

Official Record

Recording requested By
TODD HUBBARDEureka County - NV
Mike Rebaleati - Recorder

Fee: \$16.00

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RPTT:

Recorded By: FES

Book- 0511 Page- 0204



0216599

APN 001-135-11

RECORDING REQUESTED BY:

GARY D. FAIRMAN, ESQ.
P.O. Box 151105
Ely, Nevada 89301

AFFIDAVIT IN RE NELDA HUBBARD, DECEASED
TERMINATION OF JOINT TENANCY (NRS 111.365)

STATE OF NEVADA)
) SS
COUNTY OF EUREKA)

TODD HUBBARD, being first duly sworn, deposes and says:

That affiant is the son of NELDA HUBBARD, Deceased.

That Decedent died on the 3rd day of November, 2010, in Reno, Washoe County, State of Nevada. That a certified copy of the Death Certificate is attached hereto as Exhibit "A".

That during the lifetime of said Decedent, certain real property was acquired in joint tenancy wherein NELDA HUBBARD was the Grantee. That under the laws of the State of Nevada, upon the death of NELDA HUBBARD, the title and ownership of said real property became vested in CORY D. HUBBARD, TODD C. HUBBARD, RAY D. HUBBARD, and STEVE E. HUBBARD, as the surviving joint tenants. That said real property was acquired by a Deed dated the 18th day of May, 2005, wherein NELDA HUBBARD was the Grantor, and CORY D. HUBBARD, TODD C. HUBBARD, RAY D. HUBBARD, and STEVEN E. HUBBARD, were the Grantees.


....

That said Deed was recorded in Book 413, Eureka County Records.

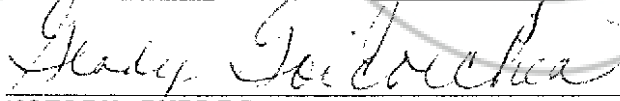
That the real property conveyed therein, in joint tenancy, is more particularly described as follows, to-wit:

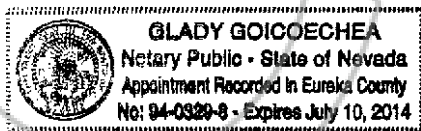
Lots 24, 25, and 26, in Block 7 of the Town of Eureka, Nevada. Also the North 2.61 feet of Lot 27 in Block 7 of said town.

That by reason of the foregoing, affiant hereby declares that the title and interest of NELDA HUBBARD, Deceased, in the above-described real property has vested in CORY D. HUBBARD, TODD C. HUBBARD, RAY D. HUBBARD, and STEVE E. HUBBARD, as joint tenants, in fee simple, and that CORY D. HUBBARD, TODD C. HUBBARD, RAY D. HUBBARD, and STEVE E. HUBBARD, are the sole and absolute owners thereof, together with the tenements, hereditaments, and appurtenances, thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.


TODD C. HUBBARD

Subscribed and sworn to before me
this 3 day of January, 2010.


NOTARY PUBLIC



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2010016686

STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATH

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

1a. DECEASED-NAME (FIRST,MIDDLE, LAST SUFFIX) Nelda Rae HUBBARD				2. DATE OF DEATH (Mo/Day/Year) November 03, 2010		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Renown Regional Medical Center		3e. If Hosp or inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient		4. SEX Female	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 79		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) June 26, 1931					
9a. STATE OF BIRTH (If not U.S.A., name country) Idaho		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
12. SURVIVING SPOUSE (if wife, give maiden name)							
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka		15d. STREET AND NUMBER 391 South Spring Street	
15e. INSIDE CITY LIMITS (Specify Yes or No) Yes							
16. FATHER - NAME (First Middle Last Suffix) Lester Jerome HIATT				17. MOTHER - NAME (First Middle Last Suffix) Mary Blanche CAHOON			
18a. INFORMANT- NAME (Type or Print) Steve HUBBARD		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 396 Russell Way Gardnerville, Nevada 89460					
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Wilford Cemetery		19c. LOCATION City or Town State Saint Anthony Idaho			
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BLAKE HOWE <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 622		20c. NAME AND ADDRESS OF FACILITY Walton's Funeral Home, Reno 875 West Second St Reno NV 89503			
TRADE CALL - NAME AND ADDRESS							
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <i>SIGNATURE AUTHENTICATED</i> LEVENTE LEVAI M.D.				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 & Title)			
21b. DATE SIGNED (Mo/Day/Yr) November 06, 2010		21c. HOUR OF DEATH 23:45		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Levente Levai M.D. P.O. Box 6840 Reno, NV 89513						23b. LICENSE NUMBER 11454	
24a. REGISTRAR (Signature) BRIDGES SANDI <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 08, 2010		24c. DEATH DUE TO COMMUNICABLE DISEASE 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						Interval between onset and death	
(a) Cardiac arrest							
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(b) Ventricular fibrillation							
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(c) Acute hypoxic respiratory failure							
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(d) Unknown cause							
PART II						26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes							
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc (Specify)		28g. LOCATION STREET OR R.F.D. No CITY OR TOWN STATE			

STATE REGISTRAR

3564701



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VRS-Rev-20100210

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 Vital Records.

11/09/2010

DEPUTY REGISTRAR

Mary A. Anderson
SIGNATURE AUTHENTICATED

DATE ISSUED:
11/09/2010

This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

