

APN: 001-136-11

MAIL TAX STATEMENT TO:
NELDA HUBBARD
PO BOX 37
EUREKA NV

BOOK 413 PAGE 191-192
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Nelda Hubbard
2005 MAY 17 PM 3:12

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. 198494
FEES 15⁰⁰

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
) SS.
COUNTY OF EUREKA)

NELDA HUBBARD hereby swears and affirms under penalty of perjury that the following assertions are true:

1. The Affiant is one of the grantees named in the Joint Tenancy Deed, covering the real property located at 391 S Spring Street, City of Eureka, State of Nevada, and more particularly described as:

Lots 24, 25 and 26 in Block 7 of the Township of Eureka, Nevada. Also the North 2.61 feet of Lot 27 in Block 7 of said town.

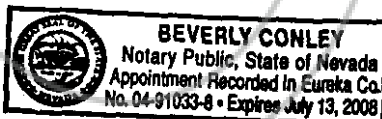
2. Roy Emery Hubbard, one of the grantees named in said deed, is the same person named as the Decedent in the attached certified copy of Certificate of Death, which person died on the 1st of August, 1998, in Carson City, State of Nevada.

3. Roy Emery Hubbard and the Affiant purchased the above described property as joint tenants with right of survivorship

Dated this 17 day of ^{May} April 2005.

Nelda Hubbard
Nelda Hubbard

Subscribed and Sworn to before me this 17th day of ^{May} April 2005, by Nelda Hubbard.



Beverly Conley
Notary Public

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES

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

98 008859

LOCAL FILE NUMBER			STATE FILE NUMBER		
1. DECEASED—NAME First Middle Last Roy Emery HUBBARD			2. DATE OF DEATH (Month, Day, Year) August 1, 1998		
3b. CITY, TOWN OR LOCATION OF DEATH Carson City			3a. COUNTY OF DEATH Carson City		
3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Northern Nevada Correctional Center			3e. If Hosp. or Inst. indicate DOA, OP/Emr. Rm. Inpatient (Specify) Inpatient 6		
3d. SEX Male			4. DATE OF BIRTH (Mo., Day, Yr.) Nov. 7, 1931		
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White			6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		
7a. AGE—Last Birthday (Years) 67			7b. UNDER 1 YEAR MOS : DAYS 7c. UNDER 1 DAY HOURS : MINS		
8a. STATE OF BIRTH (If not U.S.A., name country) California			8b. CITIZEN OF WHAT COUNTRY U.S.A.		
8c. Decedent's Education. Specify highest grade completed. 10			8d. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		
8e. SURVIVING SPOUSE (If wife, give maiden name)			9. SOCIAL SECURITY NUMBER		
10. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Assayer			11. KIND OF BUSINESS OR INDUSTRY Mining		
12. RESIDENCE—STATE Nevada			13. COUNTY Carson City		
14. CITY, TOWN, OR LOCATION Carson City			15. STREET AND NUMBER 1721 Snyder Ave.		
16. FATHER—NAME First Middle Last Emery LeRoy Hubbard			17. MOTHER—MAIDEN NAME First Middle Last Mary Mansfield		
18a. INFORMANT—NAME (Type or Print) Al Fry- Chaplain			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P. O. Box 7000, Carson City, Nevada 89702		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			19b. CEMETERY OR CREMATORY—NAME FitzHenry's Crematory		
19c. LOCATION City or Town State Carson City, Nevada			20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>James R. Hall</i>		
20b. FUNERAL DIRECTOR LICENSE NUMBER 217			20c. NAME AND ADDRESS OF FACILITY FitzHenry's Funeral Home 01 833 N. Edmonds Dr., Carson City, Nevada 89701		
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>Madreya</i> DATE SIGNED (Mo., Day, Yr.) 8/3/98 HOUR OF DEATH 0830 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.			22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title) <i>Madreya</i> DATE SIGNED (Mo., Day, Yr.) 22b. HOUR OF DEATH 22c. PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON 22e. AT		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Karen Gedney, M.D., P.O. Box 7000, Carson City, Nevada			23b. LICENSE NUMBER 5236		
24a. REGISTRAR <i>Lisa M. Slaughter</i>			24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) August 4, 1998		
24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF: (b) Severe rheumatoid arthritis DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		
26. AUTOPSY (Specify Yes or No) No			27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28b. DATE OF INJURY (Mo., Day, Yr.) 28c. HOUR OF INJURY M 28d. DESCRIBE HOW INJURY OCCURRED			28e. INJURY AT WORK (Specify Yes or No) 28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28g. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE		

STATE REGISTRAR

No. 135485

55201

CERTIFIED COPY OF VITAL RECORDS

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.

DATE ISSUED:

MAR 29 2005

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE