

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 NOV, 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

COPY

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

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 UNDERLYING CAUSE LAST

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	
4. SEX Female		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		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	
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	
15d. STREET AND NUMBER 420 North Main Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
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		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 GUAZZINI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD600		20c. NAME AND ADDRESS OF FACILITY The Gardens 2949 Austin Hwy Fallon NV 89406	
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) JULIE SCHRADER DO SIGNATURE AUTHENTICATED			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) JULIE SCHRADER DO SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) June 09, 2022		21c. HOUR OF DEATH 18:10		22c. HOUR OF DEATH 18:10	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr) June 05, 2022		
22e. PRONOUNCED DEAD AT (Hour) 18:10				23b. LICENSE NUMBER DO2116	
23a. 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				23c. LICENSE NUMBER DO2116	
24a. REGISTRAR (Signature) BLAIR J HEDRICK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 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) 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) _____					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Chronic Debility; Hypertensive Cardiovascular Disease; Osteopenia; Dementia				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) ACCIDENT		28b. DATE OF INJURY (Mo/Day/Yr) April 25, 2022		28c. HOUR OF INJURY 0200	
28d. DESCRIBE HOW INJURY OCCURRED Ground Level Fall With Medical Co-Morbidities					
28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Residence		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 420 North Main Street Eureka 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'/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 \$ 178,319.00
 Deed in Lieu of Foreclosure Only (value of property) (_____)
 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: 470 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