

APN: 005-210-12

Mailing Address of Grantee or Other Person

Requesting Recording:

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

Mail Tax Statements to:

Nolan Domain
5900 Baywater Dr. #809
Plano, TX 75093

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.

Donna L. Mitchell

Legal Secretary

Name

Title

Donna L. Mitchell

Signature

Title of Document Recorded:

AFFIDAVIT OF DEATH OF GRANTOR

DOC # 0233178

06/07/2017

09:14 AM

Official Record

Recording requested By

Eureka County - NV
Lisa Hoehne - Recorder

Fee: \$17.00

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RPTT: \$15.60

Recorded By: CH

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0233178

WILSON | BARROWS | SALYER | JONES

442 Court Street | Elko, Nevada 89801 | 775.738.7271

Affidavit of Death of Grantor

Nolan R. Domain, being duly sworn, deposes and says that Betty Louise Howe aka Betty L. Howe, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Betty L. Howe, named as the Grantor in the Deed Upon Death of Grantor recorded on August 27, 2013, as Document No. 224806, Records of Eureka County, State of Nevada, covering the real property commonly known as T30N,R48E SEC. 15 N2NE4SE4, County of Eureka, State of Nevada, and more particularly described as follows:

Township 30 North, Range 48 East, M.D.B. &M.

Section 15: N ½ of the NE 1/4 of the SE 1/4

APN: 005-210-12

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.

Nolan R. Domain is the beneficiary to whom the real property is conveyed upon the death of the Grantor, Nolan R. Domain. The beneficiary listed in the Deed Effective Upon Death of Grantors is Nolan R. Domain.

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

[Signature and Notarization on Following Page]

WILSON | BARROWS | SALYER | JONES

442 Court Street | Elko, Nevada 89801 | 775.738.7271

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DATED: May 31, 2017

Nolan R. Domain
Nolan R. Domain

NOTE: NRS 111.699 Requires both of the following jurat and acknowledgment be completed by the Notary Public:

STATE OF TEXAS,
COUNTY OF COLLIN.

Subscribed and sworn to on this 31 day of May, in the year 2017, before me, a Notary Public, by **Nolan R. Domain.**

Carla Beren
Notary Public
CARLA BEREN
My Commission Expires
August 27, 2018

STATE OF TEXAS,
COUNTY OF COLLIN.

This instrument was acknowledged before me on May 31, 2017, by **Nolan R. Domain.**

Carla Beren
Notary Public
CARLA BEREN
My Commission Expires
August 27, 2018

[The above jurat and acknowledgment is attached to an
Affidavit of Death of Grantor dated May 31, 2017]

17050221dln.wpd
May 22, 2017

WILSON | BARROWS | SALYER | JONES

442 Court Street | Elko, Nevada 89801 | 775.738.7271

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CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

JAN 31 2017

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER 142-17-011662

1. LEGAL NAME OF DECEASED (Include MA, Jr and) (Pre, Middle, Last) (Maiden) 2. DATE OF DEATH ACTUAL OR PRESUMED (mm-dd-yyyy)

3. SEX 4. DATE OF BIRTH (mm-dd-yyyy) 5. AGE LAST BIRTHDAY (Year) 6. DECEASED BY (M, F, Other) 7. MARRIAGE STATUS AT TIME OF DEATH 8. BIRTH PLACE (City & State or Foreign Country)

9. MARITAL HISTORY (M, W, D, N, S, O) 10. RESIDENCE (Street Address) 11. CITY OR TOWN 12. ZIP CODE 13. COUNTY

14. FATHER'S NAME PRIOR TO FIRST MARRIAGE 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE

16. DEATH OCCURRED IN A HOSPITAL 17. PLACE OF DEATH (CHECK ONLY ONE) 18. DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL

19. COUNTY OF DEATH 20. CITY/TOWN, ZIP 21. IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO. 22. FACILITY NAME (if not institution, give street address)

23. INFORMANT'S NAME & RELATIONSHIP TO DECEASED 24. INFORMANT'S ADDRESS (Street and Number, City, State, Zip Code)

25. MANNER OF DEPOSITION 26. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH

27. PLACE OF DEPOSITION (Name of cemetery, crematory, other place) 28. LOCATION (City, town, and State)

29. NAME OF FUNERAL FACILITY 30. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)

31. SIGNATURE OF CERTIFIER 32. DATE CERTIFIED (mm-dd-yyyy) 33. LICENSE NUMBER 34. TITLE OF CERTIFIER

35. PART 1. ENTER THE CHAIN OF EVENTS - 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. ENTER ONLY ONE CAUSE ON EACH.

36. MANNER OF DEATH 37. DID TOBACCO USE CONTRIBUTE TO DEATH 38. IF FEMALE: 39. IF TRANSPORTATION INJURY, SPECIFY:

40. DATE OF INJURY (mm-dd-yyyy) 41. TIME OF INJURY 42. INJURY AT WORK? 43. PLACE OF INJURY (e.g. Residence, home, recreation area, restaurant, wooded area)

44. LOCATION (Street and Number, City, State, Zip Code) 45. COUNTY OF INJURY

46. DESCRIBE HOW INJURY OCCURRED

47. REGISTRATION FILE NO. 48. DATE RECEIVED BY LOCAL REGISTRAR 49. REGISTRAR

50. NUMBER 09002203949

51. THIS IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL RECORD AS RECORDED IN THIS OFFICE. ISSUED UNDER AUTHORITY OF SECTION 191.051, HEALTH AND SAFETY CODE.

ISSUED JAN 31 2017

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

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THE STATE OF TEXAS

DEPARTMENT OF STATE HEALTH SERVICES

VITAL STATISTICS

VICTOR A. FARINELLI ACTING STATE REGISTRAR

JLF

STATE OF NEVADA
DECLARATION OF VALUE

DOC # DV-233178

06/07/2017 09:14 AM

Official Record

Recording requested By

Eureka County - NV

Lisa Hoehne - Recorder

Page 1 of 1 Fee \$17.00

Recorded By: CH RPTT: \$15.60

Book- 602 Page- 0021

1. Assessor Parcel Number (s)

- a) 005-210-12
- b) _____
- c) _____
- d) _____

2. Type of Property:

- | | | | |
|--|--------------|-----------------------------|-----------------|
| a) <input checked="" 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't |
| g) <input type="checkbox"/> | Agricultural | h) <input type="checkbox"/> | Mobile Home |
| i) <input type="checkbox"/> | Other | | |

| | |
|---------------------------------|-------|
| FOR RECORDERS OPTIONAL USE ONLY | |
| Notes: | _____ |
| | _____ |

3. Total Value/Sales Price of Property:

\$ _____

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

Transfer Tax Value: \$ 3,960.00

Real Property Transfer Tax Due: \$ 15.60

4. If Exemption Claimed:

- a. Transfer Tax Exemption, per NRS 375.090, Section: _____
- b. Explain Reason for Exemption: _____

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

(REQUIRED)

Print Name: Betty L. Howe

Address: 2112 Cliffside Drive

City: Plano

State: TX Zip: 75023

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Nolan R. Domain

Address: 5900 Baywater Dr. #809

City: Plano

State: TX Zip: 75093

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: NV Zip: 89801

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)