

Official RecordRecording requested By
JEFFREY BURR

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$16.00

Page 1 of 3

RPTT:

Recorded By: FS

Book- 474 Page- 0373

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



0212176

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
 : ss
COUNTY OF Eureka)

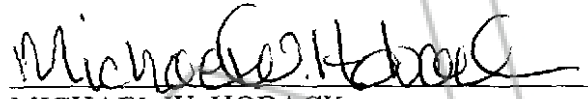
MICHAEL W. HOBACK, being first duly sworn, deposes and says that affiant is over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

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.

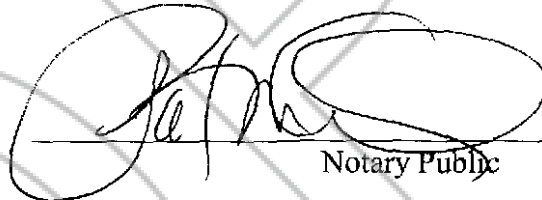
The real property is located in Eureka County, described as follows:

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 2nd day of ~~March~~ JUNE, 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 NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Ivan Taylor HOBACK		2. Dec 28, 1995	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	
3b. Las Vegas		3c. Nathan Adelson Hospice	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	
5. White		6. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. Nebraska		9b. U.S.A.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
13. [REDACTED]		14a. Electrician / Retired	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Las Vegas	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Charles William Hoback		17. Leona Iva Taylor	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Barbara Hoback - Wife		18b. 4737 Esplanade Way, Las Vegas, NV 89121	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Burial		19b. Palm Valley View Cemetery	
FUNERAL DIRECTOR—SIGNATURE (Or Person, Licenses Sum)		FUNERAL DIRECTOR LICENSE NUMBER	
20a. [Signature]		20b. 27	
NAME AND ADDRESS OF FACILITY		20c. Palm Mortuary 7600 S. Eastern Ave., Las Vegas, Nevada 89123	
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) and manner stated.	
(Signature and Title) Stephen Billmyer M.D.		(Signature and Title) [Signature]	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 1/2/96		22b. [Signature]	
HOUR OF DEATH		HOUR OF DEATH	
21c. 2:20 PM		22c. [Signature]	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. [Signature]		22d. [Signature]	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER	
23a. Stephen Billmyer, M.D. 3006 South Maryland Parkway Las Vegas Nevada 89109		23b. 6244	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. (Signature) [Signature]		24c. JAN 04 1996	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		DEATH DUE TO COMMUNICABLE DISEASE	
PART I (a) Pancreatic Cancer		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) [REDACTED]		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) Chronic Obstructive Lung Disease		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	
25a. [Signature]		26. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
28a. [Signature]		27. Yes	
INJURY AT WORK (Specify Yes or No)		28b. [Signature]	
28c. [Signature]		28d. [Signature]	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION	
28f. [Signature]		28g. [Signature]	
STREET OR R.F.D. No.		CITY OR TOWN	
28e. [Signature]		28f. [Signature]	

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

By:

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