

APN: 007-396-10

**Mailing Address of Grantee or Other Person
Requesting Recording:**

Wilson | Barrows | Salyer | Jones
442 Court Street
Elko, Nevada 89801

Mail Tax Statements to:

Katherine Cope et al.
213 Greencrest Place
Spring Creek, NV 89815

DOC# 232992
05/18/2017 01:54PM

Official Record

Requested By
WILSON BARROWS SALYER JONES
Eureka County - NV

Lisa Hoehne - Recorder

Page: 1 of 4 Fee: \$17.00
Recorded By CH RPTT: \$0.00
Book- 0601 Page- 0161



0232992

Social Security Number Affirmation Statement:

In accordance with NRS 239B.030, the undersigned person recording this document hereby affirms that this document does not contain personal information, including full social security number of any person;

-OR-

In accordance with NRS 239B.030, the undersigned person recording this document hereby affirms that this document does contain personal information, including full social security number of a person.

Molly E. Hodges

Legal Receptionist

Name

Title

Signature

Affidavit of Death of Grantor:

WILSON | BARROWS | SALYER | JONES

442 Court Street | Elko, Nevada 89801 | 775.738.7271

Affidavit of Death of Grantor

Katherine Cope, being duly sworn, deposes and says that **Phyllis Black**, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as **Phyllis Black**, named as the Grantor in the Deed Upon Death of Grantor recorded on July 20, 2016, as Document No. 231672, Records of Eureka County, State of Nevada, covering the real property, in the County of Eureka, State of Nevada, and more particularly described as follows:

Lot 2 of Lot 4 of Parcel A as shown on that certain Parcel Map and Record of Survey for Ron and Evelyn Naillon, filed in the Office of the County Recorder of Eureka County, Nevada, on October 21, 1985, as File No. 100554, located in a portion of the E½ of Section 17, Township 20 North, Range 53 East, M.D.M.

EXCEPTING THEREFROM all 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 all buildings and improvements situate thereon.

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

APN: 007-396-10

Katherine Cope is one of the beneficiaries to whom the real property is conveyed upon the death of the Grantor, **Phyllis Black**.

WILSON | BARROWS | SALYER | JONES

442 Court Street | Elko, Nevada 89801 | 775.738.7271

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The beneficiaries listed in the Deed Upon Death of Grantor are **Katherine Cope, Deborah G. Schweble, and Roger T. Black.**

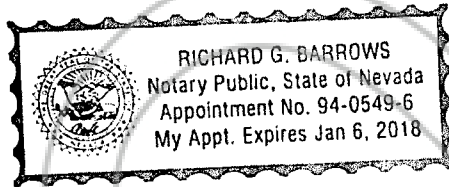
THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A REDACTED SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS.

DATED: 5/18/17, 2017

Katherine Cope
Katherine Cope

STATE OF NEVADA,
COUNTY OF ELKO.

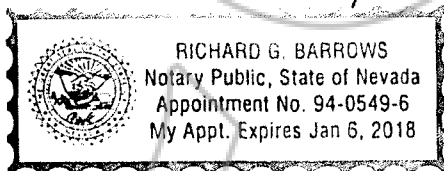
Subscribed and sworn to on this 18 day of May, in the year 2017, before me, Richard G. Barrows, by **Katherine Cope.**



Richard G. Barrows
Notary Public

STATE OF NEVADA,
COUNTY OF ELKO.

This instrument was acknowledged before me on May 18, 2017, by Katherine Cope Richard G. Barrows
Notary Public



Richard G. Barrows
Notary Public

17050066meh.wpd
May 16, 2017

WILSON | BARROWS | SALYER | JONES

442 Court Street | Elko, Nevada 89801 | 775.738.7271

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STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 3921727

CERTIFICATE OF DEATH

2016019805
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Phyllis BLACK		2. DATE OF DEATH (Mo/Day/Year) October 23, 2016		3a. COUNTY OF DEATH Elko	
	3b. CITY, TOWN, OR LOCATION OF DEATH Elko		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address) Highland Manor of Elko		3e. If Hosp. or Inst. indicate DOA,OP/Emar. Rm. Inpatient(Specify) Nursing Home	
DECEDENT	4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 87		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) October 31, 1928		9a. STATE OF BIRTH (If not US/CA, name country) Kansas		9b. CITIZEN OF WHAT COUNTRY United States	
	10 EDUCATION 12		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
PARENTS	13. SOCIAL SECURITY NUMBER 2496		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Elko		15c. CITY, TOWN OR LOCATION Spring Creek	
DISPOSITION	15d. STREET AND NUMBER 213 Greencrest Place		16a. INSIDE CITY LIMITS (Specify Yes or No) No		16b. EVER IN US ARMED FORCES? No	
	10. FATHER/PARENT - NAME (First Middle Last Suffix) Eugene BARRETT			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Estella WADE		
TRADE CALL	18a. INFORMANT - NAME (Type or Print) Kathy COPE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 213 Greencrest Place Spring Creek, Nevada 89815			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eureka Cedar Hills Cemetery		19c. LOCATION City or Town State Eureka Nevada 89316	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JASON MUTH		20b. FUNERAL DIRECTOR LICENSE NUMBER 298		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 689 Elko NV 89803	
	TRADE CALL - NAME AND ADDRESS					
REGISTERAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) FELIX DE GUZMAN M.D.			22a. 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) stated. (Signature & Title)		
	21b. DATE SIGNED (Mo/Day/Yr) October 31, 2016		21c. HOUR OF DEATH 21:05		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Felix De Guzman M.D. 2850 Ruby Vista Drive Elko, NV 89801		23b. LICENSE NUMBER 10392		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) VERALYNN A BOYACK		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 03, 2016		24d. SIGNATURE AUTHENTICATED	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I						
(a) Unspecified Kidney Failure						
DUE TO, OR AS A CONSEQUENCE OF:						
(b) Unknown Etiology						
DUE TO, OR AS A CONSEQUENCE OF:						
(c) 						
DUE TO, OR AS A CONSEQUENCE OF:						
(d) 						
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.						
28a. ACC. SUICIDE, HOM. UNDET OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		
28d. DESCRIBE HOW INJURY OCCURRED		28. AUTOPSY (Specify Yes or No) No				
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		STATE REGISTRAR				

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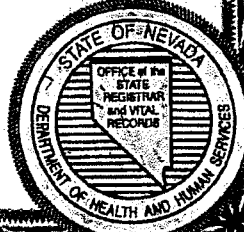
CERTIFIED COPY OF VITAL RECORDS

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.

Cody D. Hiney
SIGNATURE AUTHENTICATED
STATE REGISTRAR

DATE ISSUED:

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
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VRS-Rev-20120523a

**STATE OF NEVADA
DECLARATION OF VALUE**

DOC# DV-232992
05/18/2017 01:54PM

Official Record

Requested By
WILSON BARROWS SALYER JONES
Eureka County - NV

Lisa Hoehne - Recorder

Page: 1 of 1 Fee: \$17.00
Recorded By CH PRRT: \$0.00

1. Assessor Parcel Number (s)

- a) 007-396-10
- b) _____
- c) _____
- d) _____

2. Type of Property:

- | | | | |
|--|--------------|-----------------------------|-----------------|
| a) <input type="checkbox"/> | Vacant Land | b) <input type="checkbox"/> | Single Fam Res. |
| c) <input type="checkbox"/> | Condo/Twnhse | d) <input type="checkbox"/> | 2-4 Plex |
| e) <input type="checkbox"/> | Apt. Bldg. | f) <input type="checkbox"/> | Comm'l/Ind'l |
| g) <input type="checkbox"/> | Agricultural | h) <input type="checkbox"/> | Mobile Home |
| i) <input checked="" type="checkbox"/> | Other | | |

236- Personal Property Manufactured Home Secured

FOR RECORDERS OPTIONAL USE ONLY	
Notes:	_____

3. Total Value/Sales Price of Property:

Deed in Lieu of Foreclosure Only (value of property) \$ 0.00
 Transfer Tax Value: \$ 0.00
 Real Property Transfer Tax Due: \$ 0.00


4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, Section: 5.
- b. Explain Reason for Exemption: _____
 A transfer, assignment or other conveyance of real property if the owner of the property is related to the person to whom it is conveyed within the first degree of lineal consanguinity of affinity. Mother to children.

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 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  Capacity Attorney
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

BUYER (GRANTEE) INFORMATION

(REQUIRED)
 Print Name: Phyllis Black
 Address: 290 Pleasant Valley Road #9
 City: Spring Creek
 State: NV Zip: 89815

(REQUIRED)
 Print Name: Katherine Cope, et al.
 Address: 213 Greencrest Place
 City: Spring Creek
 State: NV Zip: 89815

COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: Wilson Barrows Salyer Jones Escrow # _____
 Address: 442 Court Street
 City: Elko State: Nevada Zip: 89801