APN: 003-078-10

Recording requested by: Michael Luther Wynn

When recorded mail to and mail tax statements to:

Michael Luther Wynn P.O. Box 234 Caliente, Nevada 89008 LINCOLN COUNTY, NV

Rec:\$37.00

2022-162814

Space reserved fo Total:\$37.00

07/21/2022 12:28 PM

MICHAEL LUTHER WYNN

Pas=4 AE



OFFICIAL RECORD AMY ELMER, RECORDER

DEATH OF GRANTOR AFFIDAVIT

I, MICHAEL LUTHER WYNN, being duly sworn, deposes and says that ELIJIO GRIEGO, JR., the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as ELIJIO GRIEGO, JR., named as the grantor in the Deed Upon Death recorded on February 27, 2020, as document number 2020-158123 in the records of Lincoln County, Nevada, covering the real property commonly known as 11 Company Row, Caliente, County of Lincoln, State of Nevada, and more particularly described as:

ALL THAT CERTAIN REAL PROPERTY SITUATE IN THE COUNTY OF LINCOLN, STATE OF NEVADA, DESCRIBED AS FOLLOWS:

BEING A PORTION OF THE EAST HALF (E 1/2) OF THE EAST HALF (E 1/2) OF THE NORTHWEST QUARTER (NW 1/4) OF SECTION 8, TOWNSHIP 4 SOUTH, RANGE 67 EAST, M.D.B.&M., COMMONLY KNOWN AS HOUSE NO. 11 IN THE RAILROAD ROW, AND MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE CENTER OF SAID SECTION 8:

THENCE NORTH ALONG THE EAST LINE OF SAID NORTHWEST OUARTER (NW 1/4) 920.72 FEET:

THENCE WEST AT RIGHT ANGLES TO SAID EAST LINE 514.50 FEET TO THE TRUE POINT OF BEGINNING:

THENCE NORTH PARALLEL WITH SAID EAST LINE 54.13 FEET;

THENCE WEST AT RIGHT ANGLES 121.00 FEET;

THENCE SOUTH 54.13 FEET ALONG THE LINE PARALLEL WITH DISTANCE OF 24.50 FEET MEASURED AT RIGHT ANGLES FROM WEST LINE OF EAST HALF (E 1/2) OF NORTHWEST QUARTER (NW 1/4);

THENCE EAST AT RIGHT ANGLES TO SAID PARALLEL LINE 121.00 FEET TO THE TRUE POINT OF BEGINNING.

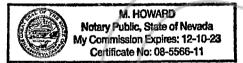
Assessor's Parcel Number: 003-078-10

Together with all improvements, tenements, hereditaments, and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues, or profits thereof.

MICHAEL LUTHER WYNN is the sole beneficiary to whom the real property is conveyed upon the death of the grantor.

| | Y AFFIRMS THAT THIS DOCU DCIAL SECURITY NUMBER OF | |
|---|--|------------------------------------|
| July 21st 2027 | DATE | |
| MICHAEL LUTHER X YNN | SIGNATURE | |
| , | | |
| STATE OF NEVADA) ss COUNTY OF LINCOLN) | | |
| COUNTY OF LINCOLN) | | |
| Subscribed and sworn to on this M. Howard, Notary Public— | alst day of July,, by MICAHEL LUTHER | in the year 2022, before me, WYNN. |
| | < < \ |) |
| MARINA | | |

Notary Public in and for the STATE OF NEVADA, COUNTY OF LINCOLN





GERTIFICATE OF DEATH

State File Number: 2022010400

Elijio Griego Jr

Time of Death:

Date of Birth:

Marital Status:

Father's Name:

Facility Type:

Relationship:

Education:

Usual Occupation:

Sex:

County of Death:

Washington

Divorced. Tractor Operator

Elitio Griego

Hospital Inpatient

Male

July 12: 1942

9th Through 12th Grade

DECEDENT INFORMATION

Date of Death: June 12, 2022 City of Death: St George

Age:

Albuquerque. New Mexico. Place of Birth: Yes ::

Armed Services: Spouse's Name:

Industry/Business:

Landscaping Residence: Caliente, Nevada

Mother's Name: Mary Perea

St George Regional Hospital Facility or Address:

INFORMANT INFORMATION

Name: Mary Lindahl

Mailing Address: PO Box 374, Caliente, Nevada 89008

DISPOSITION INFORMATION

Method of Disposition: Cremation

Southern Utah Crematory, Cedar City, Utah Place of Disposition:

Date of Disposition: June 14, 2022

FUNERAL HOME INFORMATION

Funeral Home: Southern Utah Mortuary - Cedar City

Address: 190 North 300 West, Cedar City, Utah 84720

-Funeral Director: Morgan R Sulz

MEDICAL CERTIFICATION

Frank Bishop MD, 652 South Medical Center Drive Suite 420, St George, Utah 84790 Certifying Physician:

CAUSE OF DEATH

Severe traumatic brain injury

Due to (or as a consequence of): Ground level fall

Tobacco Use: Did not Contribute:

Medical Examiner Contacted: Yes - Autopsy Performed: No Manner of Death: Accident

INJURY INFORMATION

Date of Injury: June 5, 2022 Time of Injury: Injury at Work: No: Place of Injury:

Location of Injury: 11 Company Row, Callente, Nevada

How Injury Occurred: Ground level fall

Motor Vehicle Accident:

Date Registered: June 14, 2022 Date Issued: June 14, 2022

> 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: Intaglio Border, V & R images in top cycloids, and intaglio microtext. This document displays the date, seal and signature of the Utah State Registrar of Vital Record and Statistics.

State Registrar

Director/Health Officer

STATE OF NEVADA DECLARATION OF VALUE FORM 1. Assessor Parcel Number(s) a) 003-078-10 b) _____ c) d) 2. Type of Property: b) Single Fam. Res. Vacant Land FOR RECORDER'S OPTIONAL USE ONLY 2-4 Plex Book: Condo/Twnhse d) c) Page: Apt. Bldg Comm'l/Ind'l Date of Recording: f) e) Agricultural Mobile Home g) h) Notes: Other 3. Total Value/Sales Price of Property Deed in Lieu of Foreclosure Only (value of property) Transfer Tax Value: \$ Real Property Transfer Tax Due 4. If Exemption Claimed: a. Transfer Tax Exemption per NRS 375.090, Section b. Explain Reason for Exemption: Wansfer from father Dursuant to Deed Uan Death transf 5. Partial Interest: Percentage being transferred: \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 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 an additional amount owed. Capacity Grantee Signature Capacity _____ Signature_ **BUYER (GRANTEE) INFORMATION SELLER (GRANTOR) INFORMATION** (REQUIRED) (REQUIRED) Print Name: FLIJIO GRIEGO, JR. Print Name: MI CHAEL LUTHER WYNN Address: P.O. Box 234 Address: DECERSED P. D. Box 23 City: CAUFNIE City: <u>CALIENTE</u> Zip: 89wb Zip: 89009 State: NEVADA State: NEVAOR COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer) Escrow #: Print Name: Address: Zip: City: