DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Ty	ne (Please selec	t one)							
TSole -		Limited Liab	oility r	70 "	-	Non-Profit			dales enace
Proprietorship	Partnership	Company		Corporation	Trust	Non-Profit Organization		Other	. Harri weet has
Business Designat			apply)	T					
MBE	WBE	SBE		PBE		VET	DDV	/ET	ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Busi Enterprise	PARTY TOTAL	Physically C Business En		Veteran Owned Business	- Charleston	oled Veteran ed Business	Emerging Smal Business
Number of Cla	ark County N	evada Resid	ents I	Employed:					
Corporate/Business Entity Name:		Goodsprings Cemetery Association							
(Include d.b.a., if a	pplicable)								
Street Address:		210 W. Mair	St.		W	ebsite:			
City, State and Zip	Code:	Goodsprin	Goodsprings, NV 89019			oc Name: Dyann		an @gmail.d	om
Telephone No:		702-480-346	64			ax No:			
Nevada Local Stree	et Address:					and the second second second			
(If different from al					W	ebsite:			
City, State and Zip						ocal Fax No:			
Only Charto and Esp	, Gode.								
Local Telephone No:						Local POC Name:			
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DISCLOSURE OF RELATIONSHIP

List any disclosures below: (Mark N/A, if not applicable.)

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT	
N/A	N/A	N/A	N/A	
	- 48 CONDUS			

- Spouse Registered Domestic Partners Children Parents In-laws (first degree)
- Brothers/Sisters Half-Brothers/Half-Sisters Grandchildren Grandparents In-laws (second degree)

For County Use Only:
If any Disclosure of Relationship is noted above, please complete the following:
Yes No Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item?
Yes No Is the County employee(s) noted above involved in any way with the business in performance of the contract?
Notes/Comments:
Signature
Print Name
Authorized Department Representative

[&]quot;Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

[&]quot;To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

APN(s): 202-25-301-007

WHEN RECORDED MAIL TO AND MAIL PROPERTY TAX STATEMENTS TO:

Goodsprings Cemetery Association 210 W Main Street Goodsprings, Nevada 89019

QUITCLAIM DEED

THIS INDENTURE WITNESSETH that **Clark County**, a political subdivision of the State of Nevada ("Grantor") for valuable consideration, the receipt of which is hereby acknowledged, do hereby quitclaim, pursuant to Nevada Revised Statute 244.292, to **The Goodsprings Cemetery Association**, a Nevada non-profit corporation ("Grantee"), all that real property situated in the County of Clark, State of Nevada, bounded and described as follows:

See Exhibit A attached hereto and incorporated herein by this reference (the "Property");

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining; and

This conveyance is subject to:

- (a) all general and special taxes for the current fiscal year from and after the recording of this deed; and, if any;
- (b) Existing liens, conditions, covenants, restrictions, reservations, rights, rights of way and easements and encumbrances recorded or not recorded as of the date of the recording of this deed; and
- (c) <u>Reversionary Clause.</u> All rights, title and interest in the Property shall immediately revert to Grantor without compensation to Grantee, its successors heirs or assigns, upon written notice from the Grantor, if:
 - (i.) the Property is not used for cemetery purposes as governed by NRS Chapter 452; or
 - (ii.) the Property is leased in its entirety or conveyed to an entity other than a corporation for public benefit as defined in NRS 82.021;

IN WITNESS WHEREOF, this instrument h below to be effective as of this day of _		rth
GRANTOR: COUNTY OF CLARK, a political subdivision of the State of Nevada		
Shauna Bradley Director of Real Property Management		
STATE OF NEVADA COUNTY OF CLARK		
This instrument was acknowledged before, as	me on, 2025 l	by
Property Management	Of Clark County Re	aı
(Seal, if any)	(Signature of Notarial Officer)	
APPROVED AS TO FORM:		
Mals		
Nichole Kazimirovicz Deputy District Attorney		

EXHIBIT A

LEGAL DESCRIPTION OF THE PROPERTY

[to be inserted]

