

A.P.N. 007-210-06

**Recording Requested by and
when Recorded Return to:**

Shay L. Wells, Esq.
Woodburn and Wedge
6100 Neil Road, Suite 500
Reno, NV 89511

EUREKA COUNTY, NV

2021-245500

Rec:\$37.00

\$37.00

Pgs=6

07/19/2021 01:46 PM

STEWART TITLE ELKO

LISA HOEHNE, CLERK RECORDER

Mail Tax Statements to:

Shelba Kay Smith
29050 Envoy Drive
Nuevo, CA 92567

The undersigned hereby affirms that the death
certificate submitted as an exhibit hereto contains
the personal information of a person but is
required to be included pursuant to NRS 111.365
(per NRS 239B.030).

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF CALIFORNIA)
COUNTY OF RIVERSIDE) ss:

SHELBA KAY SMITH, being first duly sworn, deposes and states, as follows:

1. I am over the age of eighteen years and competent to be a witness to the matters hereinafter stated.

2. I am the person named as SHELBA KAY SMITH, one of the grantees in that certain Jnt Tenancy Grant, Bargain and Sale Deed recorded on August 20, 2001, as Document No. 176821, Book 342, Page 511 (the "Deed") in the office of the County Recorder of Eureka County, State of Nevada, wherein CRAIG ALLAN SMITH and SHELBA KAY SMITH, husband and wife, as joint tenants with full right of survivorship, were named as grantees to all that certain real property situated in Eureka County, State of Nevada, and more particularly described as follows:

Township 21 North, Range 53 East, M.D.B.&M. Section 23: S1/2 and consisting of Three Hundred Twenty Acres (320) acres, more or less.

TOGETHER with all dwellings, buildings and improvements situate thereon.

TOGETHER with the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

TOGETHER with all water, water rights, rights to the use of water, dams, ditches, canals, pipelines, wells, reservoirs, rights of way, and all other means for the diversion or use of water appurtenant to the said property or any part thereof, or now or hereafter used or conveyed in connection therewith, for irrigation, domestic or any other use, or for the drainage of all or any part of said lands, including vested water rights, permitted water rights and certified water rights, together with all certificates of appropriation and any and all applications to appropriate the waters of the State of Nevada, which are appurtenant to the above described real property, or any part thereof, or used or enjoyed in connection therewith. Certificate Number 6482 and Certificate Number 6483.

EXCEPTING THEREFROM all oil and gas as reserved in the Patent executed by United States of America, recorded on July 16, 1962, in Book 26, Page 240, Deed Recordings, Eureka County, Nevada.

SUBJECT TO: Easements and reservations contained in the Patent from the United States of America, recorded on July 16, 1962, in Book 26, Page 240, Deed Records, Eureka County, Nevada, which recites as follows:

SUBJECT to any vested and accrued water rights for mining, agricultural, manufacturing, or other purposes, and rights to ditches and reservoirs used in connection with such water rights, as may be recognized and acknowledged by the local customs, laws, and decisions of Courts, and there is reserved from the lands hereby granted, a right-of-way thereon for ditches or canals constructed by the authority of the United States.

EXCEPTING AND RESERVING, also, to the United States all the oil and gas in the lands so patented and to it or persons authorized by it, the right to prospect for, mine, and remove such deposits from the same upon compliance with the conditions and subject to the provisions and limitations of the Act of July 17, 1914 (38 Stat. 509).

SUBJECT TO: An Easement over the westerly 33 feet of said land for a drainage ditch and incidental purposes as granted to Ruby Hill Mining Company, by instrument recorded November 26, 1963, in Book 2, Page 11, Official Records, Eureka County, Nevada.

3. CRAIG ALLAN SMITH was one of the grantees named in the Deed and is the identical person named as CRAIG ALLAN SMITH, the decedent in that certain Death

Certificate, a certified copy of which is annexed hereto as **Exhibit A**, who died on March 30, 2020, in the County of Riverside, State of California.

I swear under the penalty of perjury the foregoing statements in this affidavit are true and correct.

DATED this ^{SKS}16th day of ^{June}May, 2021.

Shelba Kay Smith
Shelba Kay Smith

CERTIFICATE OF ACKNOWLEDGMENT

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 Riverside) ss.

On ^{June}May 16, 2021, before me, Robert M. Pool, Notary Public, personally appeared SHELBA KAY SMITH, who proved to me on the basis of satisfactory evidence to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument, the persons, or the entity upon behalf of which the persons acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Robert M. Pool

(Seal)

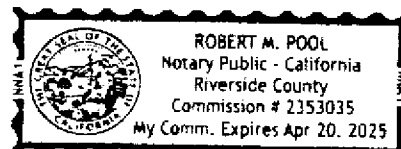


EXHIBIT A
Death Certificate

COPY

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052020072141

CERTIFICATE OF DEATH

3202033004543

1. NAME OF DECEDENT - FIRST (Given) CRAIG		2. MIDDLE ALLAN		3. LAST (Family) SMITH	
4. DATE OF BIRTH mm/dd/yyyy 12/19/1958					
5. AGE Yrs. 61					
6. SEX M					
7. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 57		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SDOP (at Time of Death) DIVORCED		13. DATE OF DEATH mm/dd/yyyy 03/30/2020		14. HOUR (24 hours) UNK	
15. EDUCATION - Highest Level (Degrees) HS GRADUATE		16. DECEDENT'S RACE - Up to 3 races may be listed (see instructions on back) CAUCASIAN		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED FARMER	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AGRICULTURE		19. YEARS IN OCCUPATION 45			
20. DECEDENT'S RESIDENCE (Street and number, or location) 29050 ENVOY DRIVE					
21. CITY NUEVO		22. COUNTY/PROVINCE RIVERSIDE		23. ZIP CODE 92567	
24. YEARS IN COUNTY 61		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME - RELATIONSHIP JASON SMITH, SON			27. INFORMANT'S MAILING ADDRESS (Street and number, or route number, city or town, state and zip) P O BOX 186, NUEVO, CA 92567		
28. NAME OF SURVIVING SPOUSE/SPOF - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST HERMAN		32. MIDDLE EDGAR		33. LAST SMITH	
34. BIRTH STATE CA		35. NAME OF MOTHER/PARENT - FIRST SHIRLEY		36. MIDDLE ELIZABETH	
37. LAST (BIRTH NAME) WESCOTT		38. BIRTH STATE NY			
39. DISPOSITION DATE mm/dd/yyyy 04/07/2020		40. PLACE OF FINAL DISPOSITION PERRIS VALLEY CEMETERY			
41. TYPE OF DISPOSITION BU		42. SIGNATURE OF EMBALMER NOT EMBALMED			
43. NAME OF FUNERAL ESTABLISHMENT EVANS BROWN SUN CITY MORTUARY		44. LICENSE NUMBER FD1225		45. SIGNATURE OF LOCAL REGISTRAR CAMERON KAISER, MD	
46. DATE mm/dd/yyyy 04/07/2020		47. DATE mm/dd/yyyy 04/07/2020			
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ENOP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Outpatient Home <input type="checkbox"/> Other			
103. COUNTY RIVERSIDE		104. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 29050 ENVOY DRIVE			
105. CITY NUEVO		106. DEATH REPORTED TO CORONER (Enter and Date) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 2020-04339			
107. IMMEDIATE CAUSE (Final Cause or Condition resulting in death) PENDING		108. DEATH REPORTED TO CORONER (Enter and Date) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 2020-04339			
109. CAUSE OF DEATH (Underlying Cause of Death) PENDING		110. BODYSPEC PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
111. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 101					
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)					
115. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
116. SIGNATURE AND TITLE OF CERTIFIER ROSE R LASTER		117. LICENSE NUMBER 50		118. DATE mm/dd/yyyy 04/06/2020	
119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ROSE R LASTER		120. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSE R LASTER, DEPUTY CORONER			
121. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		122. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		123. INJURY DATE mm/dd/yyyy 04/06/2020	
124. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		125. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
126. LOCATION OF INJURY (Street and number, or location, and city, and zip)		127. SIGNATURE OF CORONER / DEPUTY CORONER ROSE R LASTER			
128. DATE mm/dd/yyyy 04/06/2020		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER ROSE R LASTER, DEPUTY CORONER			
130. STATE REGISTRAR A		131. COUNTY REGISTRAR B		132. CENSUS TRACT 010001004501802	

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA }
COUNTY OF RIVERSIDE } SS.

This is a true and exact reproduction of the document officially registered and placed on file by the Riverside University Health System, Department of Public Health.

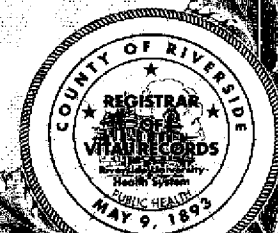
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DATE ISSUED **Jun 9, 2020**

1/2

Dr. Cameron Kaiser, M.D., County Health Officer
RIVERSIDE COUNTY, CALIFORNIA

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



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

PHYSICIAN/CORONER'S AMENDMENT

3052020072141

STATE FILE NUMBER

1.1

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

3202033004543

LOCAL REGISTRATION NUMBER

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST CRAIG	1B. MIDDLE ALLAN	1C. LAST SMITH	2. SEX M
	3. DATE OF EVENT—MM/DD/CCYY 03/30/2020 FND	4. CITY OF EVENT NUEVO	5. COUNTY OF EVENT RIVERSIDE	

PART II STATEMENT OF CORRECTIONS

6. CERTIFICATE ITEM NUMBER	7. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8. INFORMATION AS IT SHOULD APPEAR
107A	PENDING	ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE
107AT		YEARS
112		CHRONIC ALCHOLISM
113		NO
119	PENDING INVESTIGATION	NATURAL

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.			
	9. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER JENNIFER HOWARTH		10. DATE SIGNED—MM/DD/CCYY 04/20/2020	
	11. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER DEP. CORONER			
STATE/LOCAL REGISTRAR USE ONLY	12. ADDRESS—STREET AND NUMBER 800 SOUTH REDLANDS AVE		13. CITY PERRIS	14. STATE CA
	15. ZIP CODE 92570			
16. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR STATE REGISTRAR - OFFICE OF VITAL RECORDS		17. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY 04/20/2020		

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS



FORM VS 24a6 (REV. 1/08)

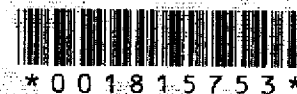
020101004615079

1.1

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA } SS
COUNTY OF RIVERSIDE }

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001815753

DATE ISSUED **Jun 9, 2020**

2/2

Dr. Cameron Kaiser, M.D., County Health Officer
RIVERSIDE COUNTY, CALIFORNIA

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

