

APN: 002-052-13

Recorded at the Request of to:  
GERBER LAW OFFICES, LLP  
491 4<sup>th</sup> Street  
Elko, Nevada 89801

EUREKA COUNTY, NV

**2022-248600**

Rec:\$37.00

\$37.00

Pgs=4

**08/12/2022 11:18 AM**

STEWART TITLE ELKO


KATHERINE J. BOWLING, CLERK RECORDER

When Recorded Return to:  
GERBER LAW OFFICES, LLP  
491 4<sup>th</sup> Street  
Elko, Nevada 89801

## **AFFIDAVIT TERMINATING LIFE ESTATE**

### **AFFIRMATION**

I, the undersigned, hereby affirm that this document submitted for recording **does** contain a Social Security number of at least one person, as required by law. Legal requirement cited in the following specific statute: NRS 440.380(1)(a).



ZACHARY A. GERBER, ESQ.

APN 002-052-13

**Mail Tax Statements to:**

Southern Idaho Learning Center, Inc.  
1407 W. Bannock Street  
Boise, Idaho 83702

**When Recorded Return to:**

GERBER LAW OFFICES, LLP  
491 4th Street  
Elko, Nevada 89801

**AFFIDAVIT TERMINATING LIFE ESTATE**

STATE OF IDAHO                     )  
  :SS.  
COUNTY OF Ada                     )

ROBERT JULIAN, Secretary of Southern Idaho Learning Center, Inc., a DBA of the Scottish Rite Foundation of Idaho, Inc., being duly sworn according to law and under penalty of perjury, deposes and says:

1. That the Southern Idaho Learning Center, Inc., a DBA of the Scottish Rite Foundation of Idaho, Inc., has no relationship to the deceased life tenant, FRED W. SMITH, other than being the grantee of the property described below pursuant to the following described document.

2. That on or about November 8, 2007, FRED W. SMITH executed a Conveyance of Life Estate in Real Property, conveying his real property hereinafter described to SOUTHERN IDAHO LEARNING CENTER, INC., an Idaho nonprofit corporation, by that certain Conveyance of Life Estate in Real Property, recorded November 28, 2007, as Document No. 0211263, in the records of the Eureka County Recorder, Elko County, Nevada, and in such conveyance retained a life estate in said real property.

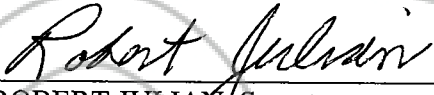
3. The real property subject to the life estate is situate in the County of Eureka, State of Nevada, said property being more particularly described as follows:

Lot 5, Block 30, of Crescent Valley Ranch & Farms Unit No. 1, as per map recorded in the office of the County Recorder of Eureka County, Nevada, as File No. 34081.

EXCEPTING THEREFROM all petroleum, oil, natural gas and products derived therefrom, within or underlying said land or that may be produced therefrom, and all rights thereto, as reserved by Southern Pacific Land Company in Deed to H. J. Buchenau and Elsie Buchenau, recorded September 24, 1951, in Book 24, of Deeds ad

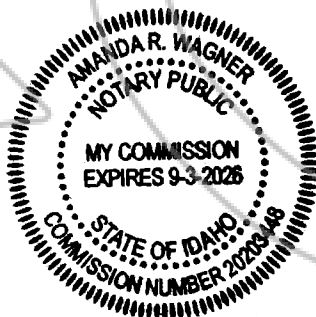
4. That FRED W. SMITH, being the person described as retaining a life estate to the foregoing real property, died in Battle Mountain, Lander County, Nevada, on December 19, 2019, a certified copy of the Certificate of Death of said Decedent is attached to this Affidavit and made a part hereof.

5. That Affiant makes this Affidavit for recording and for the purpose of terminating all right, title, interest and estate, including any life estate, of said FRED W. SMITH, in and to the foregoing described property, and vesting title thereto solely to SOUTHERN IDAHO LEARNING CENTER, INC., an Idaho nonprofit corporation.

  
ROBERT JULIAN, Secretary  
Southern Idaho Learning Center Inc.  
a DBA of the Scottish Rite Foundation of  
Idaho, Inc.

STATE OF IDAHO )  
 )  
 ) ss.  
COUNTY OF Ada )

On the 21 day of July, 2022, personally appeared before me, a Notary Public, ROBERT JULIAN, Secretary of Southern Idaho Learning Center Inc., a DBA of the Scottish Rite Foundation of Idaho, Inc., personally known to me or proven to me to be the person whose name is subscribed to the above instrument and who acknowledge that he executed said instrument.



  
NOTARY PUBLIC

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

**CASE FILE NO. 4119822**

# CERTIFICATE OF DEATH

2019026249

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) <b>Fredrick William SMITH JR</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 19, 2019</b>		3a. COUNTY OF DEATH <b>Lander</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Battle Mountain</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address number) <b>Battle Mountain General Hospital</b>		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Emergency Room / Outpatient</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>92</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>February 06, 1927</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Illinois</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>14</b>		11. MARITAL STATUS (Specify) <b>Divorced</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Eureka</b>		15c. CITY, TOWN OR LOCATION <b>Crescent Valley</b>	
15d. STREET AND NUMBER <b>2217 Lander Ave</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Fredrick William SMITH SR</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Clara Burnadine JANSSEN</b>	
18a. INFORMANT - NAME (Type or Print) <b>Marcial Lee EVERTSEN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>3008 Crescent Ave Crescent Valley, Nevada 89821</b>		15a. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Truckee Meadows Crematory</b>		19c. LOCATION City or Town State <b>Sparks Nevada 89431</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>MARLENE SHIER</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD871</b>		20c. NAME AND ADDRESS OF FACILITY <b>Sonoma Funeral Home 47 W First Street Winnemucca NV 89445</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>ROBIN J WILLCOURT MD</b>		21b. DATE SIGNED (Mo/Day/Yr) <b>January 13, 2020</b>		21c. HOUR OF DEATH <b>00:20</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
22c. PRONOUNCED DEAD (Mo/Day/Yr)		22d. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Robin J Willcourt MD 535 S Humoldt St Battle Mountain, NV 89820</b>	
23b. LICENSE NUMBER <b>6350</b>		24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 14, 2020</b>	
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 (a) <b>Respiratory Arrest</b> DUE TO, OR AS A CONSEQUENCE OF (b) <b>Hypothermia</b> DUE TO, OR AS A CONSEQUENCE OF (c) <b>Fall</b> DUE TO, OR AS A CONSEQUENCE OF (d)		Interval between onset and death Interval between onset and death Interval between onset and death Interval between onset and death	
26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		28a. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify) <b>December 18, 2019</b>	
28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED <b>Patient Fell Outside Home And Unable To Get Back Up</b>	
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 STATE	



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 of Deeds at Boston.

DATE ISSUED: 1/22/2020

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

Administrator

