SIGNATURE OF CORONER / DEPUT	r doroner	127 C	DATE mm/dd/csyy	128 TYPE NAME	TITLE OF CORONER	DEPUTY CORONER		
STA REGIS	TE A B	C D	<b>5</b> / ///////////////////////////////////	<b>10 10 10 10 10 10 10 10 10 10 10 10 10 1</b>	01001374661*		FAX AUTH. #	CENSUS TRAC	
TTO NAME OF THE OWNER,						13 m		**************************************	

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

DEAN C. LOGAN Registrar-Recorder/County Clerk

DEC 0 5 2016



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## DOC # DV-232323

01/03/2017

Recording requested By JEFFREY WEINBERG

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Official Record

### STATE OF NEVADA DECLARATION OF VALUE

1. Assessor Parcel Number(s)	Eureka County - NV					
a. 003-193-01	Lisa Hoehne - Recorder					
b.	Page 1 of 1 Fee: \$15.00					
c.	Recorded By: CH RPTT:					
d.	Book-598 Page-0094					
2. Type of Property:						
a. Vacant Land b. Single Fam. Res.	FOR RECORDERS OPTIONAL USE ONLY					
c. Condo/Twnhse d. 2-4 Plex	Book Page:					
e. Apt. Bldg f. Comm'l/Ind'l	Date of Recording:					
g. Agricultural h. Mobile Home	Notes:					
Other						
3.a. Total Value/Sales Price of Property	\$ 2731.00					
b. Deed in Lieu of Foreclosure Only (value of pro						
c. Transfer Tax Value:	\$ 2731.00					
d. Real Property Transfer Tax Due	\$ 0					
The state of the s						
4. If Exemption Claimed:						
a. Transfer Tax Exemption per NRS 375.090,	Section 4					
b. Explain Reason for Exemption: A transfer of title without consideration from one						
joint tenant or tenant in common to one or r	more remaining joint tenant.					
5. Partial Interest: Percentage being transferred: 1	00 %					
The undersigned declares and acknowledges, under	r penalty of perjury, pursuant to NRS 375.060					
and NRS 375.110, that the information provided is	s correct to the best of their information and belief,					
and can be supported by documentation if called u	pon 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	of the tax due plus interest at 1% per month. Pursuant					
to NRS 375.030, the Buyer and Seller shall be join	tly and severally liable for any additional amount owed.					
	1 1					
Signature / /	Capacity: grantee					
Signature /	Capacity:					
SELLER (GRANTOR) INFORMATION	BUYER (GRANTEE) INFORMATION					
(REQUIRED)	(REQUIRED)					
Print Name: Mandel J. Weinberg	Print Name: Jeffrey L. Weinbergl					
Address:19403 S. Leon Circle	Address: PO Box 445					
City: Cerritos	City: Dolan Springs					
State: Calivornia Zip: 90703	State:Arizona Zip:86441					
COMBANUEDOM DECLECTRO DECOD	DING (Dequired if not call					
COMPANY/PERSON REQUESTING RECOR	· · · · · · · · · · · · · · · · · · ·					
Print Name: grantee Address:	Escrow #					
City:	State: 7in:					