

Rec:\$37.00

Total:\$37.00

ALAN TAYLOR

01/04/2023 12:34 PM

Pgs=6 AE

After recording, please return to:

Name: ALAN TAYLOR
Address: 33097 RED ROCK CREEK
City, State, Zip: MENIFEE, CA 92584
Phone:

Assessor's Parcel Number 006-251-05
012-080-02
009-012-97



OFFICIAL RECORD
AMY ELMER, RECORDER

E10

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DEATH OF GRANTOR AFFIDAVIT
(Nev. Rev. Stat. §§111.655 - 111.699)

ALAN TAYLOR (name of affiant), being duly sworn, deposes and says that LYNETTE MARIE TAYLOR (name of deceased), the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as LYNETTE MARIE TAYLOR (name of grantor), named as the grantor or as one of the grantors in the deed upon death recorded on 11-07-22 (date), as document or Document number 2022-163416 Book N.A., at Page N.A., records of Lincoln County, Nevada, covering the real property commonly known as HACKETT RANCH, City/Town of NEAR ROSE, County of Lincoln, State of Nevada, and more particularly described as (legal description): VALLEY

SEE EXHIBIT A

ALAN TAYLOR (name of affiant) is the beneficiary or at least one of the beneficiaries to whom the real property is conveyed upon the death of the grantor LYNETTE MARIE TAYLOR (name of deceased) or is the authorized representative of the beneficiary or at least one of the beneficiaries. The beneficiary or beneficiaries listed in the deed upon death are ALAN TAYLOR

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING DOES NOT CONTAIN A SOCIAL SECURITY NUMBER.

DATED this 4th day of JANUARY, 2023

[Signature]
SIGNATURE(S)
ALAN TAYLOR

Death of Grantor Affidavit

~~**THIS INSTRUMENT IS ATTACHED TO A DEED UPON DEATH~~
FOR APN _____ DATED: _____ **

STATE OF NEVADA)

COUNTY OF LINCOLN) ss.

Subscribed and sworn to on this ^{4th} day of ^{January} in the year 2023, before me, ^{Taylor L. Cornforth}
(here insert name of notary public), by ^{Alan Taylor} (here insert name of principal).

On this day of, in the year, before me, (here insert name of notary public), personally appeared (here insert name of principal) personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed it.

Taylor L. Cornforth
Notary Public

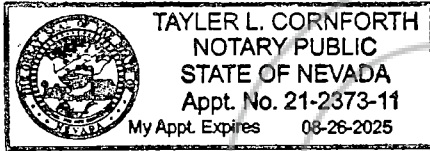


Exhibit A

The property collectively known as the Taylor property

Hackett Ranch (totaling 479.57 acres)

Lots 1 and 2, W $\frac{1}{2}$ SE $\frac{1}{4}$, SE $\frac{1}{4}$ SW $\frac{1}{4}$, Sec. 24: N $\frac{1}{2}$ NW $\frac{1}{4}$, SE $\frac{1}{4}$, NW $\frac{1}{4}$, NE $\frac{1}{4}$, 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 $\frac{1}{4}$ SE $\frac{1}{4}$, Sec. 19: S $\frac{1}{2}$ SE $\frac{1}{4}$ NW $\frac{1}{4}$ SW $\frac{1}{4}$ NE $\frac{1}{4}$, Sec 20: SW $\frac{1}{4}$ SW $\frac{1}{4}$, Sec 21: NE $\frac{1}{4}$ NE $\frac{1}{4}$, Sec 29: NW $\frac{1}{4}$ NW $\frac{1}{4}$, SW $\frac{1}{4}$ NW $\frac{1}{4}$, NE $\frac{1}{4}$ NW $\frac{1}{4}$, 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

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SACRAMENTO

DEPARTMENT OF HEALTH SERVICES

3052022254374

CERTIFICATE OF DEATH

3202234011655

STATE FILE NUMBER

STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 2007)

LOCAL REGISTRATION NUMBER

Form with sections: DECEDENT'S PERSONAL DATA, USUAL RESIDENCE, INFORMANT, SURVIVING SPOUSE, PARENT INFORMATION, FUNERAL DIRECTOR, PLACE OF BIRTH, CAUSE OF DEATH, PHYSICIAN'S CERTIFICATION, CORONER'S USE ONLY, STATE REGISTRAR.

AMENDED 1 OF 2



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

* 00-2093080 *

Olivia Kasirye MD

OLIVIA KASIRYE, MD LOCAL REGISTRAR

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COUNTY OF SACRAMENTO

DEPARTMENT OF HEALTH SERVICES

AFFIDAVIT TO AMEND A RECORD
3052022254374 NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS 3202234011655 LOCAL REGISTRATION NUMBER
STATE FILE NUMBER
1.1 BIRTH X DEATH FETAL DEATH

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

PART I INFORMATION TO LOCATE RECORD

Form with fields for 1A NAME - FIRST, 1B MIDDLE, 1C LAST, 2 SEX, 3 DATE OF EVENT, 4 CITY OF EVENT, 5 COUNTY OF EVENT, 6 FULL NAME OF FATHER/PARENT, 7 FULL NAME OF MOTHER/PARENT.

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

Table with 3 columns: 8. ITEM NUMBER TO BE CORRECTED, 9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD, 10. CORRECTED INFORMATION AS IT SHOULD APPEAR.

REASON FOR CORRECTION: 11. FATHER'S NAME USED AS MOTHER'S NAME

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

Form with fields for 12A SIGNATURE OF FIRST PERSON, 12B PRINTED NAME, 12C TITLE/RELATIONSHIP TO PERSON IN PART I, 12D ADDRESS, 12E DATE SIGNED, 13A SIGNATURE OF SECOND PERSON, 13B PRINTED NAME, 13C TITLE/RELATIONSHIP TO PERSON IN PART I, 13D ADDRESS, 13E DATE SIGNED, 14 OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR, 15 DATE ACCEPTED FOR REGISTRATION.

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS FORM VS 24a (REV. 1/08)

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.



Signature: Olivia Kasirye MD

DATE ISSUED December 2, 2022

OLIVIA KASIRYE, MD LOCAL REGISTRAR

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

AMENDED 2 OF 2



**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) <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'l/Ind'l |
| g) <input checked="" type="checkbox"/> | Agricultural | h) <input type="checkbox"/> | Mobile Home |
| <input checked="" type="checkbox"/> | Other <u>MINING CLAIMS</u> | | |

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

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 10
b. Explain Reason for Exemption: DEATH OF GRANTOR AFFIDAVIT

5. Partial Interest: Percentage being transferred: 100 %
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 [Signature] Capacity GRANTOR

SELLER (GRANTOR) INFORMATION
(REQUIRED)
Print Name: LYNETTE MARIE TAYLOR
Address: 33097 RED ROCK CIRCLE
City: MEHIFEE
State: CA Zip: 92584

BUYER (GRANTEE) INFORMATION
(REQUIRED)
Print Name: ALAN TAYLOR
Address: 33097 RED ROCK CIRCLE
City: MEHIFEE
State: CA Zip: 92504

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