

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)

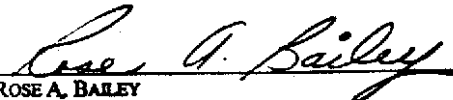
Rose A. Bailey, of legal age, duly sworn, deposes and says:

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 ½) 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 29 day of May, 2001, in the City of Panaca, County of Lincoln, State of Nevada.


ROSE A. BAILEY

State of Nevada Declaration of Value

1. Assessor Parcel Number(s)
 a) 02 113 15
 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
 i) Other _____

FOR RECORDERS OPTIONAL USE ONLY	
Document/Instrument #:	<u>116399</u>
Book:	<u>155</u>
Page:	<u>271-274</u>
Date of Recording:	<u>May 30, 2001</u>
Notes:	_____

3. Total Value/Sales Price of Property: \$ 0.00
 Deduct Assumed Liens and/or Encumbrances: (_____)
 (Provide recording information: Doc/Instrument # _____ Book _____ Page _____)
 Transfer Tax Value per NRS 375.010, Section 2: \$ 0.00
 Real Property Transfer Tax Doc: \$ _____

4. **If Exemption Claimed:**
 a. Transfer Tax Exemption, per NRS 375.090, Section: 8
 b. Explain Reason for Exemption: transfer into trust

5. Partial Interest: Percentage being transferred: 100 %

The undersigned Seller (Grantor)/Buyer (Grantee), declares and acknowledges, under penalty of perjury, pursuant to NRS 375.080 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 1/2% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

SELLER (GRANTOR) INFORMATION

Seller Signature: _____
 Print Name: Rose A. Bailey
 Address: P.O. Box 521
 City: Paradise
 State: NV Zip: 89042-0521
 Telephone: () _____
 Capacity: _____

BUYER (GRANTEE) INFORMATION

Buyer Signature: same
 Print Name: same
 Address: same
 City: same
 State: same Zip: same
 Telephone: () same
 Capacity: same

COMPANY REQUESTING RECORDING

Co. Name: _____ Esc. #: _____

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)

STATE OF NEVADA)
) SS.
COUNTY OF LINCOLN)

On May 29, 2001 before me, Janice Barr, 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

Janice Barr
Notary Public



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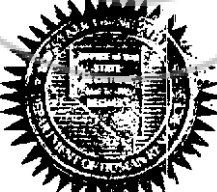
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STATE OF NEVADA DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH - SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

Form with sections: DECEASED, DEPENDENT, PARENTS, DISPOSITION, CERTIFIER, CAUSE OF DEATH. Includes fields for name, date of death, sex, age, occupation, and cause of death.



STATE REGISTRAR No. 135629 This is to certify that the above is a true and correct copy of the certificate on file in this office. Date issued: DEC 21 1998 State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

155 FILE 273 BOX

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COPY

NO. 116399

FILED AND RECORDED AT REQUEST OF

Rose A. Bailey

May 30, 2001

AT 18 MINUTES PAST 09 O'CLOCK
AM

IN BOOK 155 OF OFFICIAL
RECORDS PAGE 271 LINCOLN

COUNTY, NEVADA
Leslie Boucher
COUNTY RECORDER

by Terese [Signature], deputy

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