DOC # 0131679

06/04/2008

Official Record

Recording requested By WENDY RUDDER

Lincoln County - NV Leslie Boucher - Recorder

Fee: \$21.00 Page 1 of 8 Recorded By: AE

Book- 242 Page- 0053

APN: 004-042-10

CORRECTING DEED GRANT, BARGAIN, SALE DEED

The purpose of this Correcting Deed is to correct the deed recorded inadvertently in error at the request of Wendy Rudder on February 5, 1999, as: Document I.D. Number 112275, in Book 139 of official records page 549 of the County Recorder of Lincoln County, Nevada:

THIS INDENTURE WITNESSETH: That WENDY RUDDER, as legal quardian for MARJORIE I. DETRAZ, appointed under Order entered on September 28, 2001 in case No. PR 0916001 in the Seventh Judicial District Court, Lincoln County, Nevada, a certified copy of which is attached as Exhibit 1, does hereby attest:

That ROSCO E . DETRAZ died on March 29, 2003, leaving Marjorie I. Detraz as his surviving spouse. An original copy of his death certificate is attached as Exhibit 2.

That the above-referenced document recorded on February 5, 1999, as Document No. 112275, in Book 139 of official records, page 549, of the County Recorder of Lincoln County, Nevada was recorded in inadvertent error with the legal description of:

Lot numbered four (4) in block numbered thirty-six (36), beginning at the Northwest corner of said block and lot thence running East 247.5 feet, thence running South 145.5 feet thence running West 267.5 feet, thence running North 145.5 feet to the point of beginning.

The correct legal description should have been:

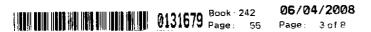
APN: 04-031-15 143 E. Broadway, Alamo, Nevada and more particularly described as follows:

Beginning at the Northeast corner of Lot 3 Block 44, as per official Alamo Town and Plat, State of Nevada; thence running South 183 feet; thence running West 111.5 feet; thence running North 183 feet; thence running East 111.5 feet to the place of beginning.

feet; thence runni	ng East 111.5 feet to the place of beginning.
Witness her hand this	day of 1000 2008.
	I bole Devolo
	WENDY RUDDER LEGAL GUARDIAN FOR MARJORIE I. DETRAZ
STATE OF NEVADA)) ss.
COUNTY OF Lincoln) 55.
On this 4th day of	Sune, 2008 before me the
undersigned a Notary D	ublic in and for the said County of Lincoln, State

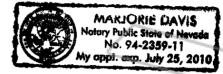
On this HtL day of _______, 2008 before me the undersigned, a Notary Public in and for the said County of Lincoln, State of Nevada, personally appeared WENDY RUDDER, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged that she executed the within CORRECTING DEED in her authorized capacity as Legal Guardian for MARJORIE I. DETRAZ, that by her signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument.

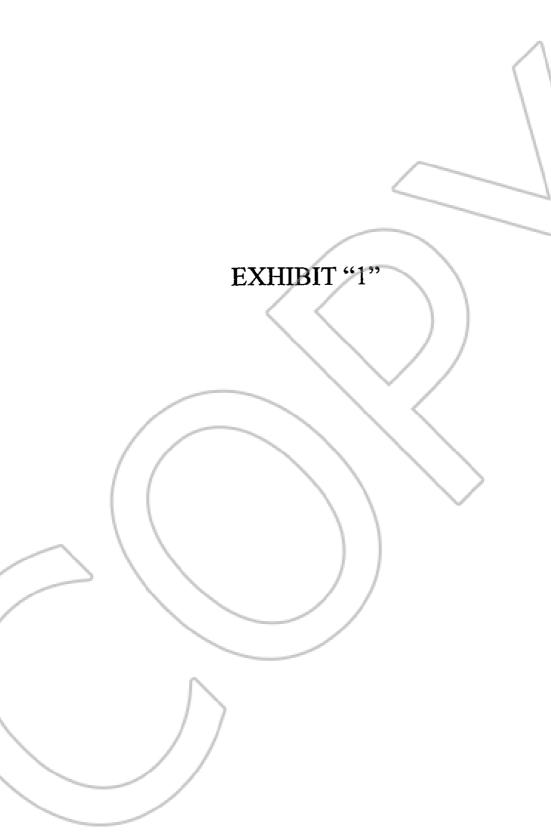
WITNESS my hand and official seal.



Marjone Danis Notary/Public

When Recorded, Mail to: Wendy Rudder PO Box 509 Alamo, NV 89001-0509





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PHILIP H. DUNLEAVY, ESQ.
DISTRICT ATTORNEY
Nevada Bar #000598
Matthew D. Carling, Esq.
Deputy District Attorney
Nevada Bar #007302
P.O. Box 60
Pioche, Nevada 89043
(775) 962-5171
Attorneys for Petitioner,
WENDY RUDDER

ZOOI SEP 28 P 1: 34

LINCOLH COUNTY CLERK

DEPUTY

Case No.: PR 0916001

IN THE SEVENTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

IN AND FOR THE COUNTY OF LINCOLN

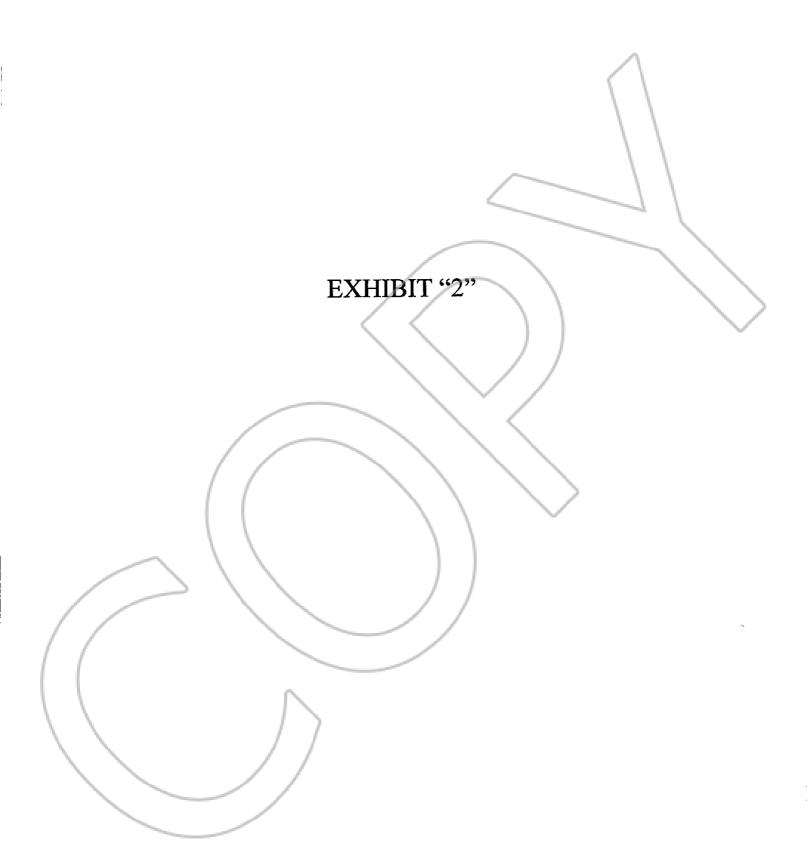
In the Matter of the Guardianship of the Person and Estate of MARJORIE I. DETRAZ, an Adult.

ORDER APPOINTING GUARDIAN

Upon review of the verified Petition For Appointment of Guardian, submitted by the LINCOLN COUNTY PUBLIC GUARDIAN, on behalf of WENDY RUDDER, the same having come before the above-entitled Court, and it appearing to the satisfaction of the Court that proper Notice of hearing of this matter has been duly given in the manner required by law; that all allegations contained in said verified petition are true and correct, and good cause appearing therefore:

NOW THEREFORE, IT IS HEREBY ORDERED, that WENDY RUDDER, a resident of the State of Nevada, be and she hereby is, appointed as Guardian of the person and estate of MARJORIE I. DETRAZ, and that Letters of Guardianship shall issue to WENDY RUDDER

1 upon her taking the oath of office as required by law; 2 IT IS FURTHER ORDERED that no bond or blocked account will be required; IT IS FURTHER ORDERED that WENDY RUDDER shall enjoy all normal powers 4 conferred by the Nevada Revised Statutes to take those steps necessary to preserve the real and/or personal property of the Ward of this Court; 6 IT IS FURTHER ORDERED that WENDY RUDDER serve a copy of this Order upon 8 the Ward. 9 10 11 12 DISTRICT COURT JUDGE 13 Submitted by: 14 PHILIP H. DUNLEAVY 15 DISTRICT ATTORNEY 16 Nevada Bar #000598 17 18 Matthew D. Carling **Deputy District Attorney** 19 P.O. Box 60 20 Pioche, Nevada 89043 (775) 962-5171 21 Attorneys for Petitioner, WENDY RUDDER 22 23 This document to which this certificate is attached is a full, true and correct copy of the original, on file and record in the County Clerks Office, Pioche 24 25 In witness whereof, I I Seventh Judicial District C 26 27 28



06/04/2008

DEPARTMENT OF HUMAN RESOURCES **DIVISION OF HEALTH VITAL STATISTICS**

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

1				CERTIFICATE	OF DEA	AIH		1		
-	LOCAL FILE NUMBE	R	·					STAT	TE FILE NUMBER	
OR PRINT	DECEASED-NAME First		Middle	Last			(Month, Day, Year)		COUNTY OF DEATH	
IN PERMANENT	1. Roscoe	<u>.</u>	Owen			2 March 29, 2003			3a.Lincoln	
BLACK INK	K CITY, TOWN OR LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) If Hosp. or Inst. indicate DOA, OP/Emer. Rm. inpatient (Specify)						i '			
ECEDENT	3b. Caliente 3cGrover C. Dils Medical Center 3c. Inpatient RACE (e.g., White, Black, American Was Decedent of Hispanic Origin? Specify yes (X no if yes, AGE Last UNDER 1 YEAR UNDER 1 DAY DATE OF BIF						4Female			
	RACE—(e.g., White, Black, Ama Indian, etc.) (Specify) 5. White	specif	y Mexican, Cuban, Puerto F	Birthday (Ye	hday (Years) MOS * DAYS HOLIAS * M					
IF DEATH OCCURRED IN	STATE OF BIRTH (If not U.S.A., name country)	TF	MODIFICATION DESCRIPTION OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPER			I WILLIAMED DIV	RIED, NEVER MARRIED. SURVIVING SPOUSE (If wife, give malden name)			
Institution See Handbook	9a. Kentucky SOCIAL SECURITY NUMBER		U.S.A. GSpecify Ma. 10. 12 (Specify Ma. 11. 12. 13. 14. 14. 15. 15. 15. 16. 16. 17.				arried 12Marjorie Burke			
REGARDING COMPLETION OF RESIDENCE ITEMS	13.	orking Life, Even if Retired) le. Medic	Raid of Fronk Dolle Duling in	USI UI			ed States Air Force			
CONCINCE HERO	RESIDENCE—STATE	COUNTY	110410	CITY, TOWN, OR LOCATIO	N	The same of the sa	ET AND NUMBER		LINSIDE CITY LIMITS	
└	15a Nevada	156.Lin	, , , , , , , , , , , , , , , , , , ,	15c Caliente			190 Main S		(Specify Yes or No) 15e. Yes	
ARENTS	FATHER—NAME First		Middle		HER-MAIDE		First .	Middle	Last	
MILLION	16. Roscoe	· · · · · · · · · · · · · · · · · · ·	wen Det	traz Sr. 17.	1	Emm.		ae	Walker	
	INFORMANT—NAME (Type or F	,		MAILING ADDRESS	30x 366		nte, Nevad		08	
	BURIAL, CREMATION, REMOVA		<u> </u>	OR CREMATORY—NAME	- Jan - Jan	7	LOCATION	City or Tox		
epocition.	19a Burial 19b Conaway Memorial Veterans 18c Caliente, Nevada									
ISPOSITION	FUNERAL DIRECTOR—SIGNAT (Or Person Acting as Such)	URE	FUNERAL D	JMBER	74.	Jr. 37***	combe Fune		-	
5	204,	777	20ь. 15		THE	- APT	Caliente,			
	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 best of examination and/or investigation, in my opinion death occurred due to the cause(s) and manner stated. 22a. On the best of examination and/or investigation, in my opinion death occurred due to the cause(s) and manner stated. 22a. On the best of examination and/or investigation, in my opinion death occurred due to the cause(s) and manner stated. 22b. On the bests of examination and/or investigation, in my opinion death occurred due to the cause(s) and manner stated. 22c. On the bests of examination and/or investigation, in my opinion death occurred due to the cause(s) and manner stated. 22a. On the bests of examination and/or investigation, in my opinion death occurred due to the cause(s) and manner stated. 22b. On the bests of examination and/or investigation, in my opinion death occurred at the time, date and place and clue to the cause(s) and manner stated. 22a. On the bests of examination and/or investigation, in my opinion death occurred at the time, date and place and clue to the cause(s) and manner stated. 22b. On the bests of examination and/or investigation, in my opinion death occurred at the time, date and place and clue to the cause(s) and manner stated. 22b. On the bests of examination and/or investigation, in my opinion death occurred at the time, date and place and clue to the cause(s) and manner stated. 22c. On the bests of examination and/or investigation, in my opinion death occurred at the time, date and place and clue to the cause(s) and manner stated. 22c. On the bests of examination and/or investigation, in my opinion death occurred at the time, date and place and clue to the cause(s) and manner stated.									
	Signature and Title) Cample Signature and Title)						*	HOUR OF DEATH		
ERTIFIER	8 21b. 03-31-03							22c.		
	NAME OF ATTENDIT	IG PHYSICIAN	IF OTHER THAN CERTIFI	OTHER THAN CERTIFIER (Type or Pitit) PRONOUNCED DEAD (Mor. Day, Yr.) PRONOUNCED DEAD (Hour)						
		S OF CERTIFIE	ER IPHYSICIAN ATTENDI	NG PHYSICIAN, MEDICAL E		2d. ON CORONER) (Typ	a oc Print)	22e. AT	CENSE NUMBER	
[1 1	M.D.; P.O.		- 1	e, Neva	-	I '	». 7903	
CONDITIONS	REGISTRAR	ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	H.D., 1.0.	DATE RECE			Yr.) DEATH DUE TO			
IF ANY WHICH GAVE RISE TO	24a. (Signature)	Marin	1 Herry	246. 03-	-3103		24c. YES□	NOZ		
IMMEDIATE /	Ch.	76.	NE CAUSE PER LINE FOR	4			,	•	val between onset and death	
CAUSE TATING THE INDERLYING CAUSE LAST	PART (a) CARD	ORE	SPIRATO	RY FAL	LURE				Minutes real between onset and death	
1 /		PSIS	NCE OF:			»		•	DAVC	
/>	DUE TO, OR AS	A CONSEQUE			/		*****		val between onset and death	
AUSE OF	O ACUT	$\in N$	1ECHANICA	AL NTEST death but not resulting in the	INAL	. <i>OBS</i>	TRUCTIO) ^d:	DAYS.	
DEATH	PART OTHER SIGNIFICAN		, \	A			Yes c	R. MOS COLH	CASE REFERRED TO ONER (Specify Yes or No)	
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\ I'	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28s.	DATE OF INJ	28c.	M 28d.	NUE FION NUC	J. I COCONNED				
\	INJURY AT WORK		INJURY At home, farm, st building, etc. (Speci	reet, factory, office LOCAT	ION.	STREET OR F	I.F.D. No. C	NOT RO YT	N STATE	
1	(Specify Yes or No) 28e.	28f.	bulluing, etc. (Speci	79) 28g.						
/			/ / /				N	do 2	23198	
	1	and the same of th	STATE RE	GISTRAR			•	٠٠. ٢	EST30	
7							•			

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued:

APR 1 0 2003



State of Nevada Declaration of Value

DOC # DV-131679

06/04/2008

04:26 PM

Official Record

Recording requested By WENDY RUDDER

1. Assessor Parcel Number(s)	
a) 504-042-10	Lincoln County - NV
b)	Leslie Boucher - Recorder
c)	Page 1 of 1 Fee: \$21.00
d)	Recorded By: AE RPTT: Book-242 Page-0053
	FOR RECORDERS OPTIONAL USE ONLY
2. Type of Property	\ \
a) Vacant Land b) Single Family Res.	Document / Instrument #
c) Condo/Townhouse d) 2-4 Plex e) Apartment Building f) Commercial /Ind'l	Book: Page:
g) Agriculture h) Mobile Home	Date of Recording:
i) other	Notes:
	0
3. Total Value / Sales Price of Property \$	
Deed In Lieu Only (value of forgiven debt)	
Taxable Value \$	
Real Property Transfer Tax Due:	
4. If Exemption Claimed:	ta lilico
a. Transfer Tax Exemption, per NRS 375.090, section:	deed from chullificat
b. Explain Reason for Exemption: Correcting	deed from
DOCH 112275 BOOK 139 02 549 20	215199 recorded in error
5. Partial Interest: Percentage being transferred:%	
The undersigned Seller (Grantor)/Buyer (Grantee), declares and acknowledges, under pe	enalty of perjury, pursuant to NRS 375,060 and NRS 375,110.
hat 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
nformation provided hereig. Furthermore, the parties agree that disallowance of any claimed benalty of 10% of the tax fue also interest at 1 1/1% per month. Pursuant to NRS 375.030, the	a Durran and Callan shall be jointly and reverally liable for one
additional amount dwed	1 of the regule
Signature Kidy Suelah	Capacity Juniosa of the reques
	land instruction of this
Signature	Capacity American 1,70
SELLER (GRANTOR) INFORMATION	BUYER (GRANTEE) INFORMATION
A LINDIAN	BUTER (GRANTEE) INFORMATION
	nt Name DONE
Print Name LUVY CUORY FOR VUIGO DE Print Address BOX S09 Add	dress
runess	nullification
State Zip 89001 Star	te Zip
\ \ \	•
COMPANY/PERSON REQUESTING RECORDING (R	LEQUIRED IF NOT BUYER OR SELLER)
11/0/1/2/1/-	
	Esc. #
Address SO	Sun All The Am 1
City H(Qm()	State: /// Zip() 700

(As a public record, this form may be recorded / microfilmed)