

**RECORDING REQUESTED BY
AND WHEN RECORDED MAIL TO:**

DANIEL A. HUNT 8486-01
LAW OFFICES OF DANIEL A. HUNT
3620 AMERICAN RIVER DR., STE. 110
SACRAMENTO, CA 95864-5901

MAIL TAX STATEMENTS TO:

Barbara Seaton
8085 Rook Drive
Granite Bay, CA 95746

EUREKA COUNTY, NV
Rec:\$35.00
Total:\$35.00
DANIEL A HUNT

2018-234757
02/21/2018 02:40 PM

Pgs=4



00001103201802347570040048

LISA HOEHNE, RECORDER

Assessor's Identification Number: 05-090-39
Exempt from Documentary Transfer Tax
and Reappraisal

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

- The undersigned declares that the documentary transfer tax is **\$0.00** and that:
the transfer is exempt from documentary transfer tax imposed by Revenue and Taxation Code § 11911 because:
- the consideration for the conveyance was less than \$100.00;
- the realty was not sold within the meaning of Revenue and Taxation Code § 11911; and,
- this transfer is an intervivos transfer in Trust pursuant to Revenue and Taxation Code § 11930.
- the transfer is exempt from reappraisal under Proposition 13, Calif. Const. Art 13A § 1 et. seq., in that:
- the transfer is by the Trustor(s) to a revocable living trust; and,
- the transfer is excluded as a change of ownership under Revenue and Taxation Code § 60 by Revenue and Taxation Code § 62(d)(2).

BARBARA A. SEATON, of legal age, being first duly sworn, deposes and declares:

That **JEROME CHARLES SEATON**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **JEROME C. SEATON** named as one of the parties in that certain deed recorded on November 20, 1992, at BK-PG: 249-389, of the Official Records of Eureka County, Nevada, covering the following described property situated in the County of Eureka, State of Nevada. Such property being further described as follows:

TOWNSHIP 31 NORTH, RANGE 49 EAST, M.D.B. &M.
Section 25: SE 1/4 NW 1/4

EXCEPTING therefrom an easement on all boundaries hereof 30 feet in width for utility and public road purposes.

That I, **BARBARA A. SEATON**, declare under penalty of perjury under the laws of the State of California that I am the declarant of the foregoing and know the contents thereof, and that the facts stated therein are true and correct.

July 7, 2016
Date

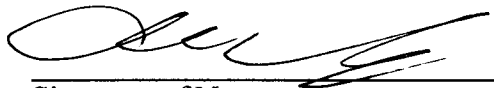
Barbara A. Seaton

BARBARA A. SEATON

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

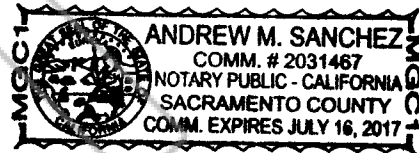
State of California)
)
County of Sacramento)

Subscribed and sworn to (or affirmed) before me on this 7th day of July, 2016, by **BARBARA A. SEATON**, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Signature of Notary

(Seal)



CERTIFICATION OF VITAL RECORD

COUNTY OF PLACER

Auburn, California 95603

STATE FILE NUMBER		CERTIFICATE OF DEATH		STATE OF CALIFORNIA		3199631	
1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)		LOCAL REGISTRATION NUMBER	
Jerome		Charles		Seaton			
4. DATE OF BIRTH MM/DD/CCYY		5. AGE YRS.		6. SEX		7. DATE OF DEATH MM/DD/CCYY	
10/13/1940		55		M		06/05/1996	
8. HOUR		19		TO 19		NONE	
10		18		1832			
9. STATE OF BIRTH		11. MILITARY SERVICE		12. MARITAL STATUS		13. EDUCATION—YEARS COMPLETED	
CA				Married		12	
14. RACE		15. HISPANIC—SPECIFY		16. USUAL EMPLOYER			
White		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PG & E			
17. OCCUPATION		18. KIND OF BUSINESS		19. YEARS IN OCCUPATION			
Gas Line Crew Foreman		Gas and Electric		32			
20. RESIDENCE—STREET AND NUMBER OR LOCATION		21. CITY		22. COUNTY		23. ZIP CODE	
8085 Rook Drive		Roseville		Placer		95746	
24. YRS IN COUNTY		25. STATE OR FOREIGN COUNTRY		26. NAME, RELATIONSHIP		27. ADDRESS (STREET AND NUMBER, ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)	
29		CA		Barbara Ann Seaton—wife		8085 Rook Drive, Roseville, CA 95746	
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (FAMILY)		31. NAME OF FATHER—FIRST	
Barbara		Ann		Amick		George	
32. LAST		33. FIRST		34. BIRTH STATE		35. NAME OF MOTHER—FIRST	
Seaton		Thomas		CA		Maureen	
36. MIDDLE		37. LAST (MAIDEN)		38. BIRTH STATE		39. DATE MM/DD/CCYY	
Olive		Banks		KS		06/13/1996	
40. PLACE OF BIRTH		41. TYPE OF DEATH		42. SEX OF DEATH		43. LICENSE NO.	
Roseville		CR/RES		Not Embalmed		-	
44. NAME OF FUNERAL HOME		45. DATE OF BURIAL		46. COUNTY OF LOCAL BURIAL		47. DATE MM/DD/CCYY	
Simple Traditions		1996		Placer		06/11/1996 NG	
101. PLACE OF DEATH		102. IS NEOPOLYMERIZED		103. PLACE OF OTHER THAN HOME		104. DEATH REPORTED TO CORONER	
Residence		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Placer		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION		106. CITY		107. DEATH WAS CAUSED BY (CHECK ONLY ONE CAUSE FOR LINE FOR 107)		108. BIOPSY PERFORMED	
8085 Rook Drive		Roseville		(A) Metastatic colon carcinoma		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109. DUE TO (B)		110. AUTOPSY PERFORMED		111. USED IN DETERMINING CAUSE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OF 112. IF YES, LIST TYPE OF OPERATION AND DATE.		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED.		115. SIGNATURE AND TITLE OF CERTIFIER	
None		No		10/15/1988		116. LICENSE NO. 657788	
117. DATE MM/DD/CCYY		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP		119. MANNER OF DEATH		120. INJURY AT WORK	
06/01/1996		Pamela Oster, MD 1600 Eureka Road, Roseville, CA 95661		<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
121. INJURY DATE MM/DD/CCYY		122. HOUR		123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)		126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
12. 19161		A		B		C	
D		E		F		G	
H		FAX AUTH. # 3396		CENSUS TRACT			

19161

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF PLACER

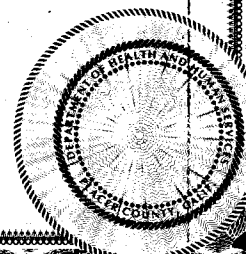
SS DATE ISSUED
06/13/1996

Richard J. Burton, M.D.
HEALTH OFFICER
AND LOCAL REGISTRAR

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Health and Human Services Department.

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE



**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)
 a) 05-090-39
 b) _____
 c) _____
 d) _____

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: _____

3. Total Value/Sales Price of Property \$ _____
 Deed in Lieu of Foreclosure Only (value of property) (_____)
 Transfer Tax Value: \$ _____
 Real Property Transfer Tax Due \$ _____

4. **If Exemption Claimed:**
 a. Transfer Tax Exemption per NRS 375.090, Section 4 (Death of Joint tenant)
 b. Explain Reason for Exemption: Death of Joint tenant

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 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 [Signature] Capacity Attorney
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)
 Print Name: Jerome C. Seaton & Barbara Seaton
 Address: 8075 Cook Drive
 City: Granite Bay
 State: CA Zip: 95746

BUYER (GRANTEE) INFORMATION
(REQUIRED)
 Print Name: Barbara Seaton
 Address: 8075 Cook Drive
 City: Granite Bay
 State: CA Zip: 95746

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)
 Print Name: _____ Escrow #: _____
 Address: _____
 City: _____ State: _____ Zip: _____