DOC # 0212176

28/2008 01-31 PM

Official Record
Recording requested By

Eureka County – NV Mike Rebaleati – Recorder

Fee: \$16.00 Page 1 of 3

RPTT: Recorded By: FS

Book- 474 Page- 0373

0212176

APN: 005-500-11

When Recorded Mail to:

Robert L. Morris, Esquire JEFFREY BURR 2600 Paseo Verde Parkway, Suite 200 Henderson, NV 89074

Mail Tax Statements to:

MICHAEL W. HOBACK 3249 Uribe Street Las Vegas, NV 89129

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA) : ss COUNTY OF Eureka)

MICHAEL W. HOBACK, being first duly sworn, deposes and says that affiant is over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

That affiant is the son of IVAN T. HOBACK, Deceased, one of the grantees in that certain deed recorded December 4, 1985, in Book 140, Page 484, Document No. 101075, of Official Records in the Office of the County Recorder of Clark County, Nevada.

That IVAN T. HOBACK, one of the grantees in said deed, is the Decedent in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof.

The real property is located in Eureka County, described as follows:

Township 29 North, Range 49 East, M. D. B. & M. Section 7: NE1/4 NE1/4

MICHAEL W. HOBACK

STATE OF NEVADA

) : ss.

)

COUNTY OF CLARK

On this and day of March, 2008, personally appeared before me the undersigned, a Notary Public in and for the said Clark County, State of Nevada, MICHAEL W. HOBACK, known to me to be the person described in and who executed the foregoing instrument, who acknowledged to me that she executed the same freely and voluntarily and for the uses and

purposes therein mentioned.

Notary Public

008569

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

LOCAL FILE NU DECEASED—NAME	IMBER First	Middle		Lasi	DATE OF DEATH	(Month, Day,	Year)	STATE FILE N	JMBER OF DEATH
ı. Ivan	Tav	lor	HOBACK		2. Dec	28, 1	.995	3a.	Clari
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16. Charles		lliam	Hoback		ona		V# \		ylor
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	Hoback ·			37 Esplan	ade Way,				
BURIAL, CREMATION, RE	MOVAL, OTHER (S)	pecify) CEM	ETERY OR CREMATORY			LOCATIO	1	or Town	State
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FUNERAL DIRECTOR—SI (Or Person cting as Sun	ATURE	FUN	ERAL DIRECTOR NAME		The second secon		rtuary	\	_
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STATE REGISTRAR No. 86075

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

OTTO RAVENHOLT, M.D. Registrar of Vital Statistics

Ву.

Date Issued:

JAN 08 1996

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CLARK COUNTY HEALTH DISTRICT 625 Shadow Lane P.O. Box 4426 Las Vegas, Nevada 89127 702-383-1223