

APN # No APN///Water Right

Recording Requested By:

Name Sam E. Monteleone

Address 2426 Haida Court

City/State/Zip Reno, Nevada 89506-9118__

EUREKA COUNTY, NV
LAND-WRD
RPTT:\$3.90 Rec:\$37.00
Total:\$40.90
SAM E. MONTELEONE

2023-250890
08/21/2023 02:48 PM
Pgs=7



00018800202302508900070079

KATHERINE J. BOWLING, CLERK RECORDER

Affidavit-Termination of Joint Tenant
(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fees applies)

DOC #973984

APN No.: 011-161-01

Escrow No.: 21023736-BZ

Recording Requested By:
John Fraser
777 Mason Road
Hazen, NV 89408

After Recording Return to:
John Fraser
777 Mason Road
Hazen, NV 89408

Official Records Nye County NV
Deborah Beatty - Recorder
01/14/2022 09:34:10 AM
Requested By: FIRST CENTENNIAL - RE
Recorded By: MJ RPTT:\$0
Recording Fee: \$37.00
Non Conformity Fee: \$
Page 1 of 5

SPACE ABOVE FOR RECORDERS USE

Affidavit – Termination of Joint Tenant

This document is being re-recorded to correct document Number 864371 and is correcting the legal description and the name of Shirley G. Fraser

Please complete Affirmation Statement below:

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of any person or persons. (Per NRS 239B.030)

SIGNATURE

Print Signature

TITLE

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

SPACE BELOW FOR RECORDER

I HEREBY CERTIFY THAT IF IMPRESSED WITH THE
RAISED SEAL OF THE NYE COUNTY RECORDER THIS
IS A TRUE AND CORRECT COPY OF THE ORIGINAL
RECORD ON FILE IN THIS OFFICE

08/10/2023

DEBORAH BEATTY
COUNTY RECORDER NYE COUNTY, NEVADA

Per NRS 239 Sec 6 SSN may be redacted, but in no way affects
the legality of the document.

This document contains 5 pages.

I hereby affirm that this document contains the
social security number of person(s) as required
by law: 1440 925 (source of law or rule).

Signed [Signature]
Print name/Title

APN: 011-161-01
Recording requested by and mail documents and
tax statements to:

Name: John FRASER
Address: 777 Mason Road
City/State/Zip: Harzen NV 89408

AFF111mk
Nevada Legal Forms & Tax Services, Inc.
www.nevadalegalforms.com

DOC # 864371

Official Records Nye County Nevada
Deborah Beatty - Recorder
12/29/2016 01:50:51 PM
Requested By: JOHN FRASER
Recorded By: NJ RPTT:\$0
Recording Fee: \$16.00
Non Conformity Fee: \$0.00
Page 1 of 3



AFFIDAVIT-TERMINATION OF JOINT TENANT

Death of a Joint Tenant

I, John S. FRASER, the Affiant, being of legal age, and being first
duly sworn, deposes and says:

That Shirley Ball FRASER, the Decedent mentioned in the attached certified
copy Certificate of Death, is the same person as, Shirley FRASER, named
as one of the parties in that certain (type of deed) GRANT Bargain Sale
dated on the 30th day of December, 2009, and executed by
David L. Woolfolk and Linda K. Woolfolk,
known as Grantor(s), to John S. FRASER and Shirley G. FRASER,
known as Grantees, as joint tenants, and recorded as instrument number 738959
on the 30th day of December, 2009 in Book _____, of Official
Records of Nye County, Nevada, covering the following described property
situated in the City of River, County of Nye, State
of Nevada. (Set forth commonly known address)

*This document is being rerecorded to
correct the legal description and
to affirm the following:*

*Shirley G. FRASER is the same person as
Shirley Ball FRASER described in attached
Death Certificate.*

Affidavit-Termination of Joint Tenant

Page 1 of 2

Initials DP

Legal Description:

T 15 N, R 53 E, Section 23 ~~SE 1/4~~ NE 1/4
 POSW 1/4
 (SEE ATTACHED LEGAL DESCRIPTION)

In Witness Whereof, I/We have hereunto set my/our hand(s) this 22 day of Dec, 2016.

[Signature]
 Signature

John Fraser
 Print or type name here

Signature

Print or type name here

STATE OF Nevada
 COUNTY OF Churchill

On this 22 day of December, 2016, personally appeared before me, a Notary Public, John Sherman Fraser

☐ personally known to me OR ☒ proved to me on the basis of satisfactory evidence to be the person(s) described in and who executed the foregoing instrument in the capacity set forth therein, who acknowledged to me that they executed the same freely and voluntarily and for the uses and purposes therein mentioned. Witness my hand and official seal.

[Signature]
 Notary Public



AMY LAWRY
 Notary Public - State of Nevada
 Appointment Recorded in Churchill County
 No: 97-3219-4 - Expires June 1, 2018

My commission expires: 6-1-18
 Consult an attorney if you doubt this forms fitness for your purpose.

Initials JP

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

973984 Page 4 of 5

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

VITAL STATISTICS

CASE FILE NO. 3927072

CERTIFICATE OF DEATH

2016021315

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) Shirley Bell FRASER		2. DATE OF DEATH (Mo/Day/Year) November 25, 2016		3a. COUNTY OF DEATH Lyon	
3b. CITY, TOWN, OR LOCATION OF DEATH Fernley		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or 3e. If Hosp. or inst. indicate DOA, OP/Emer, Rm. Inpatient (Specify) Home		4. SEX Female	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 93	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. UNDER 1 HOUR HOURS	
7e. UNDER 1 MINUTE MIN		7f. UNDER 1 SECOND SECS		8. DATE OF BIRTH (Mo/Day/Yr) August 28, 1923	
9a. STATE OF BIRTH (If not US/CA, name country) Wyoming		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Broker		14b. KIND OF BUSINESS OR INDUSTRY Real Estate	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lyon		15c. CITY, TOWN OR LOCATION Fernley	
15d. STREET AND NUMBER 970 Margaret Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Sherman T GUSTIN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ella Babe TRACY		
18a. INFORMANT - NAME (Type or Print) Tracy SPENCER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 665 E. Factory St Garland, Utah 84312			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LEWIS NOEL		20b. FUNERAL DIRECTOR LICENSE NUMBER 621		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations - Ross, Burke 2155 Kietzke Lane Reno NV 89502	
21. SIGNATURE AUTHENTICATED					
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) KAREN S McDERMOTT M.D.					
21b. DATE SIGNED (Mo/Day/Yr) November 29, 2016		21c. HOUR OF DEATH 11:11			
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. 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) Karen S McDermott M.D. 1625 E Prater Way Sparks, NV 89434				23b. LICENSE NUMBER 6450	
24a. REGISTRAR (Signature) VERALYNN A BOYACK		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 29, 2016		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) Congestive Heart Failure					
Interval between onset and death					
(b) Hypertension					
Interval between onset and death					
(c) Atherosclerosis					
Interval between onset and death					
(d) Dyslipidemia					
Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.					
26. ACCIDENT, SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED					
26e. INJURY AT WORK (Specify Yes or No)		26f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		26g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

000652604



CERTIFIED COPY OF VITAL RECORDS

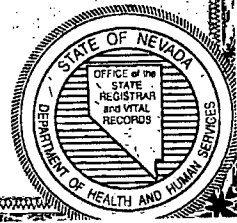
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **12/6/2016**

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

Cody D. Hines
SIGNATURE AUTHENTICATED
STATE REGISTRAR

VRS-Rev-2010523a



File No.: 21023736-BZ

EXHIBIT A

The Southwest quarter of the Northeast quarter of Section 23, Township 15 North, Range 53 East, M.D.B.&M.,
Nye County, Nevada.

Exhibit A Legal Description

21023736-BZ

**STATE OF NEVADA
DECLARATION OF VALUE**

1. Assessor Parcel Number(s)

- a) N/A
b) _____
c) _____
d) _____

2. Type of Property:

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

FOR RECORDERS OPTIONAL USE ONLY

Document/Instrument #: _____
Book _____ Page: _____
Date of Recording: _____
Notes: _____

3. Total Value/Sales Price of Property \$ 1,000.00
Deed in Lieu of Foreclosure Only (value of property) (_____)
Transfer Tax Value: \$ 1,000.00
Real Property Transfer Tax Due \$ 3.90

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 parties agree that 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 _____

Capacity Agent

Signature _____

Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: John S. Fraser

Address: 777 Mason Road

City: Fernley

State: Nevada 89408

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Bench Creek Ranch Co., LLC, a
limited liability company

Address: 12451 Fitz Lane

City: Fallon

State: Nevada Zip: 89406

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)

Print Name: Sam E. Monteleone

Escrow # _____

Address: 2426 Haida Court

City: Reno

Nevada

89506

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)