

Assessor's Parcel Number:
005-190-05

Prepared By:
cCHARLES ALBERT KNIGHT
280 Fairway Village Lane
Roseburg, Oregon 97471

After Recording Return To:
CHARLES ALBERT KNIGHT
280 FAIRWAY VILLAGE LANE
ROSEBURG, Oregon 97471

DOC # 0232703
03/13/2017 01:39 PM
Official Record
Recording requested By
CHARLES KNIGHT
Eureka County - NV
Lisa Hoehne - Recorder
Fee: \$17.00 Page 1 of 4
RPTT: Recorded By: CH
Book- 599 Page- 0390



SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

On March 06, 2017 THE GRANTOR(S),

- MABEL ROSEANNA KNIGHT, a single person,

for and in consideration of: One Dollar (\$1.00) and/or other good and valuable consideration conveys, releases and quitclaims to the GRANTEE(S):

- CHARLES ALBERT KNIGHT and SUSAN MAY KNIGHT, a married couple, residing at 280 Fairway Village Lane, Roseburg, Douglas County, Oregon 97471 the following described real estate, situated in an unincorporated area in the County of EUREKA, State of Nevada:

Legal Description: T30N, R48E SEC. 11 SE4SW4SW4

Description was obtained from the EUREKA County Recorder's Office.

Grantor does hereby convey, release and quitclaim all of the Grantor's rights, title, and interest in and to the above described property and premises to the Grantee(s), and to the Grantee(s) heirs and assigns forever, so that neither Grantor(s) nor Grantor's heirs, legal representatives or assigns shall have, claim or demand any right or title to the property, premises, or appurtenances, or any part thereof.

Mail Tax Statements To:
CHARLES ALBERT KNIGHT
280 FAIRWAY VILLAGE LANE
ROSEBURG, Oregon 97471

[SIGNATURE PAGE FOLLOWS]

COPY



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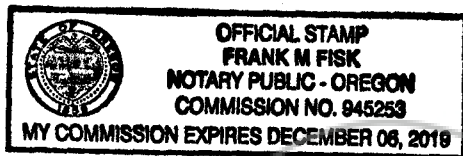
Grantor Signatures:

DATED: Feb 28, 2017

Charles Albert Knight
MABEL ROSEANNA KNIGHT, deceased, by Charles A. Knight, Estate Executor
280 FAIRWAY VILLAGE LANE
ROSEBURG, Oregon, 97471

STATE OF OREGON, COUNTY OF DOUGLAS, ss:

This instrument was acknowledged before me on this 28th day of February,
2017 by MABEL ROSEANNA KNIGHT, deceased, by Charles A. Knight, Estate Executor



Frank M. Fisk
Notary Public

NOTARY PUBLIC
Title (and Rank)

My commission expires 12.06.2019



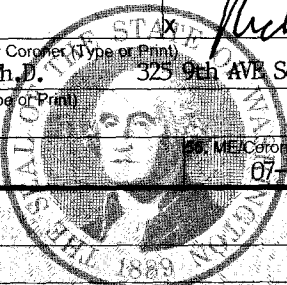
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STATE OF WASHINGTON DEPARTMENT OF HEALTH CERTIFIED COPY OF DEATH CERTIFICATE

| | | | | | |
|--|--|--|---|---|---|
| Local File Number 107729 | | Washington State Certificate of Death | | State File Number | |
| 1. Legal Name (Include AKA's if any) First Middle LAST Suffix Mabel Roseanna KNIGHT | | | 2. Death Date 10/30/07 | | |
| 3. Sex (M/F) F | 4a. Age - Last Birthday 94 | 4b. Under 1 Year Months Days | 4c. Under 1 Day Hours Minutes | 5. Social Security Number | 6. County of Death King |
| 7. Birthdate 8/19/1913 | 8a. Birthplace (City, Town, or County) Butte | 8b. (State or Foreign Country) Montana | | 9. Decedent's Education Bachelor's Degree | |
| 10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No | | | 11. Decedent's Race(s) White | | 12. Was Decedent ever in U.S. Armed Forces? No |
| 13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 3507 28th Ave. W | | | | 13b. City or Town Seattle | |
| 13c. Residence: County King | 13d. Tribal Reservation Name (if applicable) | 13e. State or Foreign Country Washington | 13f. Zip Code + 4 98199 | 13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | |
| 14. Estimated length of time at residence. 54 Years | | 15. Marital Status at Time of Death Widowed | | 16. Surviving Spouse's Name (Give name prior to first marriage) | |
| 17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Postal Clerk | | | 18. Kind of Business/Industry (Do not use Company Name) U.S. Government | | |
| 19. Father's Name (First, Middle, Last, Suffix) Edward Dusek | | | 20. Mother's Name Before First Marriage (First, Middle, Last) Anna Nylund | | |
| 21. Informant's Name Charles Knight | | 22. Relationship to Decedent Son | 23. Mailing Address: Number and Street or RFD No. City or Town State Zip 280 Fairway Village Ln. Roseburg, OR 97470 | | |
| 24. Place of Death, if Death Occurred in a Hospital: Sunrise Haven | | | Place of Death, if Death Occurred Somewhere Other than a Hospital: | | |
| 25. Facility Name (If not a facility, give number & street or location) 24423 100th Avenue SE | | | 26a. City, Town, or Location of Death Kent | 26b. State WA | 27. Zip Code 98030 |
| 28. Method of Disposition Cremation | | 29. Place of Final Disposition (Name of cemetery, crematory, other place) Cady cremation Services | | 30. Location-City/Town, and State Kent, Washington | |
| 31. Name and Complete Address of Funeral Facility Cady Cremation Services 8418 S. 222nd St. Kent, WA 98031 | | | 32. Date of Disposition 11/1/2007 | | |
| 33. Funeral Director Signature X <i>Lisa A. Anasoz</i> | | | | | |
| Cause of Death (See instructions and examples) | | | | | |
| 34. Enter the <u>chain of events</u> - 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. Add additional lines if necessary. | | | | | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) → | | a. Probable atherosclerotic cardiovascular disease | | Interval between Onset & Death | |
| Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST | | b. Due to (or as a consequence of): | | Interval between Onset & Death | |
| | | c. Due to (or as a consequence of): | | Interval between Onset & Death | |
| | | d. Due to (or as a consequence of): | | Interval between Onset & Death | |
| 35. Other significant conditions contributing to death but not resulting in the underlying cause given above | | | 36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending | | 39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year | | 40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown | |
| 41. Date of Injury (MM/DD/YYYY) | 42. Hour of Injury (24hrs) | 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) | | 44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | |
| 45. Location of Injury: Number & Street: City or Town: County: State: Zip Code+ 4: | | | 47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) | | |
| 46. Describe how injury occurred | | | 48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. X | | |
| 48b. Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <i>Richard C. Harruff</i> | | | 49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Richard C. Harruff, M.D., Ph.D. 325 9th Ave Seattle WA 98104 | | |
| 50. Hour of Death (24hrs) 1725 h | | | 51. Name and Title of Attending Physician if other than Certifier (Type or Print) | | |
| 52. Date Signed (MM/DD/YYYY) 10/31/07 | | | 53. Title of Certifier Chief Medical Examiner | | |
| 54. License Number 07-1762 | | | 55. ME/Coroner File Number 07-1762 | | |
| 56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | 57. Registrar Signature X | | |
| 58. Date Received (MM/DD/YYYY) NOV 02 2007 | | | 59. Amendments | | |



STATE OF NEVADA
DECLARATION OF VALUE FORMRecording requested By
CHARLES KNIGHT

1. Assessor Parcel Number(s)

- a) 005-190-05
 b) _____
 c) _____
 d) _____

Eureka County - NV

Lisa Hoehne - Recorder

Page 1 of 1 Fee: \$17.00

Recorded By: CH RPTT:

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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 _____

FOR RECORDER'S OPTIONAL USE ONLY

Book: _____ Page: _____

Date of Recording: _____

Notes: unified documents CH

3. Total Value/Sales Price of Property

\$ 755.00

Deed in Lieu of Foreclosure Only (value of property) _____

Transfer Tax Value: _____

\$ _____

Real Property Transfer Tax Due _____

\$ 0

4. If Exemption Claimed:

a. Transfer Tax Exemption per NRS 375.090, Section 5b. Explain Reason for Exemption: GRANTOR MABEL R. KNIGHT IS DECEASED
GRANTEE, CHARLES A. KNIGHT IS ONLY SURVIVING SON OR RELATIVE.5. Partial Interest: Percentage being transferred: 100 % WILL & TESTAMENT SEPARATELY ENCLOSED.

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 Charles Albert Knight Capacity GRANTEE

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: MABEL R. KNIGHT DECEASED
 Address: 280 FAIRWAY VILLAGE LN.
 City: ROSEBURG
 State: OR Zip: 97471

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: CHARLES A. KNIGHT
 Address: 280 FAIRWAY VILLAGE LN
 City: ROSEBURG
 State: OR Zip: 97471

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

Print Name: _____ Escrow #: _____
 Address: _____
 City: _____ State: _____ Zip: _____