

**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

2018-234757

Rec:\$35.00

02/21/2018 02:40 PM

Total:\$35.00

DANIEL A HUNT

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

- [X] 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:
[X] the consideration for the conveyance was less than \$100.00;
[X] the realty was not sold within the meaning of Revenue and Taxation Code § 11911; and,
[X] this transfer is an intervivos transfer in Trust pursuant to Revenue and Taxation Code § 11930.
[X] the transfer is exempt from reappraisal under Proposition 13, Calif. Const. Art 13A § 1 et. seq., in that:
[X] the transfer is by the Trustor(s) to a revocable living trust; and,
[X] 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

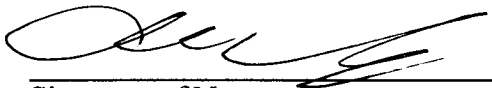
BARBARA A. SEATON

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)

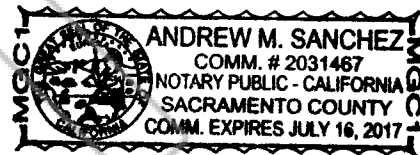
County of Sacramento)

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

| <p align="center">CERTIFICATE OF DEATH <small>STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 7/83)</small></p> | | | | | | | | | |
|---|--|--|---|--|-----------------------|-------------------------------|---|-------------------------------------|------------------------------------|
| <p align="right">3199631</p> | | | | | | | | | |
| <p>STATE FILE NUMBER</p> | | | | | | | | | |
| 1. NAME OF DECEDENT—FIRST (GIVEN) Jerome | | | 2. MIDDLE Charles | | | 3. LAST (FAMILY) Seaton | | | |
| 4. DATE OF BIRTH MM/DD/CCYY 10/13/1940 | | | 5. AGE YRS. 55 | | 6. SEX M | | 7. DATE OF DEATH MM/DD/CCYY 06/05/1996 | | 8. HOUR 1832 |
| 9. STATE OF BIRTH CA | | | 11. MILITARY SERVICE 19 TO 19 NONE | | | 12. MARITAL STATUS Married | | 13. EDUCATION—YEARS COMPLETED 12 | |
| 14. RACE White | | | 15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | 16. USUAL EMPLOYER PG & E | | | |
| 17. OCCUPATION Gas Line Crew Foreman | | | 18. KIND OF BUSINESS Gas and Electric | | | 19. YEARS IN OCCUPATION 32 | | | |
| <p>20. RESIDENCE—STREET AND NUMBER OR LOCATION 8085 Rook Drive</p> | | | | | | | | | |
| 21. CITY Roseville | | | 22. COUNTY Placer | | 23. ZIP CODE 95746 | | 24. YRS IN COUNTY 29 | | 25. STATE OR FOREIGN COUNTRY CA |
| <p>26. NAME, RELATIONSHIP Barbara Ann Seaton—wife</p> | | | | | | | | | |
| <p>27. ADDRESS—STREET AND NUMBER OR RAILROAD ROUTE NUMBER, CITY OR TOWN, STATE, ZIP 8085 Rook Drive, Roseville, CA 95746</p> | | | | | | | | | |
| 28. NAME OF SURVIVING SPOUSE—FIRST Barbara | | | 29. MIDDLE Ann | | | 30. LAST Amick | | | |
| 31. NAME OF FATHER—FIRST George | | | 32. MIDDLE Thomas | | | 33. LAST Seaton | | | |
| 34. BIRTH STATE CA | | | 35. NAME OF MOTHER—FIRST Maureen | | | 36. MIDDLE Olive | | | 37. LAST (MAIDEN) Banks |
| 38. BIRTH STATE KS | | | | | | | | | |
| <p>39. DATE MM/DD/CCYY 06/13/1996</p> | | | | | | | | | |
| <p>40. PLACE OF FINAL RESIDENCE rep-Barbara Seaton: 8085 Rook Drive, Roseville, CA 95746</p> | | | | | | | | | |
| <p>41. TYPE OF DEATH CR/RES</p> | | | | | | | | | |
| <p>42. SIGNATURE OF DEATH Not Embalmed</p> | | | | | | | | | |
| <p>43. LICENSE NO. -</p> | | | | | | | | | |
| <p>44. NAME OF FUNERAL DIRECTOR Simple Traditions</p> | | | | | | | | | |
| <p>45. LICENSE NO. 1553</p> | | | | | | | | | |
| <p>46. DATE MM/DD/CCYY 06/11/1996 NG</p> | | | | | | | | | |
| <p>101. PLACE OF DEATH Residence</p> | | | | | | | | | |
| <p>102. IF DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> | | | | | | | | | |
| <p>103. PLACE OF DEATH OTHER THAN HOME <input type="checkbox"/> HOME <input type="checkbox"/> HOTEL <input type="checkbox"/> OTHER</p> | | | | | | | | | |
| <p>104. CITY Roseville</p> | | | | | | | | | |
| <p>105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 8085 Rook Drive</p> | | | | | | | | | |
| <p>106. CITY Roseville</p> | | | | | | | | | |
| <p>107. DEATH WAS CAUSED BY (GIVE ONLY ONE CAUSE FOR LINE 107) (A) Metastatic colon carcinoma</p> | | | | | | | | | |
| <p>108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> | | | | | | | | | |
| <p>109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> | | | | | | | | | |
| <p>110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> | | | | | | | | | |
| <p>111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> | | | | | | | | | |
| <p>112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 None</p> | | | | | | | | | |
| <p>113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OF 112 IF YES LIST TYPE OF OPERATION AND DATE No</p> | | | | | | | | | |
| <p>114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED DECEDENT ATTENDED SINCE MM/DD/CCYY 10/15/1988 DECEDENT LAST SEEN ALIVE MM/DD/CCYY 06/01/1996</p> | | | | | | | | | |
| <p>115. SIGNATURE AND TITLE OF CERTIFIER Pamela Oster, MD</p> | | | | | | | | | |
| <p>116. LICENSE NO. G57788</p> | | | | | | | | | |
| <p>117. DATE MM/DD/CCYY 06/10/1996</p> | | | | | | | | | |
| <p>118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP Pamela Oster, MD 1600 Eureka Road, Roseville, CA 95661</p> | | | | | | | | | |
| <p>119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED</p> | | | | | | | | | |
| <p>120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> | | | | | | | | | |
| <p>121. INJURY DATE MM/DD/CCYY</p> | | | | | | | | | |
| <p>122. HOUR</p> | | | | | | | | | |
| <p>123. PLACE OF INJURY</p> | | | | | | | | | |
| <p>124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)</p> | | | | | | | | | |
| <p>125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)</p> | | | | | | | | | |
| <p>126. SIGNATURE OF CORONER OR DEPUTY CORONER</p> | | | | | | | | | |
| <p>127. DATE MM/DD/CCYY</p> | | | | | | | | | |
| <p>128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER</p> | | | | | | | | | |
| <p>12. STATE REGISTRAR</p> | | | | | | | | | |
| <p>FAX AUTH. # 3396 CENSUS TRACT</p> | | | | | | | | | |

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF PLACER

SS

DATE ISSUED

06/13/1996

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.

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

ANY ALTERATION OR ERASURE VOIDS 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: 8085 Look Drive
City: Granite Bay
State: CA Zip: 95746

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Barbara Seaton
Address: 8085 Look 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: _____

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED