RECORDING REQUESTED BY: Rose A. Bailey

AND WHEN RECORDED MAIL TO: Rose A. Bailey P.O. Box 521 Panaca, Nevada, 89042-0521

MAIL TAX STATEMENTS TO Rose A. Bailey P.O. Box 521 Panaca, Nevada, 89042-0521

AFFIDAVIT - DEATH OF JOINT TENANT

APN: 02 113 15

STATE OF NEVADA) SS. COUNTY OF LINCOLN)

Rose A. Bailey, of legal age, duly sworn, deposes and says:

That Arcy Alexander Bailey, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as Arcy A. Bailey named as one of the parties in that certain Grant, Bargain, Sale Deed dated June 13, 1992. Executed by Arcy A. Bailey and Rose A. Bailey, husband and wife as joint tenants to Arcy A. Bailey and Rose A. Bailey, as co-trustees for THE BAILEY FAMILY TRUST dated April 7, 1997. Recorded as Document No. 109094, on June 9, 1997 of Official Records of the County of Lincoln, State of Nevada, covering the following described property:

THE NORTH HALF (N $\frac{1}{2}$) OF LOT NO. FOUR (4) IN BLOCK NO. SIXTEEN (16) IN THE TOWN OF PANACA, COUNTY OF LINCOLN, STATE OF NEVADA.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Dated this <u>29</u> day of <u>May</u> Nevada.

, 200/, in the City of Panaca, County of Lincoln, State of

DOEE A DATES

BOOK 155 MCE 271

State of	of Ne	vad	la
Declar	ration	of	Value

tate of Nevada	
eclaration of Value	
Assessor Parcel Number(s) a) 02 // 3 /5 b)	
Type of Property: a) U Vacant Land b) C Single Fam. Res. c) U Condo/Twnhse e) U Apt. Bldg. f) U Commit/Ind'l g) U Agricultural f) U Other Total Value/Sales Price of Property:	FOR RECORDERS OPTIONAL USE ONLY Document/Instrument #: 11(a399 Book: 155
Deduct Assumed Lims and/or Encumbrances: (Provide recording information: Doc/Instrum	Book Page)
Transfer Tax Value per NRS 375.010, Section 2: Real Property Transfer Tax Duc:	s <u>0.00</u>
If Exemption Claimed:	
a. Transfer Tax Exemption, per NRS 375.090, Section b. Explain Reason for Exemption:	er into TRUST.
Partial Interest: Percentage being transferred: 100	9.
NRS 375.110, that the information provided is correct to the best of the destruction provided because Furthern and the contraction of the contract	d acknowledges, under penalty of perjury, pursuant to NRS 375.050 of their information and belief, and can be supported by documentation ermore, the parties agree that disallowance of any claimed exemption of 10% of the tax due plus interest at 1 1/2% per month. Pursuant everally liable for any additional amount ewed. BUYER (GRANTEE) INFORMATION
Seller Signature:	Buyer Signature: Same
Print Nama: ROSE A. Bailey	Print Name: Same
Address: P.O. 13 0× 521	Address: Same
city: PanacA	City: Samo
	State: Same Zip: Jarre
State: NV zip: 89042-052	
State:	Telephone: ()
	Telephone: () Same
Telephone: ()	Tring

STATE OF NEVADA)) \$8.
COUNTY OF LINCOLN	j

On <u>May 29,2001</u> before me, <u>Tanice Barr</u>, a Notary Public in and for said County and State, personally appeared Rose A. Bailey personally known to me (or proved to me on the basis of satisfactory evidence), to be the person whose name is subscribed to the same in his/her authorized capacity, and that his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal

Notary Public

JANICE BARR
MOTARY PREC: STATE of ARTHON
Lincoln County - Newsork
CERTIFICATE # 92-9175-11
APPT. EXP. MAY 25, 2004

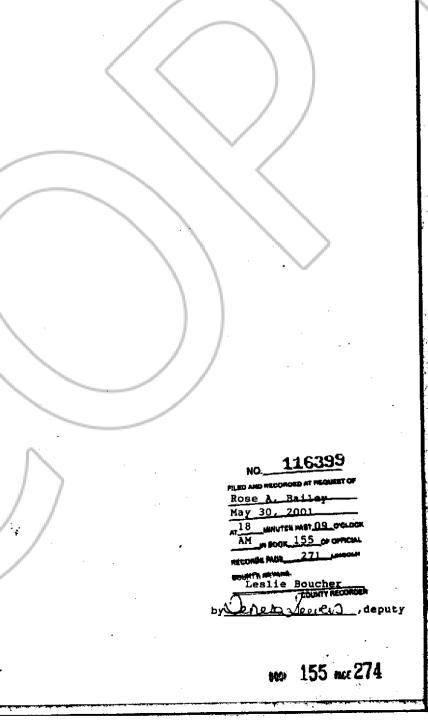
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	State: Same Zip: Jarre
State: NV zip: 89042-052	
State:	Telephone: ()
	Telephone: () Same
Telephone: ()	Tring

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		DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH	
1	LOCAL FILE INJUBER	STATE FILE MANNER	_ l
OR PRINT	DECEASED NAME FROM	Tincoln	
PERMANENT BLACK WIL	1. A.T.C.Y CITY, TOWN OR LOCATION OF DEA	ATH HOSPITAL OR OTHER MISTITUTION—Name (If not entire) give street and number) If Hosp, or line, miscale DOA, Or Emer. SEX	7 I
	n Panaca	101 N. 2nd Street	_ *
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لبحا		E LIBCOLD 16 FALLOUS	}
PARENTS	FATHER-MAME INTE	Madde Ling MOHIEF-MANAGET House Franch Portries	
C. C	18. John	MANUING ADDRESS (Street or FLF.D. No., City or Youns, State, Zip)	7 I
DISPOSITION	18a ROSE AIR BAIL BURLL CREMATION REMOVAL C 18a BULLIAI CO PROGRAMMA CONTROL OF STANDARD AND CONTROL O	CEMETERY OR CREMATORY—MAME Imp Palm Valley View Memorial Park FUNERAL DRECTOR LUCKS MAMBER AND ADDRESS OF FACILITY Wiscombe Funeral Home, Inc. LUCKS MAMBER AND ADDRESS OF FACILITY Wiscombe Funeral Home, Inc. The P.O. Box 994 Caliente, Nevada 89008 09 22a. On the beat of examples on order or examples of the broad o	
	52 21b. 11-24-98	"" \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
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A STATE OF THE STA	9 ž1d.	22d, ON 22st. AT FOR CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR COROMER), (Type or PHYC.) LICENSE MANGER	-
	23. Farhana	Kamal MD: P.O. Box 164 Panaca, Nevada 89042	_
covernovs	REGISTRAR	DATE RECEIVED BY REGISTRAR (Mc. Cer. YV.) DEATH DUE TO COMMUNICABLE DISEASE	
WARCH GAVE RISE TO BANEDIATE	24a. (Signature)	24b. 11-24-98 20c. YES 100 100 100 100 100 100 100 100 100 10	\dashv [
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	and supplied the control of	DATE OF HILLIPY (MAL. Day. 11-) HOUR OF HALLIPY DESCRIBE HOW HALLIPY OCCURRAGED	3
	(Specify)	20c M 20c	3
	PLILIRY AT WORK (Specify Yes or No.)	PLACE OF INJUSTY—IN home, term, small, tackey, onice LOCATION. STREET OR R.F.O. No. CITY OR TOWN STATE	
N. 1	-	m 125000 No. 125000	ನ
The same of		STATE REGISTRAR No. 135629	
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3			6
		This is to certify that the above is a true and correct copy	ME
	AND	of the certificate on file in this particle.	
		Date Institut:	}- -{
		COMPANY CONTRACTOR CONTRACTOR OF THE CONTRACTOR	9 1/
		WARNING IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT	

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