

**DOC # 0223294**

12/13/2012

01:20 PM

**Official Record**

Recording requested By  
ALLISON MACKENZIE ET AL

**Eureka County - NV**

**Mike Rebaleati - Recorder**

Fee: \$20.00

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RPTT:

Recorded By: FES

Book- 545 Page- 0130



0223294

APN: 005-260-44

APN: 005-260-40

When recorded return to:

JOEL W. LOCKE, ESQ.

ALLISON, MacKENZIE, PAVLAKIS,

WRIGHT & FAGAN, LTD.

402 North Division Street

Carson City, NV 89703

**GRANTEE/MAIL TAX STATEMENTS TO:**

COLIN R. HERBERT

323 BAYHILL CIRCLE

DAYTON, NV 89403

The party executing this document hereby affirms  
that this document submitted for recording does  
not contain the social security number of any  
person or persons pursuant to NRS 239B.030

**AFFIDAVIT OF DEATH OF JOINT TENANT**

STATE OF NEVADA )

: ss.

CARSON CITY )

COLIN R. HERBERT does hereby subscribe and swear under penalty of perjury  
that the following assertions are true:

1. That CHARLES R. HERBERT was a grantee in that certain Corrected  
Personal Representative's Deed dated April 3, 2009, wherein COLIN R. HERBERT, as the  
appointed Personal Representative of the Estate of RODGER CORDELL HERBERT, aka  
ROGER CORDELL HERBERT, aka R. CORDELL HERBERT, deceased, is the party of the first  
part, and CHARLES R. HERBERT and COLIN R. HERBERT are the parties of the second part,  
as joint tenants, with right of survivorship, conveying to said parties of the second part all the

right, title and fee interest of the party of the first part in that certain lot, piece or parcel of land situate in County of Eureka, state of Nevada, and more particularly described as follows:

(See Exhibit "1" attached hereto and incorporated herein by this reference.)

That the said Deed was recorded on April 9, 2009, in the Official Records of Eureka County, Nevada, as Document No. 0213218.

2. That CHARLES R. HERBERT, one of the joint tenant parties of the second part in said Deed, died on June 4, 2011, in San Bernardino County, California, and is the identical person named in that certified copy of death certificate attached hereto as Exhibit "2" and incorporated herein by this reference.

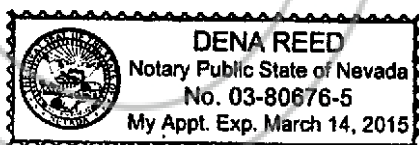
3. That the affiant is the sibling of the decedent and is the surviving joint tenant.

4. That this affidavit is executed pursuant to NRS 111.365.

DATED on 12-10, 2012.

Colin R. Herbert  
COLIN R. HERBERT

On 12-10-, 2012, personally appeared before me, a notary public, COLIN HERBERT, personally known (or proved) to me to be the person whose name is subscribed to the foregoing Affidavit of Death of Joint Tenant, who acknowledged to me that he executed the foregoing document.



Dena Reed  
NOTARY PUBLIC



# EXHIBIT “1”

COPY

EXHIBIT “1”



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EXHIBIT 1

All that certain parcel of real property situate in county of Eureka, state of Nevada, more particularly described as follows:

Parcel No. 1: 80 Acres

All that certain lot, piece or parcel of land situate, lying and being in Eureka County, State of Nevada, and more particularly described as follows:

Township 30 North, Range 49 East, MDB&M Section 15: SW1/4 SE1/4 West 1/2 SE 1/4

EXCEPTING an easement on the Westerly and Southerly boundaries thereof, 30 feet in width for utility and road purposes, and

SUBJECT to restrictions, reservations, covenants, easements and rights of way of record.

Together with all buildings and improvements situate thereon.

Together will the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

Assessor's Parcel Number 005-260-44

(Pursuant to NRS 111.312 this legal description was previously recorded as Document 60003 in Book 51 at Page 427.)

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Parcel No. 2: 160 Acres

All that real property situate in the County of Eureka, State of Nevada, bounded and described as follows:

TOWNSHIP 30 NORTH, RANGE 49 EAST, M.D.B.&M.

Section 15: NW1/4.

EXCEPTING an easement on all boundaries thereof, 30 feet in width for utility and public road purposes.

Assessor's Parcel Number 005-260-40

(Pursuant to NRS 111.312 this legal description was previously recorded as Document 62426 in Book 57 at Page 242.)



# EXHIBIT “2”

COPY

# EXHIBIT “2”



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**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

# COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

**CERTIFICATE OF DEATH**

3201136005548

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>CHARLES</b>		3. LAST (Family) <b>HERBERT III</b>	
2. MIDDLE <b>REVERIOUS</b>			
AND ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)			
4. DATE OF BIRTH <small>mm/dd/yyyy</small> <b>03/13/1934</b>		5. AGE Yrs <b>77</b>	
6. UNDER ONE YEAR Months: _____ Days: _____		7. UNDER 24 HOURS Hours: _____ Minutes: _____	
8. SEX <b>M</b>			
9. BIRTH STATE/FOREIGN COUNTRY <b>NEBRASKA</b>		10. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at time of death) <b>MARRIED</b>	
13. DATE OF DEATH <small>mm/dd/yyyy</small> <b>06/04/2011</b>		14. HOUR (24 Hour) <b>0030</b>	
15. EDUCATION - Highest Level/Degree <b>SOME COLLEGE</b>		16. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>FIRE FIGHTER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>FIRE PREVENTION</b>	
19. YEARS IN OCCUPATION <b>31</b>			
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>5253 PUENTE COURT</b>			
21. CITY <b>YUCCA VALLEY</b>		22. COUNTY/PROVINCE <b>SAN BERNARDINO</b>	
23. ZIP CODE <b>92284</b>		24. YEARS IN COUNTY <b>42</b>	
25. STATE/FOREIGN COUNTRY <b>CALIFORNIA</b>			
26. INFORMANT'S NAME, RELATIONSHIP <b>KATHERINE I HERBERT, WIFE</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>5253 PUENTE COURT, YUCCA VALLEY, CA 92284</b>	
28. NAME OF SURVIVING SPOUSE/SPRP - FIRST <b>KATHERINE</b>		29. MIDDLE <b>IRENE</b>	
30. LAST (BIRTH NAME) <b>WHEELER</b>			
31. NAME OF FATHER/PARENT - FIRST <b>CHARLES</b>		32. MIDDLE <b>REVERIOUS</b>	
33. LAST <b>HERBERT JR</b>		34. BIRTH STATE <b>NE</b>	
35. NAME OF MOTHER/PARENT - FIRST <b>VERA</b>		36. MIDDLE <b>MYRTLE</b>	
37. LAST (BIRTH NAME) <b>HANSON</b>		38. BIRTH STATE <b>NE</b>	
39. DISPOSITION DATE <small>mm/dd/yyyy</small> <b>06/13/2011</b>		40. PLACE OF FINAL DISPOSITION <b>RES: KATHERINE I HERBERT 5253 PUENTE COURT, YUCCA VALLEY, CA 92284</b>	
41. TYPE OF DISPOSITION(S) <b>CR/RES</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>	
43. LICENSE NUMBER <b>FD1367</b>		44. SIGNATURE OF LOCAL REGISTRAR <b>MAXWELL OHIKHUARE, MD</b>	
45. NAME OF FUNERAL ESTABLISHMENT <b>NEPTUNE SOCIETY RIVERSIDE</b>		46. DATE <small>mm/dd/yyyy</small> <b>06/08/2011</b>	
47. PLACE OF DEATH <b>SKY HARBOR CARE CENTER</b>			
48. COUNTY <b>SAN BERNARDINO</b>		49. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>57333 JOSHUA LANE</b>	
50. CITY <b>YUCCA VALLEY</b>			
51. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator liberation without showing the etiology. DO NOT ABBREVIATE. <b>(A) CARDIOPULMONARY ARREST</b>		52. TIME ELAPSED BETWEEN ONSET AND DEATH <b>(A) MINS</b>	
53. IMMEDIATE CAUSE Final disease or condition resulting in death <b>(B) CONGESTIVE HEART FAILURE</b>		54. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
55. Sequence of events, if any, leading to cause of death <b>(C) UNDERLYING CAUSE (Disease or injury that initiated the chain of events leading to death) LAST</b>		56. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
57. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>		58. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
59. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>		59. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
60. SIGNATURE OF PHYSICIAN <b>RUPINDER KAUR MANN M.D.</b>		61. LICENSE NUMBER <b>A66357</b>	
62. DATE <small>mm/dd/yyyy</small> <b>05/25/2011</b>		63. DATE <small>mm/dd/yyyy</small> <b>06/08/2011</b>	
64. TYPE OF PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>RUPINDER KAUR MANN M.D. 71777 SAN JACINTO, RANCHO MIRAGE, CA 92270</b>			
65. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		66. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
67. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		68. INJURY DATE <small>mm/dd/yyyy</small> <b>06/04/2011</b>	
69. DESCRIBE HOW INJURY OCCURRED (events when resulted in injury)		69. HOUR (24 hours) <b>0030</b>	
70. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
71. SIGNATURE OF CORONER / DEPUTY CORONER		72. DATE <small>mm/dd/yyyy</small> <b>06/08/2011</b>	
73. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR <b>A 11-640</b>		FAX AUTH. <b>1</b>	
CENSUS TRACT			

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF SAN BERNARDINO } SS

DATE ISSUED **Jun 10, 2011**

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

*Maxwell Ohikhuare*

MAXWELL OHIKHUARE, M.D.  
COUNTY HEALTH OFFICER  
REGISTRAR OF VITAL STATISTICS

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



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