

APN # : 001-033-06
**RECORDING REQUESTED
AND RETURN TO:**
Richard E. Tissue, Trustee
420 North Main St.
Eureka, NV 89316

EUREKA COUNTY, NV
LAND-AFF
Rec:\$37.00
Total:\$37.00
RICHARD E. TISUE

2024-251639
01/24/2024 10:51 AM
Pgs=4



MAILTAX STATEMENTS TO:
Richard E. Tissue, Trustee
420 North Main St.
Eureka, NV 89316

**AFFIDAVIT REGARDING DEATH OF INITIAL CO-TRUSTEE
AND ASSUMPTION OF TRUSTEESHIP BY SURVIVING TRUSTEE**

The following described real estate in Eureka County, State of Nevada:

SEE ATTACHMENT "EXHIBIT 'A'"

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues, and profits thereof.

The undersigned, RICHARD E. TISUE, hereby declares that, MARY E. TISUE, died on June 5, 2022, is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person as MARY E. TISUE, named as one of the initial Trustee in that certain Declaration of Trust titled the TISUE FAMILY TRUST DATED MAY 16, 2006.

Declarant further declares that he is the surviving Co-Trustee named in the Declaration of trust and that he hereby assumes the position of sole Trustee.

The undersigned declares under penalty of perjury that the foregoing is true and correct, and that this declaration is executed on the date and place indicated below.

Executed on this 17 th day of NEV, 2023, in the City of Reno,
County of Washoe, State of Nevada.

VERIFICATION


I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Richard E Tissue
RICHARD E. TISUE, Trustee of the TISUE FAMILY
TRUST DATED MAY 16, 2006

STATE OF NEVADA
COUNTY OF WASHOE

)
) SS:
)

Personally came before me this 17th day of November, 2023, the above named RICHARD E. TISUE, to me known to be the people who executed the foregoing instrument and acknowledged the same.


Anabel M. Burchfield, Notary Public
Washoe County, Nevada
My Commission 11/14/2026



ANABEL M. BURCHFIELD
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 23-8230-02 - Expires Nov. 14, 2026

DRAFT

EXHIBIT 'A'

Lots 2-7 in Block 39A according to the USDI General Land Office Map dated 11/19/37.
Together with all buildings and improvements situated thereon.

SAVE AND EXCEPT THEREFROM Right of Way from Public Highway deeded to
State of Nevada and recorded in Book 24 of Deeds, Page 229, Records of Eureka County,
Nevada, and described as follows:

All that portion of Lot 2 of Block 39A of said new Townsite of Eureka that lies easterly
of the State Highway Right of Way line, which line is forty (40) feet right or westerly of
and parallel to the State Highway center line and extending between Highway Engineer's
Station "X" 581+77.93 P.O.T. and "X" 582+56.05 P.O.T.; said parcel contains 0.014 of
an acre, more or less.

NOTE(NRS 111.312): The above metes and bounds description appeared previously in
that certain Quitclaim Deed, recorded in the office of the County Recorder of Eureka
County, Nevada on May 26, 2006, as Document No. 204850, of Official Records.

Together with all and singular the tenements, hereditaments and appurtenances thereunto
belonging or in anywise appertaining, and any reversions, remainders, rents, issues, and profits
thereof

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4287467

CERTIFICATE OF DEATH

2022013914
STATE FILE NUMBER

| | | | | | | |
|---|---|--|---|---|--|--|
| TYPE OR PRINT IN PERMANENT BLACK INK | 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Mary Elizabeth TISUE | | 2. DATE OF DEATH (Mo/Day/Year) June 05, 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 and number) Renown South Meadows Medical Center | | 3e. If Hosp. or Inst. indicate DOA,OP, Emer. Rm. Inpatient(Specify) Inpatient | |
| DECEDENT | 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | | 7a. AGE-Last birthday (Years) 82 | |
| | 7b. UNDER 1 YEAR MOS DAYS | | 7c. UNDER 1 DAY HOURS MINS | | 8. DATE OF BIRTH (Mo/Day/Yr) June 18, 1939 | |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS | 9a. STATE OF BIRTH (If not US/CA, name country) Michigan | | 9b. CITIZEN OF WHAT COUNTRY United States | | 10. EDUCATION 14 | |
| | 11. MARITAL STATUS (Specify) Married | | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Richard TISUE | | | |
| PARENTS | 13. SOCIAL SECURITY NUMBER [REDACTED] | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) HOMEMAKER | | 14b. KIND OF BUSINESS OR INDUSTRY HOME | |
| | 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Eureka | | 15c. CITY, TOWN OR LOCATION Eureka | |
| Cremation | 15d. STREET AND NUMBER 420 North Main Street | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | 16. FATHER/PARENT - NAME (First Middle Last Suffix) Edward MELKA | |
| | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Helen SMITH | | 18a. INFORMANT - NAME (Type or Print) Richard TISUE | | | |
| TRADE CALL | 18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 420 North Main Street Eureka, Nevada 89316 | | 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME The Gardens | |
| | 19c. LOCATION City or Town State Fallon Nevada 89406 | | 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LORRETTA GUZZINI SIGNATURE AUTHENTICATED | | | |
| CERTIFIER | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD600 | | 20c. NAME AND ADDRESS OF FACILITY The Gardens 2949 Austin Hwy Fallon NV 89406 | | | |
| | 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JULIE SCHRADER DO SIGNATURE AUTHENTICATED | | | | | |
| REGISTRAR | 21b. DATE SIGNED (Mo/Day/Yr) June 09, 2022 | | 21c. HOUR OF DEATH 18:10 | | 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Julie Schrader DO 990 E Ninth St Reno, NV 89512 | |
| | 22a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Julie Schrader DO 990 E Ninth St Reno, NV 89512 | | 22b. LICENSE NUMBER DO2116 | | 23a. REGISTRAR (Signature) BLAIR J HEDRICK SIGNATURE AUTHENTICATED | |
| CAUSE OF DEATH | 23b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 09, 2022 | | 23c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| | 24. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Complications Of Blunt Force Injuries DUE TO, OR AS A CONSEQUENCE OF: (b) Ground Level Fall DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) | | | | | |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST | 24b. DATE OF INJURY (Mo/Day/Yr) April 25, 2022 | | 24c. HOUR OF INJURY 0200 | | 24d. DESCRIBE HOW INJURY OCCURRED Ground Level Fall With Medical Co-Morbidities | |
| | 24e. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) ACCIDENT | | 25. INJURY AT WORK (Specify Yes or No) No | | | |
| 26. AUTOPSY (Specify Yes or No) No | | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes | | 28a. LOCATION 420 North Main Street | | |
| 28b. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Residence | | 28c. STREET OR R.F.D. No. | | 28d. CITY OR TOWN Eureka | | |
| 28e. STATE Nevada | | | | | | |

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

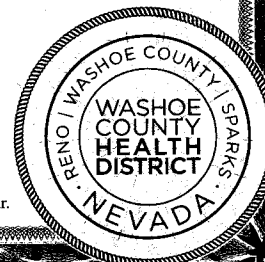
SIGNATURE AUTHENTICATED

DATE ISSUED:

6/16/2022

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF NEVADA
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)

a) 001-033-06
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 RECORDER'S OPTIONAL USE ONLY

Book: _____ Page: _____

Date of Recording: _____

Notes: _____

3. Total Value/Sales Price of Property

Deed in Lieu of Foreclosure Only (value of property) \$ 178,319.00

Transfer Tax Value: \$ 653.49

Real Property Transfer Tax Due: _____

4. If Exemption Claimed:

a. Transfer Tax Exemption per NRS 375.090, Section 5

b. Explain Reason for Exemption: SPOUSE TO SPOUSE

5. Partial Interest: Percentage being transferred: _____ %

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 Richard E. Tissue Capacity Trustee

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: _____
Address: _____
City: _____
State: _____ Zip: _____

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: RICHARD E. TISUE
Address: 420 N. MAIN ST
City: EUREKA
State: NV Zip: 89316

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