

WHEN RECORDED, MAIL TO:

Hilton Covington
86 Pioneer Circle
Veyo, Utah 84782



OFFICIAL RECORD
AMY ELMER, RECORDER

WATER DEED

Connie P. Mull, Grantor(s) hereby Quit-Claim to Hilton B. Covington and Mary Ann Covington, Grantee, for the sum of Ten Dollars (\$10.00) and other good and valuable consideration, the following described Water Right in Lincoln County, State of Nevada:

A 100% interest in a 1/3 share of 4.8611376 AFA of Nevada Water Right Certificate #12442 = 1/3 share = (1.6204 AFA)

WITNESS the hand of said Grantors, this 28 day of June, 2019.

Grantor: **Connie P. Mull**

Connie P. Mull
Connie P. Mull

STATE OF Utah
COUNTY OF Washington :ss)



The foregoing instrument was acknowledged before me this 28 day of June
2019. By Connie P. Mull.

Shiloh Kirkland
NOTARY PUBLIC

My Commission Expires: 10-21-19

STATE OF UTAH
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

State File Number: 2018005724

William Edward Mull

DECEDENT INFORMATION

Date of Death:	April 16, 2018	Time of Death:	20:20
City of Death:	Enterprise	County of Death:	Washington
Age:	85	Date of Birth:	December 9, 1932
Place of Birth:	Lewistown, Pennsylvania	Sex:	Male
Armed Services:	Yes	Marital Status:	Married
Spouse's Name:	Connie Proctor	Usual Occupation:	Rancher
Industry/Business:	Cattle	Education:	High School or GED
Residence:	Enterprise, Utah	Parent or Father:	John Samuel Mull
Parent or Mother:	Lois Brown	Facility Type:	Home
Facility or Address:	PO Box 277		

INFORMANT INFORMATION

Name:	Connie Mull	Relationship:	Wife
Mailing Address:	PO Box 277, Enterprise, Utah 84725		

DISPOSITION INFORMATION

Method of Disposition: Cremation
Place of Disposition: Cremation Center of Southern Utah, St George, Utah
Date of Disposition: April 19, 2018

FUNERAL HOME INFORMATION

Funeral Home: Cremation Center of Southern Utah
Address: 1316 South 400 East #A5, St George, Utah 84790
Funeral Director: Matthew R Kjar

MEDICAL CERTIFICATION

Medical Professional: Michelle Heather Gilbert MD, 544 South 400 East, St George (Washington), Utah 84790

CAUSE OF DEATH

Squamous Cell Lung Cancer [Onset: 2 Years]
Tobacco Use: Probably Contributed
Medical Examiner Contacted: Yes Autopsy Performed: No Manner of Death: Natural

Date Registered: April 20, 2018

Date Issued: April 20, 2018

This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics.
Security features of this official document include: High Resolution Border, V & R images in top cycloids, and microtext.
This document displays the date, seal, and signature of the Utah State Registrar of Vital Records and Statistics.

Richard J. Oborn

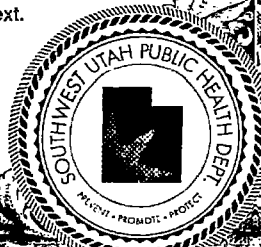
Richard J. Oborn, MPA
State Registrar
Rev. 1/16



065873793

David W. Blodgett

David W. Blodgett, MD
Director/Health Officer



**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)
 a) _____
 b) _____
 c) _____
 d) _____

2. Type of Property:
- | | | | |
|-------------------------------------|--------------------|-----------------------------|------------------|
| a) <input type="checkbox"/> | Vacant Land | b) <input type="checkbox"/> | Single Fam. Res. |
| c) <input type="checkbox"/> | Condo/Twnhse | d) <input type="checkbox"/> | 2-4 Plex |
| e) <input type="checkbox"/> | Apt. Bldg | f) <input type="checkbox"/> | Comm'/Ind'l |
| g) <input type="checkbox"/> | Agricultural | h) <input type="checkbox"/> | Mobile Home |
| <input checked="" type="checkbox"/> | Other <u>water</u> | | |

FOR RECORDER'S OPTIONAL USE ONLY	
Book: _____	Page: _____
Date of Recording: _____	
Notes: _____	

3. Total Value/Sales Price of Property \$ 5,000.00
 Deed in Lieu of Foreclosure Only (value of property) (_____)
 Transfer Tax Value: \$ _____
 Real Property Transfer Tax Due \$ 19.50

4. **If Exemption Claimed:**
 a. Transfer Tax Exemption per NRS 375.090, Section _____
 b. Explain Reason for Exemption: _____

5. Partial Interest: Percentage being transferred: _____ %

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 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% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature _____ Capacity _____
 Signature Hill Coff Capacity Grantee

SELLER (GRANTOR) INFORMATION
(REQUIRED)
 Print Name: Connie P. Mull
 Address: 2886 East Bench Rd.
 City: Enterprise
 State: Utah Zip: 84725

BUYER (GRANTEE) INFORMATION
(REQUIRED)
 Print Name: Hilton B. Covington and MaryAnn Covington
 Address: 86 S. Pioneer Circle
 City: Brookside
 State: Utah Zip: 84782

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)
 Print Name: _____ Escrow #: _____
 Address: _____
 City: _____ State: _____ Zip: _____