

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 17<sup>00</sup>

**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 26<sup>th</sup> 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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**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**

ROLL 56 IMAGE 448 LOCAL FILE NUMBER 796 STATE FILE NUMBER 84-003043

TYPE OF PRINT PERMANENT BLACK INK	DECEASED—NAME 1. <b>Hugh Moore BALDWIN</b>			DATE OF DEATH (Month, Day, Year) 2. <b>May 28, 1984</b>		COUNTY OF DEATH 3a. <b>Washoe</b>
	CITY, TOWN, OR LOCATION OF DEATH 3b. <b>Reno</b>			HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) 3c. <b>Washoe Medical Center</b>		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. <b>Inpatient</b>
PRECEDENT	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 4a. <b>White</b>	ETHNIC 4b. <b>English</b>	AGE—Last Birthday (Years) 5a. <b>69</b>	UNDER 1 YEAR MOS : DAYS 5b. :	UNDER 1 DAY HOURS : MINS 5c. :	DATE OF BIRTH (Mo., Day, Yr.) 6. <b>December 16, 1914</b>
	SEX 7. <b>Male</b>	STATE OF BIRTH (if not U.S.A., name country) 8. <b>Utah</b>		CITIZEN OF WHAT COUNTRY 9. <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. <b>Married</b>	SURVIVING SPOUSE (if wife, give maiden name) 11. <b>Kathryn Hoeffel</b>
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	SOCIAL SECURITY NUMBER 13. [REDACTED]		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. <b>Miner</b>	KIND OF BUSINESS OR INDUSTRY 14b. <b>Mining-Self-Employed</b>		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12. <b>Yes</b>
	RESIDENCE—STATE 15a. <b>Nevada</b>	COUNTY 15b. <b>Eureka</b>	CITY, TOWN, OR LOCATION 15c. <b>Eureka</b>	STREET AND NUMBER 15d. <b>Cliff St.</b>		INSIDE CITY LIMITS (Specify Yes or No) 15e. <b>Yes</b>
PARENTS	FATHER—NAME 16. <b>Lora Baldwin</b>			MOTHER—MAIDEN NAME 17. <b>Sarah Ann Moore</b>		
	INFORMANT—NAME (Type or Print) 18a. <b>Kathryn Baldwin</b>			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. <b>P.O. Box 296 Eureka, Nevada 89316</b>		
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. <b>Burial</b>		CEMETERY OR CREMATORY—NAME 19b. <b>Odd Fellows Cemetery</b>		LOCATION City or Town State 19c. <b>Eureka Nevada</b>	
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		NAME AND ADDRESS OF FACILITY 20b. <b>Walton Funeral Home</b> 20c. <b>875 West Second Street Reno, Nevada 89503</b>			
CERTIFIER	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>[Signature]</i>			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) <i>[Signature]</i>		
	DATE SIGNED (Mo., Day, Yr.) 21b. <b>5/29/84</b>		HOUR OF DEATH 21c. <b>8:30 A.M.</b>		DATE SIGNED (Mo., Day, Yr.) 22b. _____	
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. _____			PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON _____		PRONOUNCED DEAD (Hour) 22e. AT _____
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 23. <b>Steven Schiff, M.D., 236 West 6th Street, Reno, Nevada 89503</b>					
CAUSE OF DEATH	REGISTRAR 24a. <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. <b>May 30, 1984</b>		DEATH DUE TO COMMUNICABLE DISEASE 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) <b>Gastric Ca</b> : interval between onset and death : <b>2 yrs</b>					
	(b) _____ : interval between onset and death _____					
	(c) _____ : interval between onset and death _____					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				AUTOPSY (Specify Yes or No) 26. <b>No</b>	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. <b>No</b>	
ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.			
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION 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 Seal of Nevada.  
DATE ISSUED: **MAR 21 2006** *[Signature]*  
STATE REGISTRAR

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

