EUREKA COUNTY, NV RPTT:\$5.85 Rec:\$35.00 Total:\$40.85 JOHN H REED

2019-238225 02/25/2019 01:14 PM

Pgs=5

Recording Requested By: John H. Reed

When recorded mail to: Equity Acres LLC PO Box 215501 Sacramento, California 95821 00004887201902382250050052

LISA HOEHNE, CLERK RECORDER

APN: 003-094-03

Prior Instrument Number: 110356

Grant Deed

For good and valuable consideration of Ten Dollars (\$10.00), the receipt and sufficiency of which is hereby acknowledged, I, John H. Reed (GRANTOR), do hereby convey to Equity Acres LLC (GRANTEE), a Limited Liability Company, the following described real property situated in United States, Eureka County, Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.

SUBJECT TO: Existing taxes, assessments, covenants, conditions, restrictions, rights of way and easements of record.

And the GRANTOR binds itself and its successors to warrant the title against its acts and none other, subject to the matters above setforth.

Signature Page to Follow

APN: 003-094-03

1	\sim	N/E	111	\bigcirc	
DATED:	l John	UD'	LUI		

BY: John H. Reed John H. Reed

STATE OF NEVOLDA)

COUNTY OF EIKO)

On ROYWOY 15,709, before me, the undersigned Notary Public, personally appeared 1000 H. Red , personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

My Commission Expires: 12.15.209

Notary Public



SALIHAN R. GONZALEZ
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 12-15-2019
Certificate No: 16-1255-8



Lots 6 and 7 of Block 7 of Crescent Valley Ranch & Farms Unit No. 4, as per map recorded in said County as File No. 34552.



STATE OF NEVAIDA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CERTIFIC		

2015019155

Jame Ann REED October 27, 2015 Elko Northeastern Nevada Regional Hospital (Potential Specific Property in Control C	1a. DECEASED-NAME (FIRST, MIC	DOLE LAST SUFFIX)		2. DATE OF DEATH (Mo/E	STATE FILE NUMBER ay/Year) 3a COUNTY OF DE
So. CITY, TOWN, OR LOCATION OF DEATH Sc. HOSPITAL OR OTHER INSTITUTION. Namella role and sold provided (Specific Care) Eliko Northeastern Neveda Regional Hospital Internstive Care Unit (ICU) 5. RACE White St. Hispanic Organ? Specify Years) 74 A GEL Last birthing? No Non-Hispanic Years) 74 A GEL Last birthing? No Non-Hispanic Years) 74 A GEL Last birthing? No Non-Hispanic Years) 100 ENTRY HOURS MINS MAY 2 80. STATE OF BIRTH (If not U.S.) 96. CITIZEN OF WHAT COUNTRY 10 EDUCATION 11. MARRIED NEVER MARRIED, WIDOVED 12. SURVIVING SPOUSE 13. SOCIAL SECURITY MUNISER 144. USUAL OCCUPATION (Give fond of work Done During Meet of 146. KIND OF BUSINESS OR MUSTRY Even Month 144. WIND OF BUSINESS OR MUSTRY Even Must	400 L 1700 L 100	naa '' kali waa 'ombo gus gas			Maria - Filita - Al l enda I. Talla - Allenda
EIKO NORTHERSTERM NEVADA REGIONAL HORSTORY Interfisive Care Unit (ICU) RACE White 6. Happanic Origin Specity No. Non-Hispanic Non-Rote (Specify) No. No. Non-Hispanic Non-Rote (Specify) No. Non-Hispanic Non-Rote (Specify) No.	Bb. CITY, TOWN, OR LOCATION O	F DEATH 3c. HOSPITAL OR OTHER IN	**************************************	give street ar 3e.if Hosp. or Ins	t. indicate DOA, OP/Emer. Rm.
No - North Happanic No - North Happanic No - North Happanic North				al Inten	sive Care Unit (ICU)
Onio United States 13 DNORCED (SpecifyMarried 13. SOCIAL SECURITY HUMBER 14s. USUAL OCCUPATION (Give Kind of Wink Done During Most of 14s. KIND OF BUSINESS OR INDUSTRY Ever 14s. CENTED 15s. CENTY TOWN OR LOCATION 15d. STREET AND NUMBER 15s. CENTY TOWN OR LOCATION 15d. STREET AND NUMBER 15s. CENTY TOWN OR LOCATION 15d. STREET AND NUMBER 15s. CENTY TOWN OR LOCATION 15d. STREET AND NUMBER 15s. CENTY TOWN OR LOCATION 15d. STREET AND NUMBER 15s. CENTY TOWN OR LOCATION 15d. STREET AND NUMBER 15s. CENTY Mission LOFTON 15d. STREET AND NUMBER 15s. CENTY Mission LOFTON 15d. STREET AND NUMBER 15s. CENTY Mission LOFTON 15d. STREET AND NUMBER 15d. CENTY Mission LOFTON 15d. STREET AND NUMBER 15d. CENTY Mission LOFTON 15d. STREET AND NUMBER 15d. CENTY Mission LOFTON 15d. MAILING ADDRESS (Street or R.F.D. No. City or Town Steel, 2g) 15d. MAILING ADDRESS (Street or R.F.D. No. City or Town Steel, 2g) 15d. MAILING ADDRESS (Street or R.F.D. No. City or Town Steel, 2g) 15d. MAILING ADDRESS			nic (Years)	MOS DAYS HOU	RS MINS May 27,
15a RESIDENCE - STATE 15b. COUNTY 15c. CITY, TOWN OR LOCATION 15d. STREET AND NUMBER 15c. CITY, TOWN OR LOCATION 15d. STREET AND NUMBER 15c. CITY OWN OR LOCATION 15d. STREET AND NUMBER 15c. CITY OWN OR LOCATION 15d. STREET AND NUMBER 15c. CITY OWN OR LOCATION 15d. STREET AND NUMBER 15c. CITY OWN OR LOCATION 15d. STREET AND NUMBER 15c. CITY OWN OR LOCATION 15d. STREET AND NUMBER 15c. CITY OWN OR LOCATION 15d. STREET AND NUMBER 15d. STREET ON NUMBER 15d. STREE		1 4 1 4 1 4 1 4 1 1 1 1 1 1 1 1 1 1 1 1			D 12. SURVIVING SPOUSE (M
Nevada Elko Spring Creek 991 Hilliop Drive 991 Hilliop Proving 1991 Hilliop Drive 991 Hilliop Drive 991 Hilliop Drive 99	13. SOCIAL SECURITY NUMBER 072	14a. USUAL OCCUPATION (Give		200	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Horace KINER K	80 JES - 1845 - 1845 - 1846 - 1846			- Amilia mana	15e. ii LiMITS or No
18b. INFORMANT-NAME (Type or Print) John H REED Cremation Cremation Cremation Cremation Cremation Cremation Cremation Sunset Crematory Sunset Crematory File Death JASON MUTH SIGNATURE AUTHENTICATED 298 DUBLICATION Funds SIGNATURE AUTHENTICATED 298 PO BOX 889 Elko NV 89803 TRADE CALL - NAME AND ADDRESS OF CARTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) TIMOTHY HENDRICKSON DO 2001 Errecart Bird Edgs, NV 88801 24a. DATE RECEIVED BY REGISTRAR (NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 25a. IMMEDIATE CAUSE (REMETAL - NAME AND ADDRESS OF CERTIFIE	16. FATHER/PARENT - NAME (Fin	A TO THE RESERVE OF THE TOTAL OF THE PARTY O	17. MOTHE	and the second of the second o	
19a. BURIAL CREMATION, REMOVAL OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME Cremation Sunset Crematory 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JASON BUTTH SUNSET DIRECTOR - SIGNATURE (Or Person Acting as Such) JASON BUTTH SIGNATURE SUPPLY SIGNATURE (Or Person Acting as Such) JASON BUTTH 29b PO BOX 889 Elko NV 89803 TRADE CALL - NAME AND ADDRESS 3 21a. To the best of my knowledge, deeth occurred at the time, date and place and due to the cause(s) stated. (Signature & This DIRECTOR ACTION DO THE SIGNATURE AUTHENTICATED) 3 21b. DATE SIGNED (MODByYY) 21c. HOUR OF DEATH 11:02 21d. NAME AND ADDRESS OF GERTIFIER (PHYSICIAN IF OTHER THAN CERTIFIER 22a. NAME AND ADDRESS OF GERTIFIER (PHYSICIAN ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) TIMOTHY HENDRICKSON DO 201 Emecart Bird Elko, 198801 22a. NAME AND ADDRESS OF GERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) TIMOTHY HENDRICKSON DO 201 Emecart Bird Elko, 198801 22a. NAME AND ADDRESS OF GERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) TIMOTHY HENDRICKSON DO 201 Emecart Bird Elko, 198801 22a. LICENSE NUM TIMOTHY HENDRICKSON DO 201 Emecart Bird Elko, 198801 22b. LICENSE NUM TIMOTHY HENDRICKSON DO 201 Emecart Bird Elko, 198801 22c. HOUR OF PARTI (A) DATE RECEIVED BY REGISTRAR (MOGBYYY) NOVEMBER OB 2015 NO DUE TO, OR AS A CONSEQUENCE OF: Interval between Days DUE TO, OR AS A CONSEQUENCE OF: (d) TOTHER SIGNIFICANT CONDITIONS-Conditions contributing to diseth but not resulting in the undedying bause given in Part 1. 22c. AUTOPSY (Specif 27, NA Person NO) NO REPERTING WIREST. (Specify) 28c. PLACE OF INJURY-At home, farm, street, factory, office 28g. LOCATION STREET OR R.F.D. NO. CITY OR TOWN	18a. INFORMANT-NAME (Type or	Print) 18b.		R.F.D. No, City or Town, State), Zip)
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JASON MUTH SIGNATURE AUTHENTICATED 298 PO BOX 889 Elko NV 89803 TRADE CALL - NAME AND ADDRESS TRADE CALL - NAME AND ADDRESS 21s. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) 21s. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) 21s. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) 21s. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) 21s. The DETICATE AUTHENTICATED 21s. The DETICATED AUTHENTICATED 21s. DATE SIGNED (MorDay/Yr) 21c. HOUR OF DEATH OCCUBER 28, 2015 22d. PRONOUNCED DEAD (MorDay/Yr) 22a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type of Print) 22a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type of Print) 22a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type of Print) 22b. LICENSE NUM SHOMATURE AUTHENTICATED 22c. IMMEDIATE CAUSE (ENTER ONLY, ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART II (a) Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Sepsis DUE TO, OR AS A CONSEQUENCE OF: (c) CHARLES OF THE ORDER CONSEQUENCE OF: (d) Interval between Days DUE TO, OR AS A CONSEQUENCE OF: (d) Interval Detween Days The underlying cause given in Part 1. 28c. AUTOPSY (Specil 27 New Yees or No) No Print OF THE ORDER CONSEQUENCE OF: (d) Interval Detween Days DUE TO, OR AS A CONSEQUENCE OF: (d) Interval Detween Days DUE TO, OR AS A CONSEQUENCE OF: (d) Interval Detween Days D	19a. BURIAL, CREMATION, REMO	OVAL, OTHER (Specify) 196: CEMETER	Y OR CREMATORY - NAME		LOCATION City or Town
TRADE CALL -NAME AND ADDRESS 232 To To the best of rhy knowledge, desth occurred at the time, date and place and diversity of the cause(s) stated. (Signature 3 title) 241. To the best of rhy knowledge, desth occurred at the time, date and place and diversity of the cause(s) stated. (Signature 3 title) 252 Timothy Hember CK-Son Do 253 To the cause(s) stated. (Signature 3 title) 254 TIMOTHY HEMDER CK-SON DO 255 TIMOTHY HEMDER CK-SON DO 256 TIMOTHY HEMDER CK-SON DO 257 TIMOTHY HEMDER CK-SON DO 258 TIMOTHY HEMDER CK-SON DO 259 TO THE SIGNED (MorDay/Yr) 250 DATE SIGNED (MorDay/Yr) 251 DATE SIGNED (MorDay/Yr) 252 PRONOUNCED DATE (MorDay/Yr) 253 DATE SIGNED (MorDay/Yr) 254 DATE RECEIVED BY REGISTRAR 255 DATE SIGNED (MorDay/Yr) 256 DATE SIGNED (MorDay/Yr) 257 DATE SIGNED (MorDay/Yr) 258 DATE SIGNED (MorDay/Yr) 258 DATE SIGNED (MorDay/Yr) 259 DATE SIGNED (MorDay/Yr) 250 DATE SIGNED (MorDay/Yr) 251 DATE SIGNED (MorDay/Yr) 252 PRONOUNCED DATE SIGNED (MorDay/Yr) 253 DATE SIGNED (MorDay/Yr) 254 DATE SIGNED (MorDay/Yr) 255 DATE SIGNED (MorDay/Yr) 256 DATE SIGNED (MorDay/Yr) 257 PRONOUNCED DATE SIGNED (MorDay/Yr) 258 DATE SIGNED (MorDay/Yr) 259 DATE SIGNED (MorDay/Yr) 250 DATE SIGNED (MorDay/Yr) 2				A STATE OF THE STA	SILITY
TRADE CALL - NAME AND ADDRESS 2 18. To the best of my knowledge, death occurred at the time, date and place and due 2 19. To the best of my knowledge, death occurred at the time, date and place and due 3 2 2 18. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) 2 19. DATE SIGNED (MorDay/Yr) 2 10. DATE SIGNED (MorDay/Yr) 2 10. DATE SIGNED (MorDay/Yr) 2 11. DOZ 2 11. DATE SIGNED (MorDay/Yr) 2 11. DOZ 2 12. ANAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Na a a a a a a a a a a a a a a a a a a	100000000000000000000000000000000000000	TORREST TORRES	
to the cause(s) stated (Signature & Title) TIMOTHY HEMDRICKSON DO 21b. DATE SIGNED (MorDay/Yr) 21c. HOUR OF DEATH October 28, 2015 21d. MAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONIER) (Type or Print) 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONIER) (Type or Print) 24a. REGISTRAR (Signature) VERALYNN & BOYACK SHMATURE AUTHENTICATED 24b. DATE RECEIVED BY REGISTRAR (Signature) VERALYNN & BOYACK SHMATURE AUTHENTICATED (a) Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Sepsis DUE TO, OR AS A CONSEQUENCE OF: (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 26. AUTOPSY (Special 27, WA REFER (Special 27) VERALYNOW (MorDay/Yr) DUE TO, OR AS A CONSEQUENCE OF: (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 27. ACC., SUICIDE HON, LIRDET. 28. DATE OF INJURY 28. DATE OF INJURY 28. DESCRIBE HOW INJURY OCCURRED 28. INJURY AT WORK (Special) 29. CACTON OF DEATH 11:02 20. DATE SIGNIFICANT CONDITIONS 21. LICENSE NUM 21. LICENSE NUM 220. DATE SIGNIFICANT CONDITIONS 21. LICENSE NUM 220. DATE SIGNIFICANT CONDITIONS 25. HOUR OF INJURY 26. DATE OF INJURY 26. DATE OF INJURY 27. WA REFER (Special) 10. CITY OR TOWN					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23b. LICENSE NUM 24c. REGISTRAR (Signature) VERALYMN A BOYACK SIGNATURE AUTHENTICATED 25c. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) POLE TO, OR AS A CONSEQUENCE OF: ACUTE REGISTRAR CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying Sause given in Part 1. 26c. AUTOPSY (Special 27 Was REFER LOW) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying Sause given in Part 1. 26c. AUTOPSY (Special 27 Was REFER LOW) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying Sause given in Part 1. 26c. AUTOPSY (Special 27 Was REFER LOW) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying Sause given in Part 1. 26c. AUTOPSY (Special 27 Was REFER LOW) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying Sause given in Part 1. 26c. AUTOPSY (Special 27 Was REFER LOW) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying Sause given in Part 1. 26c. AUTOPSY (Special 27 Was REFER LOW) PART II OTHER SIGNIFICANT CONDITIONS-CONDITIONS-Conditions contributing to death but not resulting in the underlying Sause given in Part 1. 26c. AUTOPSY (Special 27 Was REFER LOW) PART II OTHER SIGNIFICANT CONDITIONS-CONDITIONS-CONDITIONS-CONDITIONS-CONDITIONS-CONDITIONS-CONDITIONS-CONDITIONS-CONDITIONS-CONDITIONS-CONDITIONS-CONDITIONS-CONDITIONS-CONDITIONS-CONDITION	TIMEO 21b. DATE SIGNED (Mo/Da	THY HEMDRICKSON DO by/Y1) 21c. HOUR OF DEATH	9 is 8 is 220. D		cause(s) stated. (Signature & Title) 22c. HOUR OF DEATH
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 13b. LICENSE NUM. 192 24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 09, 2015 YES NO 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c),) DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: OUE T	21d NAME OF ATTENDING		ER 22d P	RONOUNCED DEAD (Mo/Da)	(Yr) 22s. PRONOUNCED DE
24a. REGISTRAR (Signature) VERALYNN & BOYACK SIGNATURE AUTHENTICATED 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 09, 2015 YES NO 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c),) PART I (a) Respiratory Failure Due to, or as a consequence of: Acute Renal Failure Due to, or as a consequence of: Acute Renal Failure Due to, or as a consequence of: (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 26. AUTOPSY (Special 27. WAYES) No 28a. ACC. SUICIDE HOM. UNDET. 28b. DATE OF INJURY (Mo/Day/Yr) 28c. HOUR OF INJURY 28d. DESCRIBE HOW INJURY OCCURRED 28c. INJURY AT WORK (Specify) 28f. PLACE OF INJURY-At home, farm, street, factory, office 28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN	23a. NAME AND ADDRESS OF CE				
SARATURE ADTHAINTECATES PART I (a) Respiratory Failure Days Due To, or as a consequence of: (b) Sepsis Due To, or as a consequence of: (c) Cutte Renal Failure Days Due To, or as a consequence of: Interval between Days Due To, or as a consequence of: Interval between Days Due To, or as a consequence of: Interval between Days Due To, or as a consequence of: (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 28. AUTOPSY (Specif) 28. ACC., Suicide, Hom, UNDET. CR PENDING INVEST. (Specify) 28. Date of Injury (MorDay/Yr) 28. Four of Injury 28. LOCATION STREET OR R.F.D. No. CITY OR TOWN 28. LOCATION STREET OR R.F.D. No. CITY OR TOWN	minimum in minima in the Arthur Arthur				
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Part II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Part II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Part II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Part II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Part II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Part II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Part II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Part II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Part II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Part II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Part II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Part II OTHER SIGNIFICANT CONDITIONS-CONDITI	T IM 24a. REGISTRAR (Signature)	VERALYNN A BOYACI		IVED BY REGISTRAR 2	4C. DEATH DUE TO COMMUNICA
DUE TO, OR AS A CONSEQUENCE OF: (b) Sepsis Due TO, OR AS A CONSEQUENCE OF: (c) Acute Renal Failure Due TO, OR AS A CONSEQUENCE OF: (d) Due TO, OR AS A CONSEQUENCE OF: (d) Due TO, OR AS A CONSEQUENCE OF: (d) PART H OTHER SIGNIFICANT CONDITIONS-Conditions contributing to diseth but not resulting in the underlying cause given in Part 1. PART H OTHER SIGNIFICANT CONDITIONS-Conditions contributing to diseth but not resulting in the underlying cause given in Part 1. PART H OTHER SIGNIFICANT CONDITIONS-Conditions contributing to diseth but not resulting in the underlying cause given in Part 1. PART H OTHER SIGNIFICANT CONDITIONS-Conditions contributing to diseth but not resulting in the underlying cause given in Part 1. PART H OTHER SIGNIFICANT CONDITIONS-Conditions contributing to diseth but not resulting in the underlying cause given in Part 1. PART H OTHER SIGNIFICANT CONDITIONS-Conditions contributing to diseth but not resulting in the underlying cause given in Part 1. PART H OTHER SIGNIFICANT CONDITIONS-Conditions contributing to diseth but not resulting in the underlying cause given in Part 1. PART H OTHER SIGNIFICANT CONDITIONS-Conditions contributing to diseth but not resulting in the underlying cause given in Part 1. PART H OTHER SIGNIFICANT CONDITIONS-Conditions contributing to diseth but not resulting in the underlying cause given in Part 1. PART H OTHER SIGNIFICANT CONDITIONS-Conditions contributing to diseth but not resulting in the underlying cause given in Part 1. PART H OTHER SIGNIFICANT CONDITIONS-C	24a. REGISTRAR (Signature).	SIGNATURE AUTHENTICATED	(Mo/Day/Yr) N	10000 10000 10000 1000 1000 1000 1000	
DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) Days PART H OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. PART H OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 26. AUTOPSY (Specification of No.) Part 1. 28. AUTOPSY (Specification of No.) P	24s. REGISTRAR (Signature) 25. IMMEDIATE CAUSE (PART Respiratory	SIGNATURE AUTHENTICATED (ENTER ONLY ONE CAUSE PER LINE F	(Mo/Day/Yr) N	10000 10000 10000 1000 1000 1000 1000	YES NO [
DUE TO, OR AS A CONSEQUENCE OF: (d) PART H OTHER SIGNIFICANT CONDITIONS-Conditions contributing to diseth but not resulting in the underlying cause given in Part 1. 26. AUTOPSY (Special 27. WA REFER (Special Contribution) (Spe	24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE (a) Respiratory DUE TO, OR AS A	SKMATURE AUTHENTICATED (ENTER ONLY ONE CAUSE PER LINE F Y Failure	(Mo/Day/Yr) N	10000 10000 10000 1000 1000 1000 1000	YES NO Days Interval between o
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying bause given in Part 1. 26. AUTOPSY (Specific Specific Spec	24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE PART I (a) Respiratory DUE TO, OR AS A (b) Sepsis DUE TO, OR AS A	SKINATURE AUTHENTICATED (ENTER ONLY ONE CAUSE PER LINE F y. Failure A CONSEQUENCE OF: A CONSEQUENCE OF:	(Mo/Day/Yr) N	10000 10000 10000 1000 1000 1000 1000	YES NO Days Interval between control Days Days
Unknown Ebology Yes or No) REFER (Specify) 28e. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) 28e. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) 28e. INJURY AT WORK (Specify) 28f. PLACE OF INJURY-At home, farm, street, factory, office 28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN	24s. REGISTRAR (Signature) 25. IMMEDIATE CAUSE (a) Respiratory DUE TO, OR AS A (b) Sepsis DUE TO, OR AS A (c) Acute Ren.	SKNATURE AUTHENTICATED (ENTER ONLY ONE CAUSE PER LINE F Y Failure A CONSEQUENCE OF: A CONSEQUENCE OF: AI Failure	(Mo/Day/Yr) N	10000 10000 10000 1000 1000 1000 1000	YES NO Days Interval between of Days Interval between of Days Interval between of Days Interval between of Days
286. ACC., SUICIDE, HOM., UNIDET. 286. DATE OF INJURY (Mo/Day/Yr) 286. HOUR OF INJURY 286. DESCRIBE HOW INJURY OCCURRED 286. INJURY AT WORK (Specify) 287. PLACE OF INJURY—At home, farm, street, factory, office 289. LOCATION STREET OR R.F.D. No. CITY OR TOWN	24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE PART I (a) Que To, OR AS A Sepsis Due To, OR AS A (c) Due To, OR AS A	SKNATURE AUTHENTICATED (ENTER ONLY ONE CAUSE PER LINE F Y Failure A CONSEQUENCE OF: A CONSEQUENCE OF: AI Failure	(Mo/Day/Yr) N	10000 10000 10000 1000 1000 1000 1000	YES NO Days Interval between of Days Interval between of Days Interval between of Days Interval between of Days
	24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE PART I (a) Respiratory DUE TO, OR AS A (b) Sepsis DUE TO, OR AS A Acute Ren (c) DUE TO, OR AS A (d) PART II OTHER SIGNIFICANT CO	SK NATURE AUTHENTICATED (ENTER ONLY ONE CAUSE PER LINE F Y Failure A CONSEQUENCE OF: A CONSEQUENCE OF: al Failure A CONSEQUENCE OF:	(Mo/DayArr): N	ovember 09, 2015	YES NO Days Interval between of Days
	24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE PART I (a) QUE TO, OR AS A Sepsis DUE TO, OR AS A Acute Ren (c) DUE TO, OR AS A (d) PART II OTHER SIGNIFICANT CO	SKINATURE AUTHENTICATED (ENTER ONLY ONE CAUSE PER LINE F Y Failure A CONSEQUENCE OF: A CONSEQUENCE OF: AI FAIlure A CONSEQUENCE OF: ONDITIONS-Conditions contributing to the	(Mo/Day/Yr): N	ovember 09, 2015.	PES NO FITTER NO FIT

STATE REGISTRA

VRS-Rev-20120523a

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:

11/19/2015

SIGNATURE AUTHENTICATED



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

STATE OF NEVADA DECLARATION OF VALUE FORM

1.	Assessor Parcel Number(s)		\ \
	a. <u>003-094-03</u>		\ \
	b		\ \
	c		\ \
	d.		~ \ \ \
2.	Type of Property:		
		Fam. Res.	FOR RECORDER'S OPTIONAL USE ONLY
	c. Condo/Twnhse d. 2-4 Pl		Book: Page:
		n'l/Ind'l	Date of Recording:
		e home	Notes:
	Other		1000
3.	a. Total Value/Sales Price of Property		\$ 1500
	b. Deed in Lieu of Foreclosure Only (valu	e of property)	
	c. Transfer Tax Vaule		\$ 5.85
	d. Real Property Transfer Tax Due		\$
4.	If Exemption Claimed:		
	a. Transfer Tax Exemption per NRS 375.0	90, Section	\ / /
	b. Explain Reason for Exemption:		V /
5 .	Partial Interest: Percentage being Transfer	red:	%
			of perjury, pursuant to NRS 375.060 and NRS
375.11		No No	formation and belief, and can be supported by
	entation if called upon to substantiate the inf	76.	The state of the s
			ional tax due, may result in a penalty of 10%
	ax due plus interest at 1% per month. Pursus		
	ly liable for any additional amount owed.		,, , , , , , , , , , , , ,
50.01.01	.,	\sim	
Signati	ire: John H Rees	1)	Capacity: Seller
Jigilak			Cupatity.
Signati	ure C	/	Capacity: Buyer
Digital			cupacity
A CONTRACTOR OF THE PARTY OF TH	SELLER (GRANTOR) INFORMATION	_//	BUYER (GRANTEE) INFORMATION
	(REQUIRED)		(REQUIRED)
Drint N	ame: John H. Reed	Print N	Jame: Rod Hall
	s: 449 Western Hills #3		ss: PO Box 215501
	Spring Creek		Sacramento
State:]		State:	
State.	Zip. 03013	State.	
COMP	ANY REQUESTING RECORDING		
Print N			Escrow #:
Addres			
City:		State:	Zip:

As a public record this form may be recorded/microfilmed