

APN# 07-370-08

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**Official Record**

Recording requested by  
GARY D FAIRMAN

Eureka County - NV  
Mike Rebaleati - Recorder

Fee: \$18.00 Page 1 of 5  
RPTT: Recorded By: FES  
Book- 530 Page- 0123

Recording Requested by:  
Name: GARY D FAIRMAN Esq.  
Address: T. O. RAY 154105  
City/State/Zip: Ely NV 89315

Mall Tax Statements to:  
Name: Ernie L. Allen  
Address: P.O. Box 1191  
City/State/Zip: EUREKA NV 89316



Please complete Affirmation State below:

I the undersigned hereby affirm that this document submitted for recording does not contain the social security number of any person or persons. (Per NRS 293B.030)

-OR-

I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law: NRS 40.525(5)  
(State specific law)

John Ambrose Legal Secretary  
Signature (Print name under signature) Title

Affidavit in Re: Norbert Walter,  
Deceased, Termination of  
Beneficial Interest in Deed of Trust  
(Title of Document)

\*\*\*\*\*  
Only use the following section if one item applies to your document

This document is being re-recorded to \_\_\_\_\_

-OR-

This document is being recorded to correct document # \_\_\_\_\_, and is correcting \_\_\_\_\_

\*\*\*\*\*  
If legal description is a metes & bounds description furnish the following information:

Legal description obtained from \_\_\_\_\_ (Document Title), Book \_\_\_\_\_  
Page \_\_\_\_\_ Document # \_\_\_\_\_ recorded \_\_\_\_\_ (date) in the  
White Pine County Recorders Office.

-OR-

If Surveyor, please provide name and address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

This page added to provide addition information required by NRS 111.312 Sections 1-4.  
(Additional recording fee applies)

APN 07-370-08

RECORDING REQUESTED BY:

GARY D. FAIRMAN, ESQ.  
P.O. Box 151105  
Ely, Nevada 89315

**AFFIDAVIT IN RE NORBERT WALTER, DECEASED,**  
**TERMINATION OF BENEFICIAL INTEREST**  
**IN DEED OF TRUST**

STATE OF NEVADA                    )  
  ) SS  
COUNTY OF   EUREKA              )

ERNEST L. ALLEN, being first duly sworn, deposes and says:

That affiant is the friend of NORBERT WALTER, Deceased. That Decedent died on the 6th day of February, 2008. That a certified copy of the Death Certificate is attached hereto as Exhibit "A".

That during the lifetime of said Decedent, a certain beneficial interest in real property was acquired in joint tenancy wherein NORBERT WALTER and EILEEN WALTER, husband and wife, as joint tenants, were the Beneficiaries. That under the laws of the State of Nevada, upon the death of NORBERT WALTER, Deceased, the beneficial interest in the Deed of Trust of said real property became vested in EILEEN WALTER as the surviving joint tenant. That said beneficial interest in the real property was acquired by a Deed of Trust, dated the 1st day of April, 1993, wherein ERNEST L. ALLEN was the Grantor, and NORBERT WALTER

and EILEEN WATER, husband and wife, as joint tenants, were the Beneficiaries.

That said Deed of Trust was recorded in Book 246, Pages 494-498, White Pine County Records, as Document No. 145156.

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

Parcel C as shown on that certain Parcel Map for NORBERT WALTER and EILEEN WALTER filed November 15, 1988, as File No. 124822, Eureka County, Nevada, located in a portion of Section 28, Township 20 North, Range 53 East, MDB&M.

EXCEPTING THEREFROM all oil and gas lying in and under said land as reserved by the UNITED STATES OF AMERICA in Patent recorded December 30, 1965, in Book 9 of Official Records at Page 422, Eureka County, Nevada.

FURTHER EXCEPTING THEREFROM one-half (1/2) of all mineral rights and all oil and gas lying in and under said land as reserved by EDWIN C. BISHOP and LETA B. BISHOP in Deed recorded August 23, 1978, in Book 65 of Official Records at Page 317, Eureka County, Nevada.

TOGETHER WITH all buildings and improvements thereon.

TOGETHER WITH all and singular the tenements, hereditaments, easements, and appurtenances thereunto belonging or in anywise appertaining, and the reversions, remainders, rents, issues and profits thereof, or of any part thereof, and, specifically, all rights, title and interest, if any, of Grantors, of, in, and to any streets, alleys, highways, and roads abutting the above-described premises to the center lines thereof.

That by reason of the foregoing, affiant hereby declares that the title and beneficial interest of NORBERT WALTER, Deceased, in the above-described real property has vested

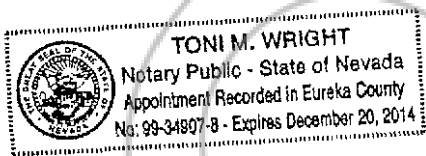


in EILEEN WALTER in fee simple, and that EILEEN WALTER is the sole and absolute owner thereof, together with the tenements, hereditaments, and appurtenances, thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

Ernest L. Allen  
ERNEST L. ALLEN

Subscribed and sworn to before me  
this 2nd day of March, 2012.

Toni M. Wright  
NOTARY PUBLIC



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

**2008005981**  
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) <b>Norbert Joseph WALTER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 06, 2008</b>		3a. COUNTY OF DEATH <b>Elko</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Elko</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Northeastern Nevada Regional Health</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Emergency Room / Outpatient	
4. SEX <b>Male</b>		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>66</b>		7b. UNDER 1 YEAR MOS / DAYS		7c. UNDER 1 DAY HOURS / MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>August 14, 1941</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>Minnesota</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Farmer</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Eureka</b>		15c. CITY, TOWN OR LOCATION <b>Eureka</b>	
15d. STREET AND NUMBER <b>187 Highway 278</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		16. FATHER - NAME (First Middle Last Suffix) <b>Michael WALTER</b>	
17. MOTHER - NAME (First Middle Last Suffix) <b>Evelyn KALABUNDE</b>		18a. INFORMANT- NAME (Type or Print) <b>Phyllis LAROSE</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>PO Box 739 Eureka, Nevada 89316</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sunset Crematory</b>		19c. LOCATION City or Town State <b>Elko Nevada 89803</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as such) <b>R SCOTT BURNS</b>		20b. FUNERAL DIRECTOR LICENSE <b>07</b>		20c. NAME AND ADDRESS OF FACILITY <b>Burns Funeral Home PO BOX 689 Elko NV 89803</b>	
20c. NAME AND ADDRESS OF FACILITY <b>Burns Funeral Home PO BOX 689 Elko NV 89803</b>		21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>WILLIAM WEBB CORONER</b>		21b. DATE SIGNED (Mo/Day/Yr) <b>April 12, 2008</b>	
21c. HOUR OF DEATH <b>11:11</b>		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>William Webb CORONER 569 Court St. Elko, NV. 89801</b>		21e. PRONOUNCED DEAD (Mo/Day/Yr) <b>February 06, 2008</b>	
21f. PRONOUNCED DEAD AT (Hour) <b>11:11</b>		22a. LICENSE NUMBER		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>William Webb CORONER 569 Court St. Elko, NV. 89801</b>	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>William Webb CORONER 569 Court St. Elko, NV. 89801</b>		23b. LICENSE NUMBER		24a. REGISTRAR (Signature) <b>R. SCOTT BURNS</b>	
24a. REGISTRAR (Signature) <b>R. SCOTT BURNS</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 15, 2008</b>		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 (a) <b>Traumatic Auto Trauma/Hemorrhagic Shock</b>		Interval between onset and death		Interval between onset and death	
(b) <b>Motor Vehicle Accident</b>		Interval between onset and death		Interval between onset and death	
(c) <b>Motor Vehicle Accident</b>		Interval between onset and death		Interval between onset and death	
(d) <b>Motor Vehicle Accident</b>		Interval between onset and death		Interval between onset and death	
PART II		26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) <b>ACCIDENT</b>		28b. DATE OF INJURY (Mo/Day/Yr) <b>February 06, 2008</b>		28c. HOUR OF INJURY <b>0935</b>	
28d. DESCRIBE HOW INJURY OCCURRED <b>Two Car Collision</b>		28e. INJURY AT WORK (Specify Yes or No) <b>No</b>		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <b>Street</b>	
28g. LOCATION <b>180 10<sup>th</sup> W. EL 1</b>		STREET OR R.F.D. No.		CITY OR TOWN <b>Elko</b>	
STATE <b>Nevada</b>		STATE		STATE	

STATE REGISTRAR

54417

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VRS-Rev-2008T

207146 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.

DATE ISSUED: **04/17/2008**

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

*R. Scott Burns*  
SIGNATURE AUTHENTICATED

