

**Official Record**

Recording requested By  
DUNN LAW FIRM

Lincoln County - NV  
Leslie Boucher - Recorder

Fee: \$16.00 Page 1 of 3  
RPTT: Recorded By: AE  
Book- 235 Page- 0527



**Recorded at Request of:**

Dunn Law Firm  
P. O. Box 2318  
St. George, UT 84771-2318

**Mail tax notice to:**

Blair A. Isom  
8845 Helena Ave.  
Las Vegas, NV 89129

APN: 5-271-07

**QUIT-CLAIM DEED**

Blair A. Isom, Grantor, of Las Vegas, County of Clark, State of Nevada, hereby QUIT-CLAIMS his interest in and to the herein described property to Blair A. Isom, Trustee of the Blair A. Isom Trust, w/a/d August 17, 2007, Grantee, of Las Vegas, County of Clark, State of Nevada, for the sum of TEN DOLLARS and Other Valuable Consideration, the following described tract of land in Lincoln County, State of Nevada:

All of the South Half of the Northwest 1/4 of the Southwest 1/4 of  
Sec. 19, T5N, 70E M.D.M.

TOGETHER WITH all improvements and appurtenances thereunto  
belonging.

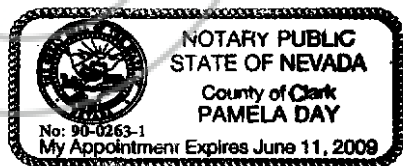
SUBJECT TO easements, rights of way, restrictions and reservations  
of record and those enforceable in lay and equity.

WITNESS the hand of said Grantor, this 17 day of August, 2007.

Blair A. Isom  
BLAIR A. ISOM

STATE OF NEVADA )  
 ) :SS  
COUNTY OF CLARK )

On the 17 day of August, 2007, personally appeared before me Blair A. Isom, the signer of the within instrument, who duly acknowledged to me that he executed the same.



Pamela Day  
Notary Public

**AFFIDAVIT TO TERMINATE JOINT TENANCY**

STATE OF NEVADA        )  
                                      : ss.  
COUNTY OF CLARK        )

BLAIR A. ISOM, being first duly sworn, state as follows:

1. I am the husband of Blasia O. Isom.
2. Blasia O. Isom died on November 8, 2005. A copy of the Death Certificate is attached hereto and by the reference made a part hereof.
3. At the time of her death, Blasia O. Isom and I held certain real property in joint tenancy. Said real property is located in Lincoln County, State of Nevada, and is more particularly described as follows:

All of the South Half of the Northwest 1/4 of the Southwest 1/4 of Sec. 19, T5N, 70E M.D.M.

TOGETHER WITH all improvements and appurtenances thereunto belonging.

SUBJECT TO easements, rights of way, restrictions and reservations of record and those enforceable in lay and equity.

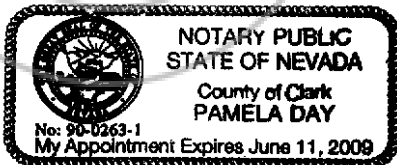
Parcel No. 5-271-07

Dated this 17 day of August, 2007.

Blair A. Isom  
BLAIR A. ISOM

STATE OF NEVADA        )  
                                      :ss  
COUNTY OF CLARK        )

On the 17 day of August, 2007, personally appeared before me Blair A. Isom, the signer of the within and foregoing Affidavit of Surviving Tenant, who duly acknowledged to me that he executed the same.



Pamela Day  
Notary Public



OR PRINT IN PERMANENT BLACK INK		STATE FILE NUMBER	
1. Blasia Abdulia ISOM		2. November 8, 2005	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Las Vegas		3a. Clark	
HOSPITAL OR OTHER INSTITUTION—Name (If not other, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emr. Fin. Inpatient (Specify)	
3c. Mountainview Hospital		3e. Emergency Room	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		SEX	
4. White		4. Female	
West Decedent of Hispanic Origin? Specify <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, specify Mexican, Cuban, Puerto Rican, etc.		DATE OF BIRTH (Mo., Day, Yr.)	
5. Spanish		8. Feb 3, 1956	
STATE OF BIRTH (If not U.S.A., name country)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. Argentina		11. Married	
CITIZEN OF WHAT COUNTRY		SURVIVING SPOUSE (If wife, give maiden name)	
9b. U.S.A.		12. Blair A. Ison	
Decedent's Education. Specify highest grade completed.		KIND OF BUSINESS OR INDUSTRY	
10. 14		14a. Dental Office	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
13. [REDACTED]		14b. Office Manager	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Las Vegas	
COUNTY		STREET AND NUMBER	
15b. Clark		15d. 8845 Helena	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Juan Esteban Morel		17. Adela Ocampo	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Blair A. Ison - Husband		18b. 8845 Helena Ave., Las Vegas, Nevada 89129	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Burial		19b. Palo Memorial Park-Northwest	
FUNERAL DIRECTOR'S SIGNATURE (If Person other than Registrar)		NAME AND ADDRESS OF FACILITY	
20a. [Signature]		20b. Palo Memorial - Cheyenne	
20c. [Signature]		20d. 7400 N. Cheyenne Rd., Las Vegas, Nevada 89129	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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) and manner stated.	
(Signature and Title)		(Signature and Title)	
21b. 11-10-05		22b. [Signature]	
HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)	
21c. 6:54 PM		22c. [Signature]	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. [Signature]		22d. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
23a. C. Dean Milne DO 201 N. Buffalo Las Vegas Nevada 89145		23b. 412	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. [Signature]		24b. NOV 10 2005	
DEATH DUE TO COMMUNICABLE DISEASE		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death	
PART (a) Cerebral Vascular accident		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) Cerebral Aneurysm		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) Vascular Malformation		Interval between onset and death	
PART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No)	
26. [REDACTED]		26. No	
WAS CASE REFERRED TO CORONER (Specify Yes or No)		27. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
ADD. SUICIDE, HOMIC. UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28. [REDACTED]		28a. [REDACTED]	
HOUR OF INJURY		M	
28b. [REDACTED]		28c. [REDACTED]	
DESCRIBE HOW INJURY OCCURRED		LOCATION	
28d. [REDACTED]		28e. [REDACTED]	
STREET OR R.F.D. No.		CITY OR TOWN	
28f. [REDACTED]		28g. [REDACTED]	
STATE		28h. [REDACTED]	
INJURY AT WORK (Specify Yes or No)		28i. [REDACTED]	
28j. [REDACTED]		28k. [REDACTED]	

STATE REGISTRAR No. 323784

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

DONALD S. KWALICK, MD, M.P.H.  
 Registrar of Vital Statistics

By: [Signature]  
 Date Issued: NOV 15 2005

CLARK COUNTY HEALTH DISTRICT  
 625 Shadow Lane P.O. Box 3902  
 Las Vegas, Nevada 89127  
 702-383-1223  
 Tax ID# 88-0151573

State of Nevada  
Declaration of Value

FOR  
Docume  
Book: \_\_\_\_\_  
Date of l  
Notes: \_\_\_\_\_

Recording requested By  
DUNN LAW FIRM

Lincoln County - NV  
Leslie Boucher - Recorder

Page 1 of 1 Fee: \$16.00  
Recorded By: AE RPTT:  
Book- 235 Page- 0527

1. Assessor Parcel Number(s)  
a) 527107  
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 Ranch

3. Total Value/Sales Price of Property: \$ \_\_\_\_\_  
Deed in Lieu of Foreclosure Only (value of property) \$ \_\_\_\_\_  
Transfer Tax Value per NRS 375.010, Section 2: \$ \_\_\_\_\_  
Real Property Transfer Tax Due: \$ \_\_\_\_\_

4. If Exemption Claimed:  
a. Transfer Tax Exemption, per NRS 375.090, Section: 7  
b. Explain Reason for Exemption: To transfer to a Trust without consideration

5. Partial Interest: Percentage being transferred: 100.00 %

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 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 Blair A. Isom Capacity Owner

Signature Blair A. Isom Capacity Trustee

**SELLER (GRANTOR) INFORMATION**

(REQUIRED)

Print Name: Blair A. Isom  
Address: 8845 Helena Ave.  
City: Las Vegas  
State: NV Zip: 89129

**BUYER (GRANTEE) INFORMATION**

(REQUIRED)

Print Name: Blair A. Isom Trust of Blair A. Isom  
Address: 8845 Helena Ave.  
City: Las Vegas  
State: NV Zip: 89129

**COMPANY REQUESTING RECORDING**

(REQUIRED IF NOT THE SELLER OR BUYER)

Print Name: Michael C. Dunn Escrow # \_\_\_\_\_  
Address: 170 North 400 East, Suite G  
City: St. George State: UT Zip: 84771