

DOC # 0213132

02/17/2009

01 51 PM

Official Record

Recording requested By
MACKEDON, MCCORMICK & KING

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$17.00

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RPTT

Recorded By: FES

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Assessor's parcel #: 01-095-05

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

Mail tax statements to:
Margaret A. Nuttall
5860 Sarah Rd.
Fallon, NV 89406

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
 : ss.
County of Churchill)

MARGARET A. NUTTALL, being of legal age, being first duly
sworn, deposes and says:

That FRANCIS EARL NUTTALL, who died on September 15, 2005
is the same person named in the attached Certificate of Death
as is named as one of the parties in a deed dated August 7,
1975 wherein JOHN BORGNA, is Grantor and RAVEY NUTTALL and
FRANCIS E. NUTTALL, husband and wife as joint tenants, are
Grantees, which Deed is recorded in the office of the Eureka

County Recorder under Document #60131, Book 51, Page 573,
Official Records of Eureka County, Nevada and affects the
following described real property:

Lots 4, 5, & 6 in Block 56, also all that
part of Lot 10, Block 56, which is
particularly described as follows:
Beginning at the NW corner of Lot 10,
Block 56, thence S 6°40' W along the
Westerly boundary line of Lot 10 a
distance of 136.93' to a point which is
identical with the Westerly 20' highway
right of way line, thence, N 28°16' E
along said right of way line a distance of
71.11' to a point, thence from a tangent
which is the last described course,
curving to the right with a radius of 220'
through an angle of 9°28'01" an arc
distance of 36.35' to a point on the
Westerly 20' highway right of way line;
thence North along the Easterly line of
Lot 10 a distance of 10.22' to the
Northeasterly corner of Lot 10, thence N
65°30' W along Northerly line of Lot 10, a
distance of 81.22' to the NW corner of Lot
10, the place of beginning.

Also all that part of Lot 7 in Block 56,
and which is particularly described as
follows: Beginning at the SW corner of
Lot 7, Block 56, thence N 78°12' E a
distance of 51.04' to a point on the
Westerly 20' highway right of way line, a
distance of 15.19' to a point on the
Easterly boundary of Lot 7, thence N 6°40'
W along the East end line of Lot 7, a
distance of 29.64' to the NE corner of Lot
7, thence S 72°29' W along North side line
of Lot 7, a distance of 67.19' to the NW
corner of Lot 7; thence S 17°31' E along
the West end line of Lot 7, a distance of

34.91' to the SW corner of Lot 7, the
place of beginning.

DATED: This 11 day of February, 2009.

Margaret A. Nuttall
M. Nuttall
MARGARET A. NUTTALL

STATE OF NEVADA)
 : ss.
County of Churchill)

On this 11 day of February 2009, personally
appeared before me, a Notary Public, in and for the county and
state aforesaid, MARGARET A. NUTTALL, 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 she 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.

Ricci Burchard
Notary Public



RICCI BURCHARD
Notary Public - State of Nevada
Appointment Recorded in Churchill County
No: 03-80569-4 - Expires March 7, 2011

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

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

052531

TYPE
OR PRINT
IN
PERMANENT
BLACK INK

DECEDENT

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

PARENTS

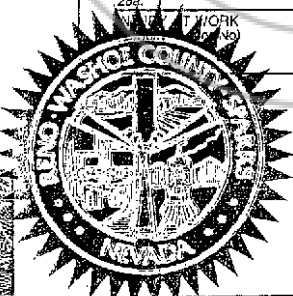
DISPOSITION

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE OF
DEATH

LOCAL FILE NUMBER DECEASED—NAME First Middle Last 1. Francis Earl NUTTALL		STATE FILE NUMBER DATE OF DEATH (Month, Day, Year) 2. September 15, 2005		COUNTY OF DEATH 3a. Washoe
CITY, TOWN OR LOCATION OF DEATH 3b. Reno		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Washoe Medical Center		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3d. Inpatient
SEX 4. Male		DATE OF BIRTH (Mo., Day, Yr.) 8. July 20, 1933		
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6. No		AGE—Last Birthday (Years) 7a. 72
STATE OF BIRTH (If not U.S.A., name country) 9a. Utah		CITIZEN OF WHAT COUNTRY 9b. USA		Decedent's Education. Specify highest grade completed. 10. 12
SOCIAL SECURITY NUMBER 13. 1		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Rancher		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Churchill		CITY, TOWN, OR LOCATION 15c. Fallon
FATHER—NAME First Middle Last 16. Robert Nuttall		MOTHER—MAIDEN NAME First Middle Last 17. Alicia Brennan		
INFORMANT—NAME (Type or Print) 18a. RaVey Nuttall		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 10888 Carson Highway, Fallon, Nevada 89406		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—NAME 19b. Eureka Catholic Cemetery		LOCATION City or Town State 19c. Eureka Nevada
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 47		NAME AND ADDRESS OF FACILITY 20c. Smith Family F.H. Box 1545 Fallon, NV 89401
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> DATE SIGNED (Mo., Day, Yr.) 21b. 9-20-05		21c. 11:45 pm		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Steven L. Recchia, MD 75 Pringle Way #910 Reno, Nevada 89502
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>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 22b. 9-20-05		22c. 11:45 pm		22d. ON <input type="checkbox"/> 22e. AT <input type="checkbox"/>
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Steven L. Recchia, MD 75 Pringle Way #910 Reno, Nevada 89502		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. September 20, 2005		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) Cerebrovascular Accident DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death 4 days		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. Seizure Disorder, Diabetes		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) 28a. WORK		DATE OF INJURY (Mo., Day, Yr.) 28b. 9-20-05		HOUR OF INJURY 28c. M
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f. WORK		LOCATION 28g. WORK		STREET OR R.F.D. No. CITY OR TOWN STATE



STATE REGISTRAR

No. 289295

This is to certify that the above is a true and legal copy of the certificate on file in this office.

Deputy Registrar: *[Signature]*

Date: **SEP 22 2005**

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