

Assessor's Parcel No. **001-159-01**

*(The undersigned hereby affirms that
this document submitted for recording
does not contain a social security number)*

After recording, mail Deed
and tax documents to Grantee:
Rebecca Gibson
10225 Grizzly Hill Court
Reno, NV 89521

EUREKA COUNTY, NV
LAND-QTD
RPTT:\$624.00 Rec:\$37.00
Total:\$661.00
REBECCA GIBSON

2023-251333
12/01/2023 10:54 AM
Pgs=9



00019287202302513330090093

KATHERINE J. BOWLING, CLERK RECORDER

QUITCLAIM DEED

For valuable consideration received, JOHN G. BIGRIGG, Deceased, by and through his court-appointed Personal Representative, REBECCA GIBSON, In the Matter of the Estate of: JOHN GEORGE EDMUND BIGRIGG, Second Judicial District Court, Washoe County, Nevada, Case No. PR22-00848, (Grantor), does hereby release, remise and forever quitclaim to Rebecca Gibson, an unmarried woman as her sole and separate property, Ashley Marie Clemins, a married woman as her sole and separate property, Jonathan Nielsen, a married man as his sole and separate property, and Christopher Nielsen, a married man as his sole and separate property, as tenants in common with each receiving a 25% interest, all his right, title and interest in and to that certain lot, piece or parcel of land situated in the City of Eureka, County of Eureka, State of Nevada, and more particularly described as follows:

All that real property situate within a portion of the Northwest One-Quarter (NW1/4) of Section Twenty-Four (24), Township Nineteen (19) North, Range Fifty-Three (53) East, Mount Diablo Meridian (M.D.M.), County of Eureka, State of Nevada, being a portion of Edwards Street as shown on the Plat of the Townsite of Eureka Nevada as approved by the United States Department of the Interior, General Land Office on November 19, 1937 and recorded as Document Number 127447 in the Official Records of the County of Eureka, State of Nevada, more particularly described as follows:

BEGINNING at the northwest corner of Block 51 of said Plat;

THENCE southerly along the westerly line of said Block 51, South 08°33'00" East, 230.57 feet, to the southwest corner of said Block 51;

THENCE leaving said line, westerly along a line towards the southeast corner of Block 64 of said Plat, South 81°27'00" West, 24.46 feet, to a point on the centerline of said Edwards Street;

THENCE northerly along said centerline, North 08°33'00" West, 230.57 feet, to a point on the line between the northeast corner of said Block 64 and the northwest corner of said Block 51;

THENCE easterly along said line, North 81°27'00" East, 24.46 feet, to the **POINT OF BEGINNING** and the end of this description.

Containing 5,659 square feet, more or less.

RESERVING therefrom, the westerly 20.00 feet of the above described real property, an easement for public access and public utility purposes.

The Basis of Bearings for this description is identical to that of the said Plat of the Townsite of Eureka.

Together, with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues, and profits thereof.

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which has the address of 521 S. Edwards Street, Eureka, NV 89316.

IN WITNESS WHEREOF, REBECCA GIBSON has executed this conveyance this 25 day of October, 2023.

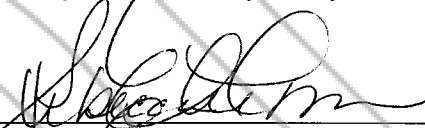

REBECCA GIBSON, Personal Representative

ACKNOWLEDGMENT

STATE OF NEVADA)
 : ss.
COUNTY OF WASHOE)

On this 25th day of October, 2023, before me, a Notary Public in and for said County and State, personally appeared REBECCA GIBSON, known to me to be the person who executed the foregoing QUITCLAIM DEED and who acknowledged to me that she executed the same freely and voluntarily.

IN WITNESS WHEREOF, I have set my hand the day and year first above written.


NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT
VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4268952

CERTIFICATE OF DEATH

2022003353
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

Cremation

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) John George Edmond BIGRIGG		2. DATE OF DEATH (Mo/Day/Year) February 04, 2022		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address and number) Brookdale of Reno		3d. If Hosp. or Inst. indicate DOA,OP/Emer Rm. Inpatient(Specify) Nursing Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 79		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 27, 1942		9a. STATE OF BIRTH (If not US/CA, name country) Pennsylvania		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 Year) Under Sheriff		14b. KIND OF BUSINESS OR INDUSTRY LAW ENFORCEMENT	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka	
15d. STREET AND NUMBER 521 S. Edwards Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) George Edmond BIGRIGG			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Edna Dale HODGSON		
18a. INFORMANT-NAME (Type or Print) Janette L. B. PERKINS			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 4386 Bountiful Blvd Bountiful, Utah 84010		
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) BLAKE HOWE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR OF LICENSE NUMBER FD622		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals & Cremations - Sierra Chapel 875 West Second St Reno NV 89503	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) DENVER J MILLER MD SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) February 09, 2022		21c. HOUR OF DEATH 16:58		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
22a. DATE SIGNED (Mo/Day/Yr)		22b. HOUR OF DEATH		22c. PRONOUNCED DEAD (Mo/Day/Yr)	
22d. PRONOUNCED DEAD AT (Hour)		22e. PRONOUNCED DEAD AT (Hour)		22f. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Denver J Miller MD 5536 Longley Lane Reno, NV 89511				23b. LICENSE NUMBER 7330	
24a. REGISTRAR (Signature) CARMEN M MENDOZA SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 09, 2022		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) Acute Cardiopulmonary Arrest				Interval between onset and death Minutes	
(b) DUE TO, OR AS A CONSEQUENCE OF: Hypoxia				Interval between onset and death Minutes	
(c) DUE TO, OR AS A CONSEQUENCE OF: Unspecified Severe Protein Calorie Malnutrition				Interval between onset and death Months	
(d) DUE TO, OR AS A CONSEQUENCE OF: Etiology Unknown				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. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No				28a. ACC. SUICIDE, HON. UNDET OR PENDING INVEST. (Specify)	
28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No CITY OR TOWN STATE	



2022003353 **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.

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED: **2/10/2022** this copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

1 2770

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6 **IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA**
7 **IN AND FOR THE COUNTY OF WASHOE**

9 In the Matter of the Estate of:

Case No. PR22-00848

10 JOHN GEORGE EDMUND BIGRIGG,

Dept. PR

11 Deceased.

12 _____ /
13 **ORDER APPROVING FIRST AND FINAL ACCOUNTING; REPORT OF**
14 **PERSONAL REPRESENTATIVE; PETITION FOR DISTRIBUTION AND**
15 **PAYMENT OF ATTORNEY'S FEES AND COSTS AND PERSONAL**
16 **REPRESENTATIVE'S FEES AND COSTS**

17 REBECCA GIBSON, the duly appointed Personal Representative of the Estate of
18 JOHN G.E. BIGRIGG, deceased, by and through her attorney KATHLEEN T.
19 BRECKENRIDGE, ESQ., having proved to the satisfaction of the Court that the time
20 for hearing on the *First and Final Accounting; Report of Personal Representative;*
21 *Petition for Distribution and Application for Order Authorizing Payment of Attorney's*
22 *Fees and Costs and Personal Representative's Fees and Costs* filed on the 14th day
23 of September, 2023, and that notice of the hearing has been duly given as required
by law, the Court having reviewed the Petition and supporting exhibits and the
evidence, finds that the facts alleged in the Petition are true and correct and that

1 the First and Final Accounting; Report of Personal Representative; Petition for
2 Distribution and Payment of Attorney's Fees and Costs and Personal
3 Representative's Fees and Costs ought to be approved.

4
5 **IT IS THEREFORE ORDERED AND DETERMINED:**

6 1. The Personal Representative's First and Final Accounting and Report
7 are approved.

8 2. That each and every act of the Personal Representative taken during
9 the course of administration is approved.

10 3. That the Accounting is approved, allowed, and settled.

11 4. That personal representative's fees in the amount of \$7,705.88 are
12 approved and to be paid to Ms. Gibson.

13 5. That the expenses paid by Ms. Gibson from her personal account for
14 the estate in the amount of \$1,013.11 are approved and to be paid to Ms. Gibson.

15 6. That Kathleen T. Breckenridge, Esq.'s fees in this case in the amount
16 of \$13,526.96 plus additional attorney's fees and costs not to exceed \$2,500.00 in
17 order to finalize this estate, are approved and to be paid to Kathleen T. Breckenridge,
18 Esq.

19 7. That Kathleen T. Breckenridge, Esq.'s fees in the guardianship case,
20 GR21-00190, in the amount of \$4,149.75 are approved and to be paid to Kathleen
21 T. Breckenridge, Esq.

1 6. That after payment of such sums as and for personal representative's
2 fees and reimbursement, attorney's fees and costs and closing costs, that Ms.
3 Gibson shall distribute the residue of the estate as follows:

4 a. 521 S. Edwards Street, Eureka, NV 89316, APN: 001-159-01, to
5 Ashley Marie Clemins, Rebecca Gibson, Jonathan Nielsen, and
6 Christopher Nielsen as tenants in common with each receiving a 25%
7 interest. All such heirs wish to keep the property as tenants in common
8 rather than sell it through the probate proceeding.

9
10 b. Funds from the Wells Fargo account totaling \$117,404.59 be
11 paid as follows:

12		
13	Rebecca Gibson – PR fees and reimbursement	\$ 8,718.99
14	Kathleen T. Breckenridge – attorney's fees and costs	\$ 20,176.71
15	Ashley Marie Clemins – her portion (1/4) of funds	\$ 22,127.23
16	Rebecca Gibson – her portion (1/4) of funds	\$ 22,127.22
17	Jonathan Nielsen – her portion (1/4) of funds	\$ 22,127.22
18	Christopher Nielsen – her portion (1/4) of funds	\$ <u>22,127.22</u>
19	TOTAL	\$117,404.59

20 c. Given that Decedent's son, Scott Bigrigg, was not left anything in
21 the Will, he will not receive anything from the estate.
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d. New Mexico lots 12 and 13 to remain as titled due to the negligible value and the substantial cost to transfer title in another state; this Court is without jurisdiction to order these assets re-titled.

e. Very limited personal property to Ms. Gibson to distribute as she sees fit.

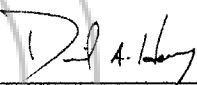
7. That on the filing of appropriate receipts, Ms. Gibson shall be discharged from further responsibilities as the Personal Representative and that the estate then be closed.

DATED this 12th day of October 2023.

IT IS SO RECOMMENDED.


PROBATE COMMISSIONER

IT IS SO ORDERED.


DISTRICT JUDGE

STATE OF NEVADA
DECLARATION OF VALUE

1. Assessor Parcel Number(s)
a. 001-159-01
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
 Other

FOR RECORDERS OPTIONAL USE ONLY
Book _____ Page: _____
Date of Recording: _____
Notes: _____

3.a. Total Value/Sales Price of Property \$ 159,641.00
b. Deed in Lieu of Foreclosure Only (value of property (0))
c. Transfer Tax Value: \$ 159,641
d. Real Property Transfer Tax Due \$ 624

4. **If Exemption Claimed:**
a. Transfer Tax Exemption per NRS 375.090, Section N/A
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 [Signature] Capacity: personal Representative
Signature _____ Capacity: _____

SELLER (GRANTOR) INFORMATION (REQUIRED)
Print Name: Rebecca Gibson
Address: 10225 Grizzly Hill Ct
City: Reno
State: NV Zip: 89521

BUYER (GRANTEE) INFORMATION (REQUIRED)
Print Name: Rebecca Gibson
Address: 10225 Grizzly Hill Ct
City: Reno
State: NV Zip: 89521

COMPANY/PERSON REQUESTING RECORDING (Required if not seller or buyer)
Print Name: _____ Escrow # _____
Address: _____
City: _____ State: _____ Zip: _____

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED