After recording.	, please return to:	Rec:\$37.0		2023-163622
_		Total:\$37		01/04/2023 12:34 PM Pgs=6 AE
Name: Address:	ALAN TAYLOR 33097 RED ROCK Crek MENIFEE CA 92584))	*{ }	
City, State, Zip:	MANIER CAGISEK	?		
Phone:	77767722) 0001047	'2202301636220	060069
Assessor's		\	L RECORD IER, RECORDER	E10
Parcel Number	006-251-05)	\ \	
	009.012.97)Above This Line Reserved	For Official Use	Only
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	DEATH OF CDANTOD	A EETIN AXZUT		
	<u>DEATH OF GRANTOR</u> (Nev. Rev. Stat. §§111.65	5 – 111.699)		
ALAN	ANIDR (nombre of	1 sin a dul	1	
that. ∠>N€774	(name of aff	deceased), the decede	m, deposes a ent mentioned	nd says d in the
attached certif	ied copy of the Certificate (name of grade deed upon death recorded on	of Death, is the	he same	person
the grantors in the	name of graded on / 20	antor), named as the	grantor or as	s one of
number 2022	7.634.6Book	records of Linco	In County.	Vevada.
covering the r	eal property commonly known as	HACKETT	RANC	<i>H</i> ,
City/Town of:	County of Lincoln, State of tion):	Nevada, and more pa	articularly de	escribed
as (legal descript		/ (
	SEE EXIBIT A			
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		/ ~		
1		\	•	
TLAH	(name of aft	fiant) is the benefician	ry or at least	one of
grantor (YS/E	es to whom the real property is	s conveyed upon of deceased) or	the death	of the horized
representative o	f the beneficiary or at least one of	f the beneficiaries.	The benefic	iary or
beneficiaries list	ed in the deed upon death are	AN TAYLO	€	
	GNED HEREBY AFFIRMS THAT OOES NOT CONTAIN A SOCIAL SEC		SUBMITTE	D FOR
DATED this 4	day of JAHUARY	_, 20 _23		
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		SIGNATIDEON	\ \(\rightarrow \)	-
		SIGNATURE(S) ALAN TA	- 4 ~/ 60 #	
		I / - MAN I M		

	Dead	n of Grantor Atthology t
**THIS INSTRUM	IENT IS ATTACHED TO A DEE	D UPON DEATH
FOR APN	DATED:	**

STATE OF NEVADA)	ı	\ \
COUNTY OF LINCOLN)) ss.	To alon I Pornforth
(here insert name of notary pub	isday of JANUM in the year 2023, before blic), by Alan Taylor(here insert na	me, with L. without it ime of principal).
notary public), personally appe to me (or proved to me on the	, in the year before me, (her eared (here insert name of principal) pe basis of satisfactory evidence) to be the personand acknowledged that he or she executed it.	ersonally known

Thulud Chylath Notary Public

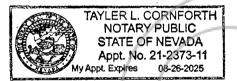


Exhibit A

The property collectively known as the Taylor property

Hackett Ranch (totaling 479.57 acres)

Lots 1 and 2, W ½ SE ¼, SE ¼ SW ¼, Sec. 24: N ½ NW ¼, SE ¼, NW ¼, NE ¼, Sec 25 T. 1 N., R. 70E. MBD&M, Nevada lots 3,4,5,6,7 and 10, Sec 19, T. 1 N., R. 71 E., MDB&M, Nevada

Prohibition Ranch (Totaling 640 acres)

SE ¼ SE ¼, Sec. 19: S ½ SE ¼ NW ¼ SW ¼ NE ¼, Sec 20: SW ¼ SW ¼, Sec 21: NE ¼ NE ¼ , Sec 29: NW ¼ NW ¼, SW ¼ NW ¼, NE ¼ NW ¼, Sec 28: T. 1 S., R 71 E MDB&M, Nevada

6 Patented lode mining claims in the Eagle Valley mining District, Survey No. 2897 consisting of Homestake No's 1,2,3,4 & 5 and Amended Deer Lodge, containing a total of 104.139 acres





COUNTY OF SACRAMENTO DEPARTMENT OF HEALTH SERVICES

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DP AND RMATION	31. NAME OF EATHER/PARENT - FIRST 1			A STATE OF THE STA	34, BIRTH STATE
OUSE/SR NT INFO	MALCOLM 35: NAME OF MOTHER/PARENT-FIRST	ALAN PET	ERS:	No. of Manager	ST LUCIA
PARE	MALCOLM 40"PLACE OF FINAL'D(SPOS	ALAN PET	ers 😂 👢 📑	The state of the s	М
IRECTOR GISTRAR		CK CIRCLE, MENIFEE, CA:92584		44	FLIGENSE NUMBER
NERAL D	CREMATE/RESIDENCE	NOT EMBALMED		- 47	DATE m:n/dd/ccyy
-12.7	MANNE OF PUNEAU ESTABLISHMENT SIMPLE TRADITIONS: CREMATION / BURIAL SERVICE INC BURIAL SERVICE INC GOLDEN MOMENTS WINDING WAY	CHARLES IS HOSBITAL.	AND	R THAN HOSPITAL SPECT	
ACE OF DEATH	HOSPICE 104. COUNTY: 105. FACILITY ADDRESS OF	OR LOCATION WHERE FOUND (Street and number, or location)	ER/OP DOA Hospice	106 City. 7.	Cecederals X Other
-	SACRAMENTO 4316 ELINOIS 107. CAUSE OF DEATH SECRET INDICATOR OF BERLEY. CLISS SECRET CHIEFLY INSCRIPTION AND CONTROL OF SECRET CHIEFLY CHIEFLY INSCRIPTION AND CONTROL OF SECRET CHIEFLY CH	#AVENUE *** Basset virulies or collectations *** That deadly consented on P. DONOT. BETO ventrough lightages within shooting the electrics." Do NOTABLE	erites leathwatervers such .	of Discretary Death	DEATH REPORTED TO COHONER
, ,,,,	IMMEDIATE CAUSE (A CARDIAC ARREST condition resulting in death)			MINS 22	X YES
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SICIAN'S FFICATIO	Docedent Attended Since	ORWA ABOUD, MD	P.CODE O.P.WA AROU	A169942	10/28/2022:
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	MANNER OF DEATH	Surcides Prinding Could not be determined [Cold:	YCS NO LINK	A MA CAPPER DE LA	/ccyy 122. HOUP 124 Hours
's use o	124. DESCRIBE HOW INJURY OCCURRED (Events which residued to			A STATE OF THE STA	Line no
CORONER'S USE C	125. LOCATION OF INJURY (Street and number, or location, and city, a	nd z(p)			
	126. SIGNATURE OF CORONER / DEPUTY CORONER	127-DATE mnt/dd/ccyy 128, TY6	PE NAME, TITLE OF CORONER / DE	EPUTY CORONER	The second secon
STA			***************************************	FAX AUTH.#	CENSUS TRACT
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STATE OF CALIFORNIA, COUNTY OF SACRAMENTO

This is a true and exact reproduction of the document officially registered and placed on file with Sacramento County Department of Health Services.

December 2, 2022 DATE ISSUED





COUNTY OF SACRAMENTO

DEPARTMENT OF HEALTH SERVICES

3052022254374

AFFIDAVIT TO AMEND A RECORD

3202234011655

STATE FILE NUMBER

NO ERASURES WHITEOUTS PHOTOCOPIES OR ALTERATIONS

"LOCAL REGISTRATION NUMBER

BIRTH & DEATH FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

INFORMATION TO LOCATE RECORD:

LYNETTE 2. SEX

TAYLOR

INFORMATION AS IT APPEARS ON ORIGINA

TATE OF EVENT-MM/DD/CCYY 10/20/2022

ACITY OF EVENT FAIR OAKS 5. GOUNTY OF EVENT SACRAMENTO

6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD MALCOLM ALAN PETERS

MALCOLM ALAN PETERS

PARTII STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH REGORD

٠.,	8. ITEM NUMBER TO BE CORRECTED		IĞİNAL RECORD	10.12	MATION AS IT SHOU	JLD APPEAR	A STATE OF THE STA
ŗi.	35	MALCOLM	. /	I C A A 1991		######################################	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	36	ALAN ## ### /## ###		ANN:		Parit	*******
-	37 ===	DETERMINE THE PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PART		LINEBAUGH			

11 FATHER'S NAME USED AS MOTHER'S NAME

REASON FOR CORRECTION

Weithe undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is frue and correct

AFFIDAVITS AND SIGNATURES

12A SIGNATURE OF FIRST PERSON ANNIE GUTHRIE ANNIE GUTHRIE

120 TITLE/RECATIONSHIP TO PERSON IN PART I FUNERAL HOME STAFF LEVEL

MUST SIGN

12D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 6829 FAIR OAKS BLVD #200, CARMICHAEL, CA 95608

12/02/2022 13C. TITLE/RELATIONSHIP TO PERSON IN PART I

12E. DATE SIGNED-MM/DD/CCYY

CORRECT OR FETAL DEATH RECORD 6829 FAIR OAKS BLVD #200, CARMIGHAEE, CA 95608

13A. SIGNATURE OF SECOND PERSON SARA J SOLORIO 13D ADDRESS (STREET and NUMBER: CITY, STATE: 21P)

SARA J SOLORIO

#FUNERAL HOME STAFF LEVEL

STATE/LOCAL REGISTRAR USE ONLY ▶CDPH-VR

14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR

15 DATE ACCEPTED FOR REGISTRATION

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH OFFICE OF VITAL RECORDS

uniteration international properties (in the new original pro-

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SACRAMENTO

This is a true and exact reproduction of the document officially registered and placed on file with Sacramento County Department of Health Services.

DATE ISSUED

December 2, 2022



12/02/2022

not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registra

STATE OF NEVADA **DECLARATION OF VALUE FORM** 1. Assessor Parcel Number(s) a) 006 -251-05 b) 012-080-02 c) 009. 012 - 97 d) ' 2. Type of Property: a) [Vacant Land b) Single Fam. Res. FOR RECORDER'S OPTIONAL USE ONLY 2-4 Plex Condo/Twnhse d) c) Page: f) [Comm'l/Ind'l e)[Apt. Bldg Date of Recording: g) Agricultural h) Mobile Home Notes: Other MIHING CLAIMS 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 / O b. Explain Reason for Exemption: DEATH OF GRANTOR 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 any additional amount owed. Signature Capacity Signature (Capacity GRANTER SELLER (GRANTOR) INFORMATION **BUYER (GRANTEE) INFORMATION** (REOUIRED) (REOUIRED) Print Name: LYNETTE MARK TAYLOR Print Name: ALAN TAYLOR Address: 33097 RED ROCK CITCLE Address: 33097 RED ROCK CITCLE Address: 33097 RED ROCK Crcle City: MEHIFEE City: MEXIFEE Zip: 92584 State: CA Zip: 92504 State: CA **COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)** Escrow #: _____ Print Name: Address: ___ Zip: _ City: State: