

APN# 07-370-08

DOC # **0220122**

03/08/2012 02:07 PM

Official Record

Recording requested by
GARY D FAIRMAN

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$18.00

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RPTT:

Recorded By: FES

Book- 530 Page- 0123

Recording Requested by:

Name: GARY D FAIRMAN Esq.

Address: T. O. RAY 151105

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



0220122

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

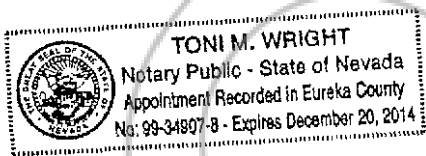


in EILEEN WALTER in fee simple, and that EILEEN WALTER is the sole and absolute owner thereof, together with the tenements, hereditaments, and appurtenances, thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

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) Norbert Joseph WALTER		2. DATE OF DEATH (Mo/Day/Year) February 06, 2008		3a. COUNTY OF DEATH Elko	
3b. CITY, TOWN, OR LOCATION OF DEATH Elko		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Northeastern Nevada Regional Health		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Emergency Room / Outpatient	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 66		7b. UNDER 1 YEAR MOS / DAYS		7c. UNDER 1 DAY HOURS / MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 14, 1941		9a. STATE OF BIRTH (If not U.S.A., name country) Minnesota		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		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) Farmer		14b. KIND OF BUSINESS OR INDUSTRY Farming	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka	
15d. STREET AND NUMBER 187 Highway 278		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER - NAME (First Middle Last Suffix) Michael WALTER			17. MOTHER - NAME (First Middle Last Suffix) Evelyn KALABUNDE		
18a. INFORMANT- NAME (Type or Print) Phyllis LAROSE			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) PO Box 739 Eureka, Nevada 89316		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Crementation		19b. CEMETERY OR CREMATORY - NAME Sunset Crematory		19c. LOCATION City or Town State Elko Nevada 89803	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as such) R SCOTT BURNS		20b. FUNERAL DIRECTOR LICENSE 07		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 689 Elko NV 89803	
20a. SIGNATURE AUTHENTICATED					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) WILLIAM WEBB CORONER SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) April 12, 2008		21c. HOUR OF DEATH 11:11		22a. PRONOUNCED DEAD (Mo/Day/Yr) February 06, 2008	
22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		22e. PRONOUNCED DEAD AT (Hour) 11:11	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) William Webb CORONER 569 Court St. Elko, NV. 89801					
23b. LICENSE NUMBER					
24a. REGISTRAR (Signature) R. SCOTT BURNS			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 15, 2008		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
24a. SIGNATURE AUTHENTICATED					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) Traumatic Auto Trauma/Hemorrhagic Shock					
DUE TO, OR AS A CONSEQUENCE OF: Motor Vehicle Accident					
(b) _____					
DUE TO, OR AS A CONSEQUENCE OF: _____					
(c) _____					
DUE TO, OR AS A CONSEQUENCE OF: _____					
(d) _____					
PART II					
26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) ACCIDENT		26b. DATE OF INJURY (Mo/Day/Yr) February 06, 2008		26c. HOUR OF INJURY 0935	
26d. DESCRIBE HOW INJURY OCCURRED Two Car Collision					
28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Street		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 180 10th W. EL 1 Elko Nevada	

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

