

GRANT, BARGAIN, and SALE DEED

02-047-17

APN: _____

EUREKA COUNTY, NV
LAND-GBS
\$37.00 \$156.00
Total: \$193.00
ELDON R. BROWN

2025-254374
03/31/2025 03:38 PM
Pgs=7

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: ELDON BROWN

Address: 3036 CRESCENT AVENUE

City/State/Zip: CRESCENT VALLEY, NV 89821



00022581202502543740070075

KATHERINE J. BOWLING, CLERK RECORDER

THIS INDENTURE WITNESS That the GRANTOR(S): SHANNON MARIE COOLIDGE for and in consideration of _____ Dollars (\$) the receipt of which is hereby acknowledged, do hereby GRANT, BARGAIN, SALE AND CONVEY to GRANTEE(S): ELDON BROWN whose address is (if applicable): 3036 CRESCENT AVENUE, situate in the City of CRESCENT VALLEY, County of EUREKA, State of NEVADA.

All that certain property in the County of Eureka, State of Nevada bounded and described as follows:
(Set forth legal description)

LOT 8 BLOCK 38 CRESCENT VALLEY RANCH & FARMS UNIT 1

Together with all and singular hereditament and appurtenances thereunto belonging or in any way appertaining to. In Witness Whereof, I/We have hereunto set my hand/our hands on MAY 17, 2023

Shannon Marie Coolidge
Signature of Grantor

X X X
Signature of Grantor

SHANNON MARIE COOLIDGE

Print or type name here

X X X
Print or type name here

STATE OF NEVADA)

COUNTY OF EUREKA)

This instrument was acknowledged before me on (date) 5/17/23
By (person(s) appearing before notary public) Shannon Coolidge

[Signature]
Notary Public

My Commission expires: 12/31/24



MICHAEL ALLEN NUNN III
Notary Public - State of Nevada
Appointment Recorded in Eureka County
No: 21-6381-08 - Expires December 31, 2024

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3982714

CERTIFICATE OF DEATH

2017019812
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) Irma May GROW			2. DATE OF DEATH (Mo/Day/Year) October 11, 2017		3a. COUNTY OF DEATH Eureka	
3b. CITY, TOWN, OR LOCATION OF DEATH Crescent Valley		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) 4060 Eureka Ave			4. SEX Female	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 73	7b. UNDER 1 YEAR MOS DAYS HOURS MINS	7c. UNDER 1 DAY HOURS MINS	
9a. STATE OF BIRTH (If not US/CA, name country) Montana		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 11		
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Harry COOLIDGE				
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY		
		Computer Operator		Army Depot		
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Crescent Valley		
		15d. STREET AND NUMBER 4060 Eureka Ave		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		
16. FATHER/PARENT - NAME (First Middle Last Suffix) Clarence BRANT			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Inez MORGAN			
18a. INFORMANT-NAME (Type or Print) Harry COOLIDGE			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 824 8th St Crescent Valley, Nevada 89821			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Maidens Grave Cemetery		19c. LOCATION City or Town State Beowawe Nevada 89821		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JASON MUTH		20b. FUNERAL DIRECTOR LICENSE NUMBER FD298		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 689 Elko NV 89803		
21. TRADE CALL - NAME AND ADDRESS						
22. 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) KEITH LOGAN SIGNATURE AUTHENTICATED						
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		21b. DATE SIGNED (Mo/Day/Yr) October 25, 2017		21c. HOUR OF DEATH 14:25		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr) October 11, 2017		22e. PRONOUNCED DEAD AT (Hour) 14:25		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Sheriff Keith Logan PO Box 736 Eureka, NV 89316					23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 26, 2017		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) Small Cell Lung Cancer						
DUE TO, OR AS A CONSEQUENCE OF:						
(b)						
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. Methicillin Resistance Staphylococcus Aureus						
26a. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY		
				26d. DESCRIBE HOW INJURY OCCURRED		
28a. 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.

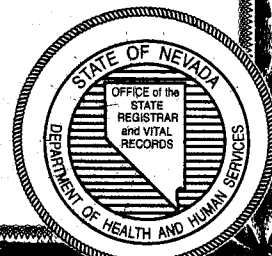
DATE ISSUED:

4/25/2023

STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4318745

CERTIFICATE OF DEATH

2022027959
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) Harry Leon COOLIDGE			2. DATE OF DEATH (Mo/Day/Year) November 22, 2022		3a. COUNTY OF DEATH Eureka	
3b. CITY, TOWN, OR LOCATION OF DEATH Crescent Valley		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street or number) 824 8th Street		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home		
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 84		
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. UNDER 1 HOUR HOURS		
7e. UNDER 1 MIN MIN		8. DATE OF BIRTH (Mo/Day/Yr) August 12, 1938		4. SEX Male		
9a. STATE OF BIRTH (If not US/CA, name country) California		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		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY MINING		
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION / Crescent Valley		
15d. STREET AND NUMBER 824 8th Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes				
16. FATHER/PARENT - NAME (First Middle Last Suffix) Homer COOLIDGE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Janet Marie GOWMAN			
18a. INFORMANT - NAME (Type or Print) Shannon Marie COOLIDGE			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 928 Royal City, Washington 99357			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sunset Crematory		19c. LOCATION City or Town State Elko Nevada 89803		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JASON MUTH		20b. FUNERAL DIRECTOR LICENSE NUMBER FD298		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 688 Elko NV 89803		
21. 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) JOHN S TRACH MD			21b. DATE SIGNED (Mo/Day/Yr) November 23, 2022			
21c. HOUR OF DEATH 16:03			21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER			
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) John S Trach MD 1995 Errecart Blvd Elko, NV 89801			
23b. LICENSE NUMBER 14538			24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 01, 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) Respiratory Failure Interval between onset and death						
DUE TO, OR AS A CONSEQUENCE OF:						
(b) Chronic Obstructive Pulmonary Disease Interval between onset and death						
DUE TO, OR AS A CONSEQUENCE OF:						
(c) Unknown Etiology Interval between onset and death						
DUE TO, OR AS A CONSEQUENCE OF:						
(d) Unknown Etiology 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. Squamous Cell Carcinoma Of The Chest Vial						
26a. ACC., SUICIDE, HOMIC., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY		
26d. DESCRIBE HOW INJURY OCCURRED						
28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28c. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		

CERTIFIED COPY OF VITAL RECORDS

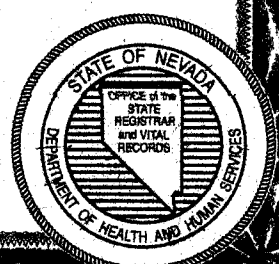
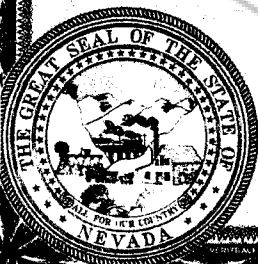
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Last Will and Testament

I, HARRY LEON COOLIDGE of the City of CRESCENT VALLEY
County of EUREKA, State of NEVADA,
being of sound mind, and not acting under duress, menace, fraud, or undue
influence of any person do hereby make, publish and declare this instrument my
last Will and Testament and do hereby revoke any and all other Wills and Codicils
heretofore made by me.

FIRST: I order and direct that my just debts and funeral expenses, expenses for
administration of my estate and any inheritance, State or Federal taxes upon said
estate, except those, if any, which are secured by mortgage or deed of trust, shall
be paid as soon after my death as may be practical.

SECOND: I am a UNMARRIED person. My spouse is NA - DECEASED and
SHANNON MARIE COOLIDGE + ROBERT LEON COOLIDGE
are all my children, either natural or adopted.

THIRD: I nominate my spouse as Guardian of my minor children. In the event that
my spouse shall predecease me or fails to serve as such Guardian, then I nominate
and appoint

NO MINOR CHILDREN Guardian of the person and property of my minor
children. I further direct that no bond shall be required.

FOURTH: I hereby make the following specific bequests: I LEAVE MY DAUGHTER
SHANNON MARIE COOLIDGE EVERYTHING, PROPERTY, TRUCK, CAR,
FISHING GEAR, GUNS + TOOLS NO. FILED

MAY 17 2023

By EUREKA COUNTY CLERK
[Signature]

FIFTH: I hereby give, devise and bequeath all of the rest and residue of my estate,
all property

over which I have power to dispose to SHANNON MARIE COOLIDGE.

SIXTH: I nominate and appoint ELDON BROWN
as Executor of this will. In the event that the Executor named above shall
predecease me or fails to serve as such Executor of this will, I nominate and
appoint

VERN MASON as Executor. I further direct that no appointee hereunder
shall be required to give any bond for the faithful performance of their duties.

SEVENTH: I hereby authorize my Executor to exercise all power, rights, discretion and duties deemed necessary for the proper administration and disposition of my estate.

I subscribe my name to this Will this 23RD day of NOVEMBER, 2018 at
Crescent Valley, NEVADA
City State

Harry Leon Coolidge
Signature

On the day written below, HARRY LEON COOLIDGE

declared to us, the undersigned that this instrument, consisting of 2 pages, was

HIS Will and HE requested us to act as witnesses to it. HE there-
upon signed this Will in our presence, all of us being present at the same time. We
now in HIS presence and in the presence of each other subscribe our names
as witnesses.

It is our belief that HARRY LEON COOLIDGE is of sound mind and under
no constraint or undue influence whatsoever.

We declare under penalty of perjury that the foregoing is true and correct and

that this declaration was executed on NOV 23, 2018,

at Crescent Valley NV

Rahat W. Jahan
Witness

304 3RD Street
Address

Crescent Valley NV-89821

7057 Coaley Way
Address

Crescent Valley NV 89821

HC66 Box 5 Crescent Valley NV 89821
Address

Jan Burton
Witness

Mark B. [Signature]
Witness

SEVENTH JUDICIAL DISTRICT COURT
IN AND FOR THE COUNTY OF EUREKA
STATE OF NEVADA

} SS

I, the Undersigned County Clerk Recorder and Ex-Officio Clerk of the
Seventh Judicial District Court do hereby certify that the foregoing is a true
and correct copy of the original on file in my office.

Witness hand and seal of the Seventh Judicial District Court

This 12 day of MAY 2023

Eureka County Clerk Recorder and Ex-Officio Court Clerk
By: [Signature], Deputy Clerk Recorder (Seal Affixed)

STATE OF NEVADA
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)

a) 02-047-17
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

\$ 40,000

Deed in Lieu of Foreclosure Only (value of property) ()

Transfer Tax Value: \$ 156.00

Real Property Transfer Tax Due \$ _____

4. If Exemption Claimed:

a. Transfer Tax Exemption per NRS 375.090, Section _____

b. Explain Reason for Exemption: _____

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 Eldon R. Brown Capacity Grantee

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Shannon Coledge
Address: P.O. Box 926
City: Royal City
State: WV Zip: 99357

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Eldon R. Brown
Address: 3036 Crescent Ave
City: Crescent Valley
State: NV Zip: 89821

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