

BOOK 434 PAGE 214-217
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Mackedon, McCormick & King
2006 MAR 27 PM 3:59

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 17⁰⁰

204406

Assessor's parcel #: 001-077-04

Recording Requested by and return to:
Mackedon, McCormick & King
179 S. LaVerne Street
Post Office Box 1203
Fallon, Nevada 89406

Mail tax statements to:
John and Deborah Schweble
PO Box 602
Eureka, Nevada 89316

AFFIDAVIT OF DEATH OF JOINT TENANT

THE FOLLOWING DOCUMENT CONTAINS AN INDIVIDUAL'S FEDERAL SOCIAL
SECURITY NUMBER AS REQUIRED BY N.R.S. 40.525(5).

STATE OF NEVADA)
 : ss.
County of Churchill)

JOHN SCHWEBLE, being of legal age, being first duly
sworn, deposes and says:

That HUGH BALDWIN, who died on May 28, 1984 is the same
person named in the attached Certificate of Death and is the
same person named as one of the parties in those certain Deeds
as follows:

1. A Joint Tenancy Grant Deed dated February 17, 1971 wherein GEORGE B. McCLELLAN, is Grantor and HUGH M. BALDWIN or KATHRYN E. BALDWIN, his wife, as joint tenants with the right of survivorship, are Grantees which deed was recorded February 24, 1971 under document #54338, Official Records of Eureka County, Nevada and affecting real property situate in the County of Eureka, State of Nevada and is more particularly bounded and described as follows:

Lot number two (2), Block O, together with a certain rock cabin situated on said lot, according to the United States Department of the Interior, General Land Office Map, dated November 19, 1937.

2. A Joint Tenancy Deed dated the 26th day of November, 1983 wherein HUGH BALDWIN is Grantor and HUGH BALDWIN and KATHRYN E. BALDWIN, husband and wife, as joint tenants with rights of survivorship are Grantees which was recorded on December 23, 1983 in Book 119, Page 74, under File NO. 91610, Official Records of Eureka County, Nevada and affects the following described real property located in Eureka County,

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///

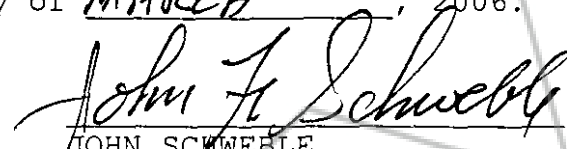
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Nevada:

Lot 1, Block O located in the Town of
Eureka, Nevada.


DATED: This 21st day of MARCH, 2006.


JOHN SCHWEBLE

STATE OF NEVADA)
 : ss.
County of Eureka)

On this 21st day of March, 2006, personally
appeared before me, a Notary Public, in and for the county and
state aforesaid, JOHN SCHWEBLE, known to me or who proved to
me to be the person, described in and who executed the above
and foregoing instrument; who acknowledged to me that he
executed the same freely and voluntarily and for the uses and
purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and
affixed my official seal the day and year first above-
written.



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

ROLL 56 IMAGE 448

84-003043

LOCAL FILE NUMBER

796

STATE FILE NUMBER

TYPE
OR PRINT
IN
PERMANENT
BLACK INK

PRECEDENT

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LASTCAUSE OF
DEATH

DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH	
1. Hugh Moore BALDWIN		2. May 28, 1984		3a. Washoe	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number)		INSIDE CITY LIMITS (Specify Yes or No)	
3b. Reno		3c. Washoe Medical Center		3d. Yes	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		ETHNIC		AGE—Last Birthday (Years)	
4a. White		4b. English		5a. 69	
STATE OF BIRTH (if not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
6. Utah		9. U.S.A.		10. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		SURVIVING SPOUSE (if wife, give maiden name)	
13. [REDACTED]		14a. Miner		11. Kathryn Hoeffel	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION	
15a. Nevada		15b. Eureka		15c. Eureka	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		STREET AND NUMBER	
16. Lora Baldwin		17. Sarah Ann Moore		15d. Cliff St.	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		INSIDE CITY LIMITS (Specify Yes or No)	
18a. Kathryn Baldwin		18b. P.O. Box 296 Eureka, Nevada 89316		15e. Yes	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Burial		19b. Odd Fellows Cemetery		19c. Eureka Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		NAME AND ADDRESS OF FACILITY			
20a. [Signature]		Walton Funeral Home			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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) stated.			
(Signature and Title)		(Signature and Title)			
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. 5/29/84		21c. 8:30 A.M.		22b. 22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
21d.		22d. ON		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)					
23. Steven Schiff, M.D., 236 West 6th Street, Reno, Nevada 89503					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24a. [Signature]		24b. May 30, 1984		24c. 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) 151.9 } Gastric Ca					
DUE TO, OR AS A CONSEQUENCE OF:					
PART II (b) } 2 YRS					
DUE TO, OR AS A CONSEQUENCE OF:					
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)					
AUTOPSY (Specify Yes or No)					
26. No					
WAS CASE REFERRED TO CORONER (Specify Yes or No)					
27. No					
ACC. SUICIDE, HOMICIDE, UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28a.		28b.		28c.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.	
28e.		28f.		28g.	
		STREET OR R.F.D. No.		CITY OR TOWN STATE	

Nº 42604

VITAL RECORDS

108915

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 the State Department of Human Resources.

DATE ISSUED: MAR 21 2006

204406

[Signature]

STATE REGISTRAR

This copy is not valid unless prepared on engraved paper, under the State seal and signature of Registrar.

BOOK 434 PAGE 217

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

