

APN # 004-370-24

Mailing Address of Grantee or

Other Person Requesting Recording:

Name Sean Farnan

Development Director, SPCA of Northern Nevada

Address 4950 Spectrum Blvd.

City/State/Zip Reno, NV 89512

EUREKA COUNTY, NV  
LAND-AFF  
Rec:\$37.00  
Total:\$37.00  
SEAN FARNAN

2024-251931  
04/12/2024 02:54 PM  
Pgs=11



00019950202402519310110111 E10  
KATHERINE J. BOWLING, CLERK RECORDER

Mail Tax Statements To:

SPCA

4950 Spectrum Blvd.

Reno, NV 89512

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT  
SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY  
NUMBER OF A PERSON OR PERSONS.

DEATH OF GRANTOR AFFIDAVIT  
(Title of Document)

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

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SPCA  
4950 Spectrum Blvd.  
Reno, NV 89512

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**DEATH OF GRANTOR AFFIDAVIT**

*Jill V. Dobbs, Executive Director &*

~~Sean Farnan, Development Director~~, SPCA of Northern Nevada, being duly sworn, deposes and says that Barbara Johnson, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Barbara Johnson, named as the grantor or as one of the grantors in the deed upon death recorded on January 27, 2023, as document or file number 2023-249757, records of Eureka County, Nevada, covering the real property commonly known as 100 Barth Road, County of Eureka, State of Nevada, and located in the County of Eureka, State of Nevada, and more particularly described as:

**Legal Description**

Township 32 North, Range 51 East, M.D.B.&M.

Section 28: SE $\frac{1}{4}$  SW $\frac{1}{4}$ ; S $\frac{1}{2}$ NE $\frac{1}{4}$ SW $\frac{1}{4}$  containing 60 acres more or less.

TOGETHER WITH any and all other real property, and any right, title and interest therein, that Grantor now owns, or hereafter acquires, which is located anywhere within the State of Nevada.

TOGETHER WITH all buildings and improvements situate thereon.

TOGETHER WITH the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues, and profits thereof.

Jill V. Dobbs, Executive Director &

~~Sean Farnan, Development Director,~~ is the authorized representative of SPCA of Northern Nevada, and SPCA of Northern Nevada is one of the beneficiaries to whom the real property is conveyed upon the death of the grantor Barbara Johnson or is the authorized representative of the beneficiary or at least one of the beneficiaries, in that upon the death of Barbara Johnson, grantor, she did grant the above-described property as follows:

- Beneficiary No. 1:** The Governing Board of SPCA of Northern Nevada, Reno, Nevada;
- Beneficiary No. 2:** The Governing Board of St. Jude Children's Research Hospital, Memphis, Tennessee; and
- Beneficiary No. 3:** The Governing Board of Shriners Children's Hospital of Salt Lake City, Utah.
- Taking Title As:** An undivided equal interest to each Beneficiary as tenants in common, and to their respective successors and assigns; *provided however*, that the share of any Beneficiary that does not accept this donation shall lapse.

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EXHIBIT "A"  
DEATH CERTIFICATE

COPY

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4335327

**CERTIFICATE OF DEATH**

2023004128  
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

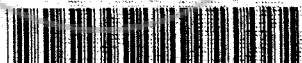
CERTIFIER

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>Barbara Leona JOHNSON</b>				2. DATE OF DEATH (Mo/Day/Year) <b>February 20, 2023</b>		3a. COUNTY OF DEATH <b>Elko</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Elko</b>			3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street address number) <b>Northeastern Nevada Regional Hospital (NNRH)</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient (Specify) <b>Intensive Care Unit (ICU)</b>		4. SEX <b>Female</b>
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) <b>81</b>	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) <b>May 14, 1941</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Michigan</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	10. EDUCATION <b>12</b>	11. MARITAL STATUS (Specify) <b>Married</b>	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Gary PARK</b>		
13. SOCIAL SECURITY NUMBER [REDACTED]			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of [REDACTED]) <b>HOMEMAKER</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>		Ever in US Armed Forces? <b>No</b>
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Elko</b>	15c. CITY, TOWN OR LOCATION <b>Carlin</b>	15d. STREET AND NUMBER <b>825 1/2 Chestnut Street #10</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Joseph KAISER</b>				17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Barbara PECHLOFF</b>			
18a. INFORMANT- NAME (Type or Print) <b>Fay HUBBARD</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>332 Powder House Road Elko, Nevada 89801</b>				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sunset Crematory</b>		19c. LOCATION City or Town State <b>Elko Nevada 89803</b>			
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JASON MUTH</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD298</b>	20c. NAME AND ADDRESS OF FACILITY <b>Burns Funeral Home</b> <b>PO BOX 689 Elko NV 89803</b>				
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) <b>TIMOTHY HENDRICKSON DO</b> 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)			
21b. DATE SIGNED (Mo/Day/Yr) <b>February 28, 2023</b>		21c. HOUR OF DEATH <b>19:08</b>		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Mohammad I. Khan MD</b>				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) <b>Timothy Hendrickson DO 2001 Errecart Blvd Elko, NV 89801</b>						23b. LICENSE NUMBER <b>DO1920</b>	
24a. REGISTRAR (Signature) <b>SCOTT SHELDON SPANGLER</b> SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 28, 2023</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).)						Interval between onset and death	
PART I (a) <b>Cardiopulmonary Arrest</b>						Minutes	
DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Congestive Heart Failure</b>						Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Parainfluenza Pneumonia</b>						Months	
DUE TO, OR AS A CONSEQUENCE OF: (d) <b>Atrial Fibrillation</b>						Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.						Days	
26. AUTOPSY (Specify Yes or No) <b>No</b>						27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
28a. ACC., SUICIDE HOM., 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

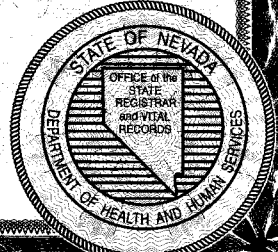


CERTIFIED COPY OF VITAL RECORDS

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.

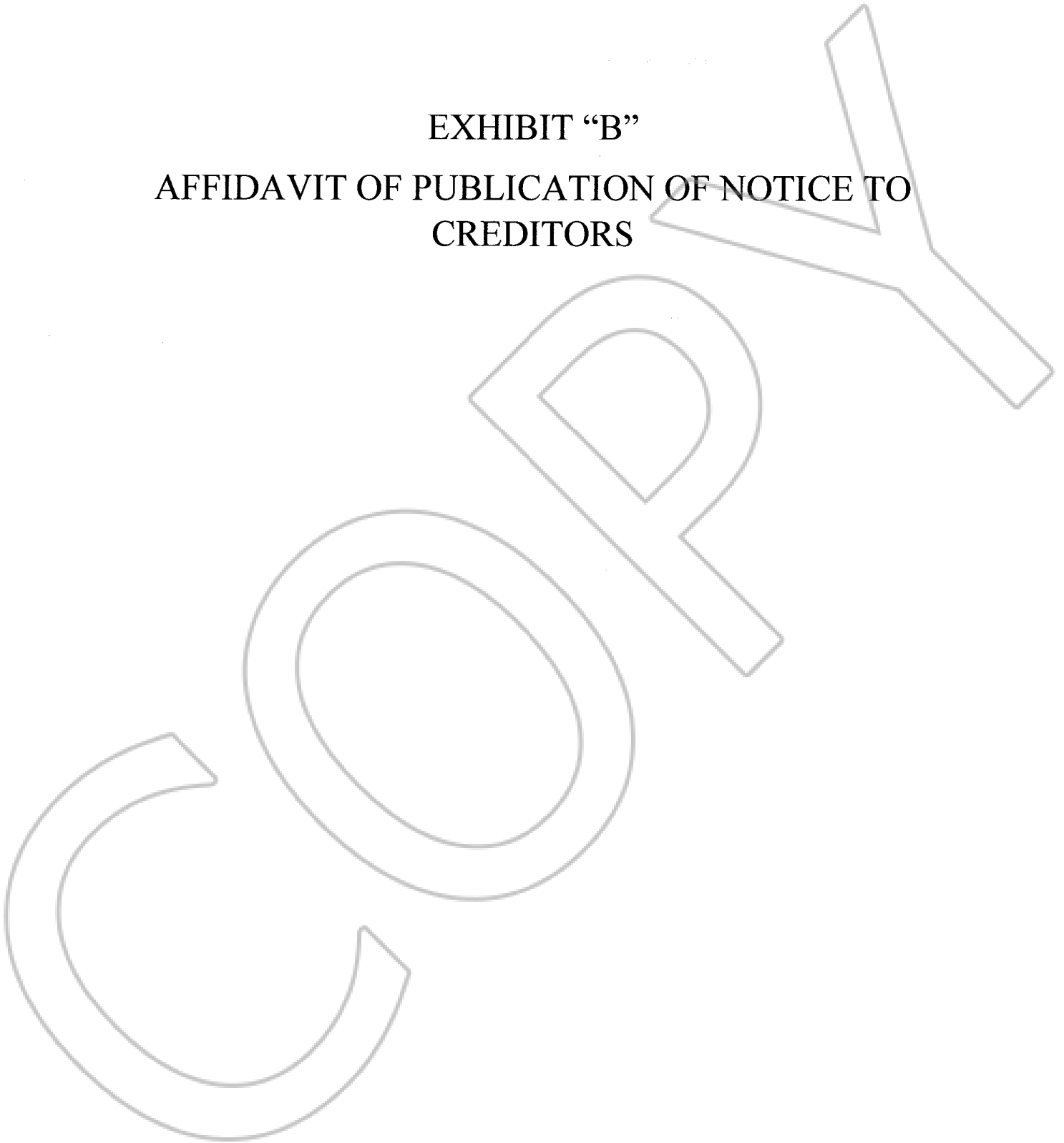
DATE ISSUED:

This copy is not valid unless printed on a registered border displaying date, seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**EXHIBIT "B"**  
**AFFIDAVIT OF PUBLICATION OF NOTICE TO**  
**CREDITORS**





# The Eureka County Star Affidavit of Publication

The Eureka County Star

And Trina Machacek

Declares and says that she is the Record Clerk of **The Eureka County Star**, a weekly Newspaper, Published for Eureka County, Nevada: that she has charge of and knows the legal notice appearing in said newspaper, of which a copy is hereunto attached, was first published in said newspaper in its print issue date

December 14, 2023

And to be published X Times

Three (3) time(s) 12-14, 21, 28, 2023

The date of the last publication being in the Print issue of:

December 28, 2024

Under penalty of perjury, I declare that The foregoing is true and correct.

December 28, 2024

Signed:

*Trina Machacek*

Statement:

**The Eureka County Star  
P.O. Box 239  
905 7<sup>th</sup>. St.  
Eureka, Nevada 89316  
775-778-5829**

## NOTICE TO CREDITORS

Notice is hereby given that the undersigned is the beneficiary under a deed upon death executed by Barbara Johnson (grantor) on the 25th day of January, 2023, and that said grantor died on the 20th day of February, 2023, and that said grantor had a date of birth of the 14th day of May, 1941. A creditor having a claim against the grantor or their estate must file a claim with the undersigned at the address given below within 90 days after the first publication of this notice.

DATED this 8th day of December, 2023.

Beneficiary: SPCA of Northern Nevada  
Address: 4950 Spectrum Blvd., Reno, NV 89512



**EXHIBIT "C"**  
**STATE OF NEVADA - WAIVER OF NRS 111.655**

COPY

AARON D. FORD  
*Attorney General*

CRAIG NEWBY  
*First Assistant Attorney General*

CHRISTINE JONES BRADY  
*Second Assistant Attorney General*



STATE OF NEVADA  
OFFICE OF THE ATTORNEY GENERAL

100 North Carson Street  
Carson City, Nevada 89701

TERESA BENITEZ-  
THOMPSON  
*Chief of Staff*

RACHEL J. ANDERSON  
*General Counsel*

HEIDI PARRY STERN  
*Solicitor General*

February 21, 2024

**WAIVER OF NRS 111.655**  
**TRANSFER ON DEATH DEED CLAIM**


TO: Eureka County District Attorney's Office  
AKemp@EurekaCountyNV.gov

RE: Estate of Babara Johnson

Your office has provided notice to the State of Nevada, Department of Health and Human Services, Division of Health Care Financing and Policy ("Nevada Medicaid") of the passing of BARBARA JOHNSON whose date of birth is May 14, 1941, and requested information about possible claims for services provided to the same per NRS 111.655 regarding real property.

Please take notice that Nevada Medicaid, by and through the undersigned counsel, who by virtue of title has the authority to make this representation, has verified that the Decedent BARBARA JOHNSON, grantor and transferor of the NRS 111.655 Transfer on Death deed, was not a recipient of the Nevada Medicaid program. Therefore, Nevada Medicaid has no claims and hereby **WAIVES** any further interest in real property owned by BARBARA JOHNSON at the time her death.

AARON D. FORD  
Attorney General

  
KAREN GRIFFIN  
Senior Deputy Attorney General  
100 N. Carson St.  
Carson City, NV 89701  
(775) 684-1137  
Attorneys for Nevada Medicaid

**STATE OF NEVADA  
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)  
 a) 004-370-24  
 b) \_\_\_\_\_  
 c) \_\_\_\_\_  
 d) \_\_\_\_\_

2. Type of Property:
- |                             |              |                             |                  |
|-----------------------------|--------------|-----------------------------|------------------|
| a) <input type="checkbox"/> | Vacant Land  | b) <input type="checkbox"/> | Single Fam. Res. |
| c) <input type="checkbox"/> | Condo/Twnhse | d) <input type="checkbox"/> | 2-4 Plex         |
| e) <input type="checkbox"/> | Apt. Bldg    | f) <input type="checkbox"/> | Comm'l/Ind'l     |
| g) <input type="checkbox"/> | Agricultural | h) <input type="checkbox"/> | Mobile Home      |
| <input type="checkbox"/>    | Other        |                             |                  |

FOR RECORDER'S OPTIONAL USE ONLY	
Book: _____	Page: _____
Date of Recording: _____	
Notes: _____	

3. Total Value/Sales Price of Property \$ 6,000.00  
 Deed in Lieu of Foreclosure Only (value of property) \_\_\_\_\_  
 Transfer Tax Value: \$ \_\_\_\_\_  
 Real Property Transfer Tax Due \$ \_\_\_\_\_

4. If Exemption Claimed:  
 a. Transfer Tax Exemption per NRS 375.090, Section 10  
 b. Explain Reason for Exemption: A conveyance of real property by deed which becomes effective upon death of a grantor pursuant to NRS 111.655.

5. Partial Interest: Percentage being transferred: 33 %  
 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 Jill V. Dobbs, SPCA of Northern NV Capacity Grantee  
 Signature Jill V. Dobbs, SPCA of Northern NV Capacity Grantee

**SELLER (GRANTOR) INFORMATION**  
**(REQUIRED)**  
 Print Name: Barbara Johnson (deceased)  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

**BUYER (GRANTEE) INFORMATION**  
**(REQUIRED)**  
 Print Name: SPCA of Northern Nevada  
 Address: 4950 Spectrum Blvd.  
 City: Reno  
 State: NV Zip: 89512

**COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)**  
 Print Name: Ashley Kemp on behalf of SPCA Escrow #: \_\_\_\_\_  
 Address: PO Box 190  
 City: Eureka State: NV Zip: 89316