When recorded return to:
VIDLER WATER COMPANY, INC.

√ 3480 GS Richards Blvd., Ste 101
Carson City, NV 89703

DOC # 0711816
10/24/2007 04:11 PM Deputy: SD
OFFICIAL RECORD
Requested By:
TICOR TITLE OF NEVADA

Douglas County - NV Werner Christen - Recorder

Page: 1 Of 4 Fee: 17.00 BK-1007 PG-6952 RPTT: 614.25



## WATER RIGHTS DEED

THIS INDENTURE, made this <u>24th</u> day of <u>October</u>, 2007, by
EDITH HELLWINKEL, GRANTOR, and VIDLER WATER COMPANY,
INC., a Nevada corporation, GRANTEE.

## WITNESSETH:

That the GRANTOR, for good and valuable consideration delivered to them by the grantee, the receipt and sufficiency of which is hereby acknowledged, does hereby grant, bargain and sell unto said GRANTEE, and to its successors and assigns forever, all of GRANTOR's right, title and interest in and to those certain Carson River water rights in the state of Nevada, more particularly described in Exhibit "A" which is incorporated by this reference as if fully set forth herein.

TOGETHER WITH all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining and the reversion and reversions, remainder or remainders, rents, issues and profits thereof.

TO HAVE AND TO HOLD all and singular the premises, together with the appurtenances, unto the said grantee and to its successors and assigns forever.

IN WITNESS WHEREOF, the GRANTOR has executed this conveyance the day and year first above written.

**EDITH HELLWINKEL** 

Edith Hellunkel

STATE OF NEVADA

: ss.

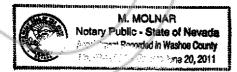
COUNTY OF Washoe)

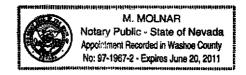
On <u>October 34</u>, 2007, EDITH HELLWINKEL personally appeared before me, a notary public, personally known to me to be the person whose name is subscribed to the foregoing instrument and who acknowledged to me that he/she executed the foregoing WATER RIGHTS DEED on behalf of said company.

M. Mollier NOTARY PUBLIC

NOTAKI FUBLIC

2





PG- 6953 10/24/2007

EXHIBIT"A"

Water Right Holder: Land Owner: Development:

Roy & Edith Hellwinkel Edith Hellwinkel Not Applicable

Carson River Claim No. (Application)

**Priority** <u>Acreage</u> 170 14.0 1864 14.0

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## STATE OF NEVADA CERTIFICATION OF VITAL RECORD

## **DEPARTMENT OF HUMAN RESOURCES**

**DIVISION OF HEALTH VITAL STATISTICS** 

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

·	LOCAL FILE NUMBER	<u>.</u>			STATE FILE NUMBER
OR PRINT	DECEASED—NAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
IN PERMANENT BLACK INK	1. Roy CITY, TOWN OR LOCATION OF DEA	A.	HELLWINKEL HER INSTITUTION—Name (If not either, given	2. November 8, 200	
	3b. Gardnerville	i	ission Street	ve street and number) If Hosp. or Inst. indic Rm. Inpatient (Specif 3e.	ate DOA, OP/Emer.  SEX  4. Male
ECEDENT	RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic of specify Mexican, Cuban, Pu	Origin? Specify Dyes 57 no If yes, AGE- ento Ricen, etc.	Last UNDER 1 YEAR UNDER 1 I	
	5 White	6.	78.	9 7ь. 7с.	8.0ctober 7, 1926
IF DEATH Occurred in Institution	STATE OF BIRTH (If not U.S.A., name country) 9a.Nevada	CITIZEN OF WHAT CO TRY 9b. U.S.A.	UN. Decedent's Education. Specify high grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	SURVIVING SPOUSE (II wite, give maiden name) 12. Edith Williams
SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	SOCIAL SECURITY NUMBER	Working Life, Even if Re	Give Kind of Work Done Ouring Most of nired  Uipment Operator	KIND OF BUSINESS OR INDUSTRY	
<b>Ļ</b>	·	ouglas.	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (Specify Yes or No) On St. 15e. Yes
ARENTS	FATHER—NAME First  16. John	Middle		Augusta	Middle Last Dekoff
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS	(Street or R.F.D. No., City or Town	•
	BURIAL, CREMATION, REMOVAL, OT		FitzHenry's Cremat	LOCATION	City or Town State Son City, NV
SPOSITION	FUNERAL DIRECTOR SIGNATURE (Or Person Acting as Such)	FUNER LICENS	IAL DIRECTOR NAME AND ADDRESS OF	FFACILITY FitzHenry's Cardner	arson Valley Funeral
	21a. Is the best of my knowledge of the cause(s) stated: ACI (Signature and Title) BE DATE SIGNED (No., Day,	ge, death occurred at tile firme, o	date and place and	22a. On the basis of examination and/or im at the time, date and place and due to	
	DATE SIGNED (Mo., Day,	YU HOUR OF	7.7	Signature and Title)  Date SigneD (Mo. Day, Yr.)	HOUR OF DEATH
ERTIFIER	SEE 21b. L//O P	IYSICIAN IF OTHER THAN CEI		PRONOUNCED DEAD (Mo., Day, Yr.)	PRONOUNCED DEAD (Hour)
		674, 14	ENDING PHYSICIAN, MEDICAL EXAMINER	THE PARTY OF THE P	22e. AT LICENSE NUMBER
Ĺ	23aJorge Pere	z, M.D., 1000	) N. Division $#104$ ,	Carson City, NV 89	703 <sub>236.</sub> 10108
ONDITIONS IF ANY HICH GAVE	REGISTRAR  24a. (Signature)	O ROLL	DATE RECEIVED BY	REGISTRAR (Mo., Day, Yr.) DEATH DUE TO C	1
RISE TO MMEDIATE CAUSE ATING THE	Muple	ONLY ONE CAUSE PER LINE			Interval between onset and death
NDERLYING AUSE LAST	DUE TO, OFF AS A CO	NSECVENCY OF:			Interval between onset and death
7	DUE TO, OR AS A CO	NSEQUENCE OF:			Interval between onset and death
AUSE OF DEATH	PART OTHER SIGNIFICANT CON	NDITIONS—Conditions contribut	ing to death but not resulting in the underlying	res o	Pecify WAS CASE REFERRED TO CORONER (Specify Yes or No)
+	OR PENDING INVEST	TE OF INJURY (Mo., Day, Yr.) H	OUR OF INJURY DESCRIBE HOW	V INJURY OCCURRED	27. No
\	(Specify) 28a. 28t		Bc. / M 28d, /		
	INJURY AT WORK (Specify Yes or No) 28e. 28	ACE OF INJURY—At home, far building, etc. (: f.	m, street, factory, office LOCATION.  Specify)  28g.	STREET OR R.F.D. No. C	ITY OR TOWN STATE
				BK- 1007	lo. 325243
`_		0711816 P		PG- 6955 LO/24/2007	

090124

CERTIFIED COPY OF VITAL RECORDS

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

NOV 1 4 2005

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

