

APN: 006-230-02

006-350-01

006-350-03

006-350-04

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

Wilson | Barrows | Salyer | Jones

442 Court Street

Elko, Nevada 89801

**Mail Tax Statements to:**

Vivian Eileen Penrod

295 Skyline Drive

Elko, Nevada 89801

**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.

Shay West

Legal Secretary

**Name****Title****Signature****Title of Document Recorded:****Affidavit of Death of Grantor**

# Affidavit of Death of Grantor

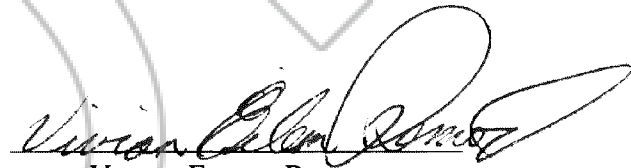
VIVIAN EILEEN PENROD and JOYCE L. AIAZZI, being duly sworn, depose and say that T. MILTON THOMPSON, the decedent mentioned in the certified copy of the Certificate of Death, attached hereto as **Exhibit A**, is the same person THEODORE MILTON THOMPSON, named as the Grantor in the Deed Upon Death recorded on November 7, 2016, as Document No. 23222, in the Recorder's Office of Eureka County, Nevada, covering the real property described as follows:

**See Exhibit B attached hereto and made a part hereof.**

VIVIAN EILEEN PENROD and JOYCE L. AIAZZI both being single women, are the Grantees listed in the Deed Upon Death of Grantor and are the beneficiaries to whom the real property is conveyed upon the death of the Grantor.

THE UNDERSIGNED HEREBY AFFIRM THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS NO SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS.

DATED: May 30, 2018

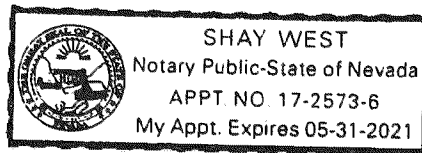
  
VIVIAN EILEEN PENROD

  
JOYCE L. AIAZZI

[NOTARIZATION APPEARS ON THE FOLLOWING PAGE]

STATE OF NEVADA     )  
                                      )  
COUNTY OF ELKO     )

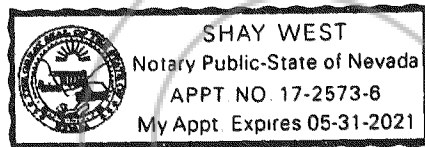
Subscribed and sworn to on this 30 day of May, in the year 2018, before me, a  
Notary Public, by VIVIAN EILEEN PENROD.



  
NOTARY PUBLIC

STATE OF NEVADA     )  
                                      )  
COUNTY OF ELKO     )

Subscribed and sworn to on this 30 day of May, in the year 2018, before me, a  
Notary Public, by JOYCE L. AIAZZI.



  
NOTARY PUBLIC

18040641.skj.wpd

# EXHIBIT A

# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3988046

#### CERTIFICATE OF DEATH

2017021132  
STATE FILE NUMBER

<b>TYPE OR PRINT IN PERMANENT BLACK INK</b>	<b>1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX)</b> Theodore Milton <b>THOMPSON</b> JR		<b>2. DATE OF DEATH (Mo/Day/Year)</b> November 11, 2017		<b>3a. COUNTY OF DEATH</b> Elko	
	<b>3b. CITY, TOWN, OR LOCATION OF DEATH</b> Elko		<b>3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or Inpatient (Specify))</b> Highland Manor of Elko Nursing Home		<b>4. SEX</b> Male	
	<b>5. RACE (Specify)</b> White		<b>6. Hispanic Origin? Specify No - Non-Hispanic</b>		<b>7a. AGE-Last birthday (Years)</b> 76	
<b>DECEDENT</b>	<b>7b. UNDER 1 YEAR</b> MOS DAYS HOURS MINS		<b>7c. UNDER 1 DAY</b>		<b>8. DATE OF BIRTH (Mo/Day/Yr)</b> December 03, 1940	
	<b>9a. STATE OF BIRTH (If not USCA, name country)</b> California		<b>9b. CITIZEN OF WHAT COUNTRY</b> United States		<b>10. EDUCATION</b> 16	
	<b>11. MARITAL STATUS (Specify)</b> Divorced		<b>12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)</b>			
<b>IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS</b>	<b>13. SOCIAL SECURITY NUMBER</b> 6662		<b>14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)</b> Rancher		<b>14b. KIND OF BUSINESS OR INDUSTRY</b> Ranching	
	<b>15a. RESIDENCE - STATE</b> Nevada		<b>15b. COUNTY</b> Elko		<b>15c. CITY, TOWN OR LOCATION</b> Elko	
	<b>15d. STREET AND NUMBER</b> 295 Skyline Dr.		<b>15e. Ever in US Armed Forces? (Specify Yes or No)</b> Yes			
<b>PARENTS</b>	<b>16. FATHER/PARENT - NAME (First Middle Last Suffix)</b> Theodore Milton THOMPSON SR			<b>17. MOTHER/PARENT - NAME (First Middle Last Suffix)</b> Olive ELLEGOOD		
	<b>18a. INFORMANT - NAME (Type or Print)</b> Eileen PENROD			<b>18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)</b> 295 Skyline Dr. Elko, Nevada 89801		
<b>DISPOSITION</b>	<b>19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)</b> Cremation		<b>19b. CEMETERY OR CREMATORY - NAME</b> Sunset Crematory		<b>19c. LOCATION City or Town State</b> Elko Nevada 89803	
	<b>20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)</b> JASON MUTH SIGNATURE AUTHENTICATED		<b>20b. FUNERAL DIRECTOR LICENSE NUMBER</b> FD298		<b>20c. NAME AND ADDRESS OF FACILITY</b> Burns Funeral Home PO BOX 889 Elko NV 89803	
<b>TRADE CALL</b>	<b>TRADE CALL - NAME AND ADDRESS</b>					
	<b>21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature &amp; Title)</b> SIGNATURE AUTHENTICATED STEVEN L PHILLIPS MD					
<b>CERTIFIER</b>	<b>21b. DATE SIGNED (Mo/Day/Yr)</b> November 14, 2017		<b>21c. HOUR OF DEATH</b> 12:59		<b>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 &amp; Title)</b>	
	<b>21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)</b>		<b>22b. DATE SIGNED (Mo/Day/Yr)</b>		<b>22c. HOUR OF DEATH</b>	
	<b>22d. PRONOUNCED DEAD (Mo/Day/Yr)</b>		<b>22e. PRONOUNCED DEAD AT (Hour)</b>			
<b>REGISTRAR</b>	<b>23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)</b> Steven L Phillips MD 5250 Neil Rd Ste #207 Reno, NV 89502				<b>23b. LICENSE NUMBER</b> 6596	
	<b>24a. REGISTRAR (Signature)</b> BLAISE SATARIANO SIGNATURE AUTHENTICATED		<b>24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)</b> November 15, 2017		<b>24c. DEATH DUE TO COMMUNICABLE DISEASE</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>CAUSE OF DEATH</b>	<b>25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))</b>					<b>Interval between onset and death</b>
	<b>PART I</b>					<b>Years</b>
	<b>(a) Alzheimers Dementia</b>					<b>Interval between onset and death</b>
<b>CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST</b>	<b>(b) DUE TO, OR AS A CONSEQUENCE OF:</b>					<b>Interval between onset and death</b>
	<b>(c) DUE TO, OR AS A CONSEQUENCE OF:</b>					<b>Interval between onset and death</b>
	<b>(d) DUE TO, OR AS A CONSEQUENCE OF:</b>					<b>Interval between onset and death</b>
<b>PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.</b>						<b>26. AUTOPSY (Specify Yes or No)</b> No
<b>27. WAS CASE REFERRED TO CORONER (Specify Yes or No)</b> No						
<b>28a. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)</b>		<b>28b. DATE OF INJURY (Mo/Day/Yr)</b>		<b>28c. HOUR OF INJURY</b>		<b>28d. DESCRIBE HOW INJURY OCCURRED</b>
<b>28e. INJURY AT WORK (Specify Yes or No)</b>		<b>28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)</b>		<b>28g. LOCATION</b> STREET OR R.F.D. No CITY OR TOWN STATE		

STATE REGISTRAR

000698420



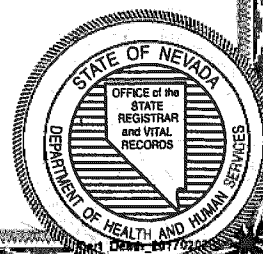
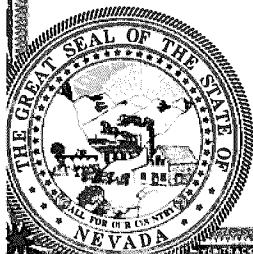
CERTIFIED COPY OF VITAL RECORDS

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.

DATE ISSUED: 12/5/2017

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

STATE REGISTRAR  
SIGNATURE AUTHENTICATED



# EXHIBIT B



Lot Four (4); the south one-half of the northwest quarter; the southwest quarter of the northeast quarter; and the south one-half of Section 3; Lots numbered 1, 2, and 3; the south one-half of the north one-half; and the south one-half of Section four (4); the northeast quarter of Section Nine (9); the west one-half of Section Ten (10), and the north one-half of the northeast quarter and the southwest quarter of the northeast quarter of Section Ten (10); all in Township Twenty-three (23), North of Range Fifty-four (54) East, M.D.B.&M.: Lots numbered two and three (2-3); the southeast quarter of the northwest quarter and the southwest quarter of the northeast quarter of Section Four (4); the south one-half of the northeast quarter, north one-half of the southeast quarter of Section Nine (9); the southwest quarter of the southwest quarter of Section Ten (10); the west one-half of the northeast quarter; the south one-half of northwest quarter and the north one-half of the southwest quarter of Section Twenty-two (22); the south one-half of the southwest quarter of Section Twenty-seven (27); the east one-half of the west one-half and the west one-half of the southeast quarter of Section Thirty-four (34), all in Township Twenty-four north of Range Fifty-four East, M.D.B.&M.; the west one-half of the northwest quarter of Section Twenty-six (26) and the east one-half (E½) of the northeast quarter of Section Twenty-seven (27); all in Township Twenty-five (25) North of Range Fifty-four (54) East, M.D.B.&M., containing 2766.09 acres, more or less, according to the Government Survey thereof, together with any and all vested, accrued and certified water rights, water, dams, ditches and reservoirs used in connection with the irrigation of the above described lands or otherwise and all right and permits to the range appurtenant to said lands or allowed or apportioned thereto under the provisions of the Federal Range Laws, or otherwise. And in furtherance but not in limitation, including certified water rights involved in permits numbered 7982, 7983, 7984, 800, 8272, 8273, 8274, 8275, and 8276 issued by the office of the State Engineer the State of Nevada, together with all the building, fences and improvements thereon, and all other rights, equities, however acquired or accrued.

# STATE OF NEVADA DECLARATION OF VALUE

## 1. Assessor Parcel Number (s)

- a) 006-230-02  
b) 006-350-01  
c) 006-350-03  
d) 006-350-04

## 2. Type of Property:

- a) ☒ Vacant Land  
c) ☐ Condo/Twnhse  
e) ☐ Apt. Bldg.  
g) ☒ Agricultural  
i) ☐ Other  
b) ☐  
d) ☐  
f) ☐  
h) ☐ Single Fam Res.  
2-4 Plex  
Comm'l/Ind'l  
Mobile Home

### FOR RECORDERS OPTIONAL USE ONLY

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 3. Total Value/Sales Price of Property:

Deed in Lieu of Foreclosure Only (value of property) \$ 1,867.00  
Transfer Tax Value: \$ 0.00  
Real Property Transfer Tax Due: \$ 1,867.00  
\$ 7.80

## 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 [Signature] Capacity Attorney  
Signature \_\_\_\_\_ Capacity \_\_\_\_\_

## SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: T. Milton Thompson  
Address: 295 Skyline Drive  
City: Elko  
State: NV Zip: 89801

## BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: V. Eileen Penrod  
Address: 295 Skyline Drive  
City: Elko  
State: NV Zip: 89801

## 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

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED)



# STATE OF NEVADA DECLARATION OF VALUE

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e) ☐ Apt. Bldg.      f) ☐ Comm'l/Ind'l  
g) ☒ Agricultural      h) ☐ Mobile Home  
i) ☐ Other

### FOR RECORDERS OPTIONAL USE ONLY

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 3. Total Value/Sales Price of Property:

Deed in Lieu of Foreclosure Only (value of property) \$ 1,867.00  
Transfer Tax Value: \$ 0.00  
Real Property Transfer Tax Due: \$ 1,867.00  
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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: T. Milton Thompson  
Address: 295 Skyline Drive  
City: Elko  
State: NV Zip: 89801

## BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: V. Eileen Penrod  
Address: 295 Skyline Drive  
City: Elko  
State: NV Zip: 89801

## COMPANY/PERSON REQUESTING RECORDING

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: Wilson Barrows Salyer Jones Escrow # \_\_\_\_\_  
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