

APN: 009-240-11

Recording Requested By
And Return To:

Miller Law, Inc.
115 West 5th Street, Box 7
Winnemucca, NV 89445

Mail Tax Statements To:

Laurie Herrera-Cassar
1564 Harmony Road
Winnemucca, Nevada 89445

EUREKA COUNTY, NV
LAND-AFF
Rec:\$37.00
Total:\$37.00
MILLER LAW, INC

2025-254966
08/22/2025 01:58 PM
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KATHERINE J. BOWLING, CLERK RECORDER

AFFIDAVIT OF DEATH

LAURIE HERRERA-CASSAR being first duly sworn, deposes and says that Affiant is over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

That DARLENE S. HERRERA, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as DARLENE S. HERRERA, named as the grantor or as one of the grantors in the Deed Upon Death recorded on March 26, 2012, as document number 0220169, records of Eureka County, Nevada, covering the mining property commonly located in the County of Eureka, State of Nevada, and more particularly described as:

Exhibit A

LAURIE HERRERA-CASSAR is the biological daughter of DARLENE S. HERRERA, Deceased.

The undersigned hereby affirms this document **does** contain the social security number on the official death certificate which was provided by the State of Nevada Department of Health and Human Services required by NRS 440.380.

DATED this 13 day of August, 2025.

STATE OF NEVADA

COUNTY OF HUMBOLDT

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LAURIE HERRERA-CASSAR

On this 13 day of August, 2025, personally appeared before me LAURIE HERRERA-CASSAR, known to be the individual described in and who executed the foregoing instrument and acknowledged that she signed the same as her free and voluntary act and deed for the uses and purposes therein mentioned.

NOTARY PUBLIC

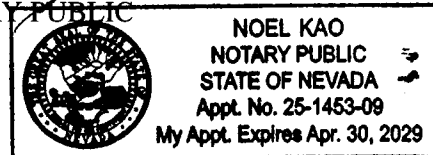


EXHIBIT A

Mining Property

The Continental patented lode mining claim, Mineral Survey Number 212, Patent Number 5684, which claim is located in Eureka County, State of Nevada, being 6.89 acres, more or less; and

The Independent patented lode mining claim, Mineral Survey Number 248, Patent Number 6008, which claim is located in Eureka County, State of Nevada, being 6.89 acres, more or less.

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STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4306792

CERTIFICATE OF DEATH

2022021815
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) Darlene S HERRERA		2. DATE OF DEATH (Mo/Day/Year) September 11, 2022		3a. COUNTY OF DEATH Humboldt	
3b. CITY, TOWN, OR LOCATION OF DEATH Winnemucca		3c. HOSPITAL OR OTHER INSTITUTION-Name(If not either, give street and number) 1590 Mizpah St		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) 93	
9a. STATE OF BIRTH (If not US/CA, name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		8. DATE OF BIRTH (Mo/Day/Yr) April 03, 1929	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
TEACHER		EDUCATION		15a. INSIDE CITY LIMITS (Specify Yes or No) Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Humboldt		15c. CITY, TOWN OR LOCATION Winnemucca	
15d. STREET AND NUMBER		16. FATHER/PARENT - NAME (First Middle Last Suffix) Joseph Ernest STUCKI			
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Maude C CANNON		18a. INFORMANT- NAME (Type or Print) Laurie HERRERA-CASSAR			
18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial			
19b. CEMETERY OR CREMATORY - NAME Winnemucca Cemetery		19c. LOCATION City or Town State Winnemucca Nevada 89445			
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) KAILYNN R YETTER		20b. FUNERAL DIRECTOR LICENSE NUMBER FD975		20c. NAME AND ADDRESS OF FACILITY Sonoma Funeral Home 47 W First Street Winnemucca NV 89445	
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 TKACH MD			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) September 13, 2022			21c. HOUR OF DEATH 22:15		
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) John S Tkach MD 1995 Errecart Blvd Elko, NV 89801		
23b. LICENSE NUMBER 14538			24a. REGISTRAR (Signature) DARAN GRISSOM		
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 14, 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					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Congestive Heart Failure					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Atrial Fibrillation					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Unknown Etiology					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.					
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		26. AUTOPSY (Specify Yes or No) No			
27. WAS CASE REFERRED TO CORONER (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	

Information Corrected, State Affidavit# 76073, 10/06/2022 - 18b

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: **10/6/2022**

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

