

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

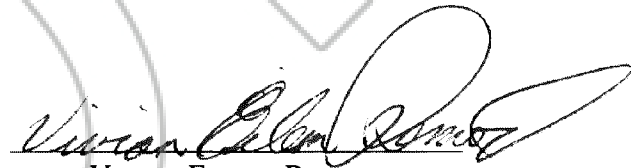
VIVIAN EILEEN PENROD and JOYCE L. AIAZZI, being duly sworn, depose and say that T. MILTON THOMPSON, the decedent mentioned in the certified copy of the Certificate of Death, attached hereto as **Exhibit A**, is the same person THEODORE MILTON THOMPSON, named as the Grantor in the Deed Upon Death recorded 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

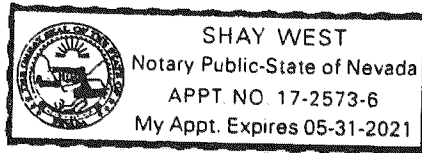

VIVIAN EILEEN PENROD


JOYCE L. AIAZZI

[NOTARIZATION APPEARS ON THE FOLLOWING PAGE]

STATE OF NEVADA)
)
COUNTY OF ELKO)

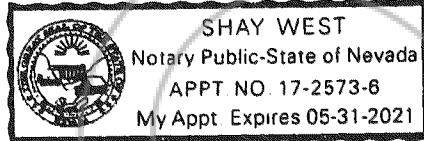
Subscribed and sworn to on this 30 day of May, in the year 2018, before me, a Notary Public, by VIVIAN EILEEN PENROD.




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

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION SEE
HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

**CAUSE OF
DEATH**

CONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Theodore Milton THOMPSON JR		2. DATE OF DEATH (Mo/Day/Year) November 11, 2017		3a. COUNTY OF DEATH Elko	
3b. CITY, TOWN, OR LOCATION OF DEATH Elko		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or Inpatient)(Specify) Highland Manor of Elko Nursing Home		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 76	7b. UNDER 1 YEAR MOS DAYS HOURS MINS	7c. UNDER 1 DAY HOURS MINS
8. DATE OF BIRTH (Mo/Day/Yr) December 03, 1940		9a. STATE OF BIRTH (If not USCA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER 6662		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Ranching	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Elko	15c. CITY, TOWN OR LOCATION Elko	15d. STREET AND NUMBER 295 Skyline Dr.	15e. Ever in US Armed Forces? Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) Theodore Milton THOMPSON SR			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Olive ELLEGOOD		
18a. INFORMANT - NAME (Type or Print) Eileen PENROD		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 295 Skyline Dr. Elko, Nevada 89801			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sunset Crematory		19c. LOCATION City or Town State Elko Nevada 89803	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JASON MUTH		20b. FUNERAL DIRECTOR LICENSE NUMBER FD298	20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 689 Elko NV 89803		
21. TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) STEVEN L PHILLIPS MD			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) November 14, 2017		21c. HOUR OF DEATH 12:59		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Steven L Phillips MD 5250 Neil Rd Ste #207 Reno, NV 89502			
23b. LICENSE NUMBER 6596		24a. REGISTRAR (Signature) BLAISE SATARIANO			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 15, 2017		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I				Interval between onset and death	
(a) Alzheimers Dementia				Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.					
26. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)	26c. HOUR OF INJURY	26d. DESCRIBE HOW INJURY OCCURRED	
27. INJURY AT WORK (Specify Yes or No)		27b. PLACE OF INJURY- At home, farm, street, factory, office building, etc (Specify)	27c. LOCATION	27d. STREET OR R.F.D. No CITY OR TOWN STATE	
28. AUTOPSY (Specify Yes or No) No		27 WAS CASE REFERRED TO CORONER (Specify Yes or No) No			

STATE REGISTRAR



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.

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

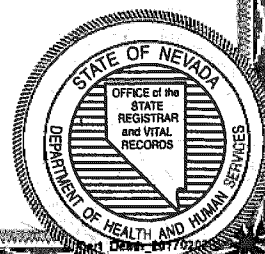
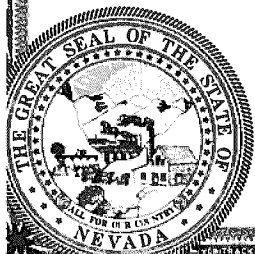


EXHIBIT B



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) <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'l |
| g) <input checked="" 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) \$ 1,867.00
 \$ 0.00
 Transfer Tax Value: \$ 1,867.00
 Real Property Transfer Tax Due: \$ 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 BUYER (GRANTEE) INFORMATION

(REQUIRED)	(REQUIRED)
Print Name: <u>T. Milton Thompson</u>	Print Name: <u>V. Eileen Penrod</u>
Address: <u>295 Skyline Drive</u>	Address: <u>295 Skyline Drive</u>
City: <u>Elko</u>	City: <u>Elko</u>
State: <u>NV</u> Zip: <u>89801</u>	State: <u>NV</u> Zip: <u>89801</u>

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

STATE OF NEVADA DECLARATION OF VALUE

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- a) 006-230-02
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Notes: _____

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Signature [Signature] Capacity Attorney
 Signature _____ Capacity _____

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(REQUIRED)		(REQUIRED)	
Print Name:	<u>T. Milton Thompson</u>	Print Name:	<u>V. Eileen Penrod</u>
Address:	<u>295 Skyline Drive</u>	Address:	<u>295 Skyline Drive</u>
City:	<u>Elko</u>	City:	<u>Elko</u>
State:	<u>NV</u> Zip: <u>89801</u>	State:	<u>NV</u> Zip: <u>89801</u>

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