

APN: 005-580-28

MAIL TAX STATEMENTS TO:

Paul Rankin
HC 65 Box 28
Carlin, NV 89822

EUREKA COUNTY, NV

2025-254852

Rec:\$37.00

\$37.00 Pgs=5

07/15/2025 11:42 AM

KERR SIMPSON ATTORNEYS AT LAW

KATHERINE J. BOWLING, CLERK RECORDER

WHEN RECORDED, MAIL TO:

Kerr Simpson Attorneys at Law
2900 W. Horizon Ridge Parkway, Suite 200
Henderson, NV 89052

**AFFIDAVIT - TERMINATION OF JOINT TENANTS
WITH RIGHTS OF SURVIVORSHIP**

(Death of a Joint Tenants with Rights of Survivorship)

I, PAUL RANKIN, being of legal age and being first duly sworn, attest as follows:

1. Affiant's mother, LINDA PRIDGEN RANKIN is deceased.
2. That LINDA PRIDGEN RANKIN died in the City of Reno, County of Washoe, State of Nevada, on August 16, 2021. A copy of the Death Certificate is attached hereto as Exhibit "A".
3. That RONALD J. RANKIN and LINDA PRIDGEN RANKIN acquired title to the real property described below as husband and wife as Joint Tenants via a Grant, Bargain, Sale Deed recorded on May 10, 1995, as instrument number 157972.
4. The real property more particularly described as:

LEGAL DESCRIPTION

TOWNSHIP 29 NORTH, RANGE 52 EAST, MDB&M.

Section 19; Lots 1 and 2, E 1/2 NW 1/2

EXCEPTING THEREFROM all petroleum, oil, natural gas and products derived therefrom as reserved by SOUTHERN

PACIFIC LAND COMPANY, in Deed recorded March 9, 1950, in Book 24, Page 42, Deed Records, Eureka County, Nevada.

FURTHER EXCEPTING THEREFROM an undivided 1/2 interest in and to all mineral rights in said land as reserved by OSCAR RUDNICK, et al, dba EUREKA LIVESTOCK COMPANY, in Deed recorded February 1, 1960, in Book 25, Page 374, Deed Records, Eureka County, Nevada.

FURTHER EXCEPTING THEREFROM an undivided 1/2 interest in and to all mineral rights in said land, as reserved by MARY MONSON, et bar, in Deed recorded May 9, 1961, in Book 26, Page 51, Deed Records, Eureka County, Nevada.

FURTHER EXCEPTING THEREFROM an undivided 1/2 interest in and to all mineral rights, as reserved by CLARK COUNTY GRAVEL, ROCK & CONCRETE CO., in Deed recorded May 9, 1961, in Book 26, Page 52, Deed Records, Eureka County, Nevada.

FURTHER EXCEPTING THEREFROM an undivided 1/2 interest and to all mineral rights, as reserved by RICHARD GARRISON in Deed recorded January 29, 1962, in Book 26, Page 169, Deed Records, Eureka County, Nevada.

TOGETHER with any and all buildings and improvements situate thereon.

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

More commonly known as: 1 Iron Mine Rd. Carlin, NV 89822

Assessor's Parcel Number: 005-580-28

At the time of the death of Linda Pridgen Rankin title to real property described in paragraph 3 above continued to be held by RONALD JOHN RANKIN AND LINDA PRIDGEN RANKIN, husband and wife acquired title as JOINT

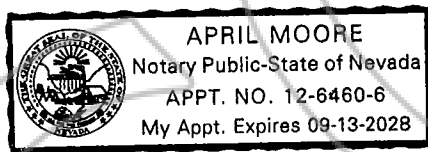
TENANTS. As a result of the death of LINDA PRIDGEN RANKIN and the joint tenants form of title, the real property described in paragraph 3 above is now owned by RONALD JOHN RANKIN, a married man.

Witness his hand this 8 day of July 2025.

Paul Rankin
PAUL RANKIN

STATE OF NEVADA)
 Eiko) ss:
COUNTY OF ~~EUREKA~~)

On the 8th day of July, 2025, personally appeared before me, a Notary Public, **PAUL RANKIN** known to me (or proven to me on the basis of satisfactory evidence) to be the person who dated and signed the within instrument and who acknowledged to me that he executed the above document.



April Moore
NOTARY PUBLIC

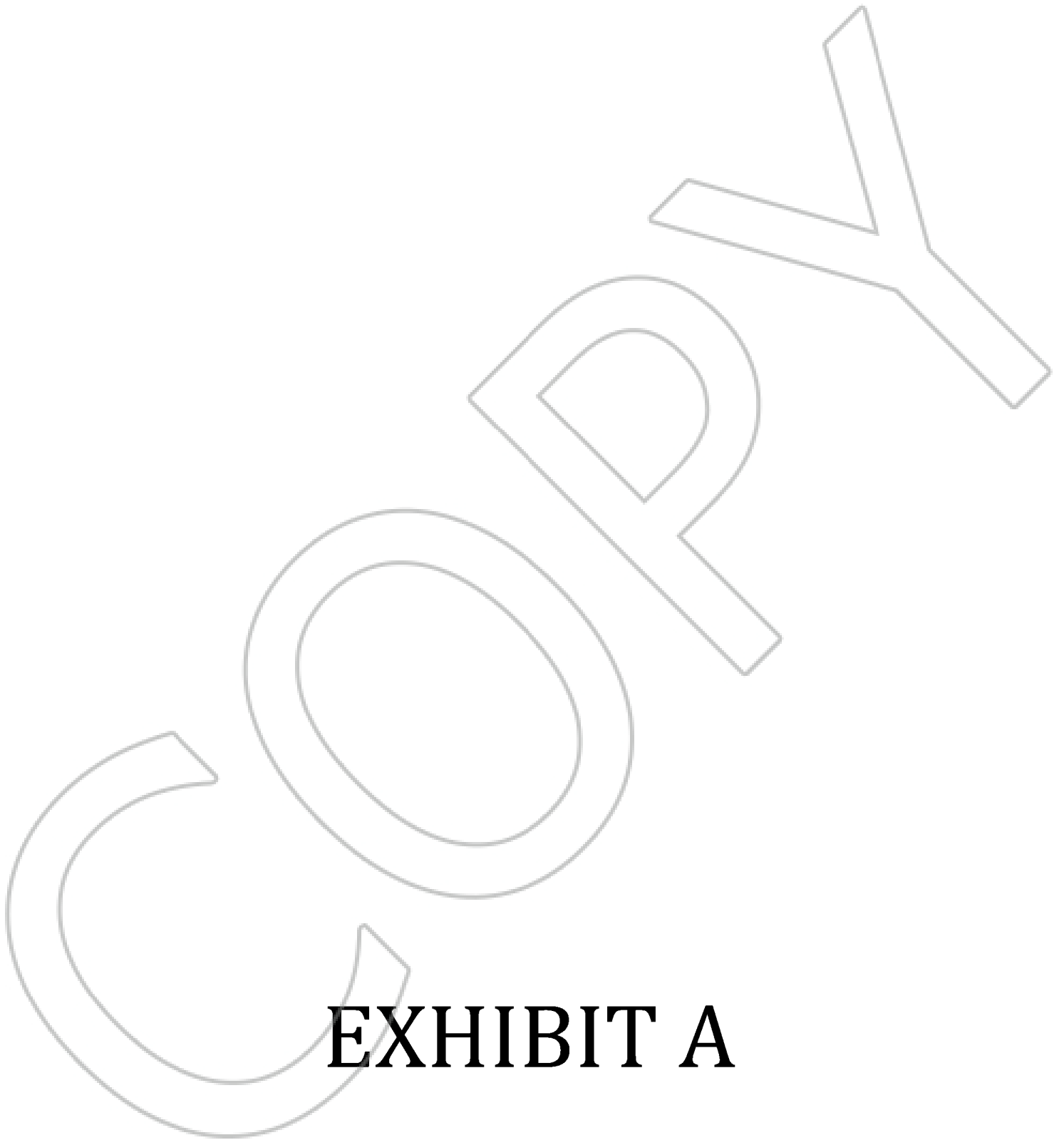


EXHIBIT A

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT
VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4230578

CERTIFICATE OF DEATH

2021019615
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Linda Pridgen				2. DATE OF DEATH (Mo/Day/Year) August 16, 2021		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 Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 75		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
	9a. STATE-OF BIRTH (If not US/CA, name country) North Carolina		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		11. MARITAL STATUS (Specify) Married	
DECEDENT	13. SOCIAL SECURITY NUMBER [REDACTED]				14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada				15b. COUNTY Elko		15c. CITY, TOWN OR LOCATION Carlin	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Emmitt W PRIDGEN				17. MOTHER/PARENT - NAME (First Middle Last Suffix) Susan Estelle RODGERS			
	18a. INFORMANT- NAME (Type or Print) Ronald John RANKIN				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) HC 65, Box 28, Pine Valley Carlin, Nevada 89822			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial				19b. CEMETERY OR CREMATORY - NAME Beaufort National Cemetery		19c. LOCATION City or Town State Beaufort South Carolina 29902	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) KENNETH COX SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE NUMBER FD755		20c. NAME AND ADDRESS OF FACILITY Mountain View Mortuary PO Box 5158 Reno NV 89513	
	TRADE CALL - NAME AND ADDRESS J. Henry Stuhr Downtown Chapel 232 Calhoun St. Charleston SC 29401							
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title) SIGNATURE AUTHENTICATED CALEB FRINK APRN				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)			
PARENTS	21b. DATE SIGNED (Mo/Day/Yr) August 18, 2021		21c. HOUR OF DEATH 14:14		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				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) Caleb Frink APRN 1155 Mill St Reno, NV 89502				23b. LICENSE NUMBER APRN002182			
	24a. REGISTRAR (Signature) KATHERINE J SULLIVAN SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 19, 2021		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						Interval between onset and death	
	PART I (a) Acute Organ Dysfunction							
	(b) Severe Sepsis							
	(c) Osteomyelitis							
CAUSE OF DEATH	(d) Ischemic Cerebrovascular Accident							
	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Atrial Fibrillation; Unknown Etiology						26. AUTOPSY (Specify Yes or No) No	
	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	

000431047

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: **8/19/2021** this copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

