

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

Page 1 of 7

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.

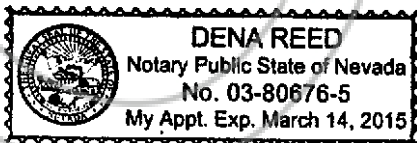
3. That the affiant is the sibling of the decedent and is the surviving joint tenant.

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"

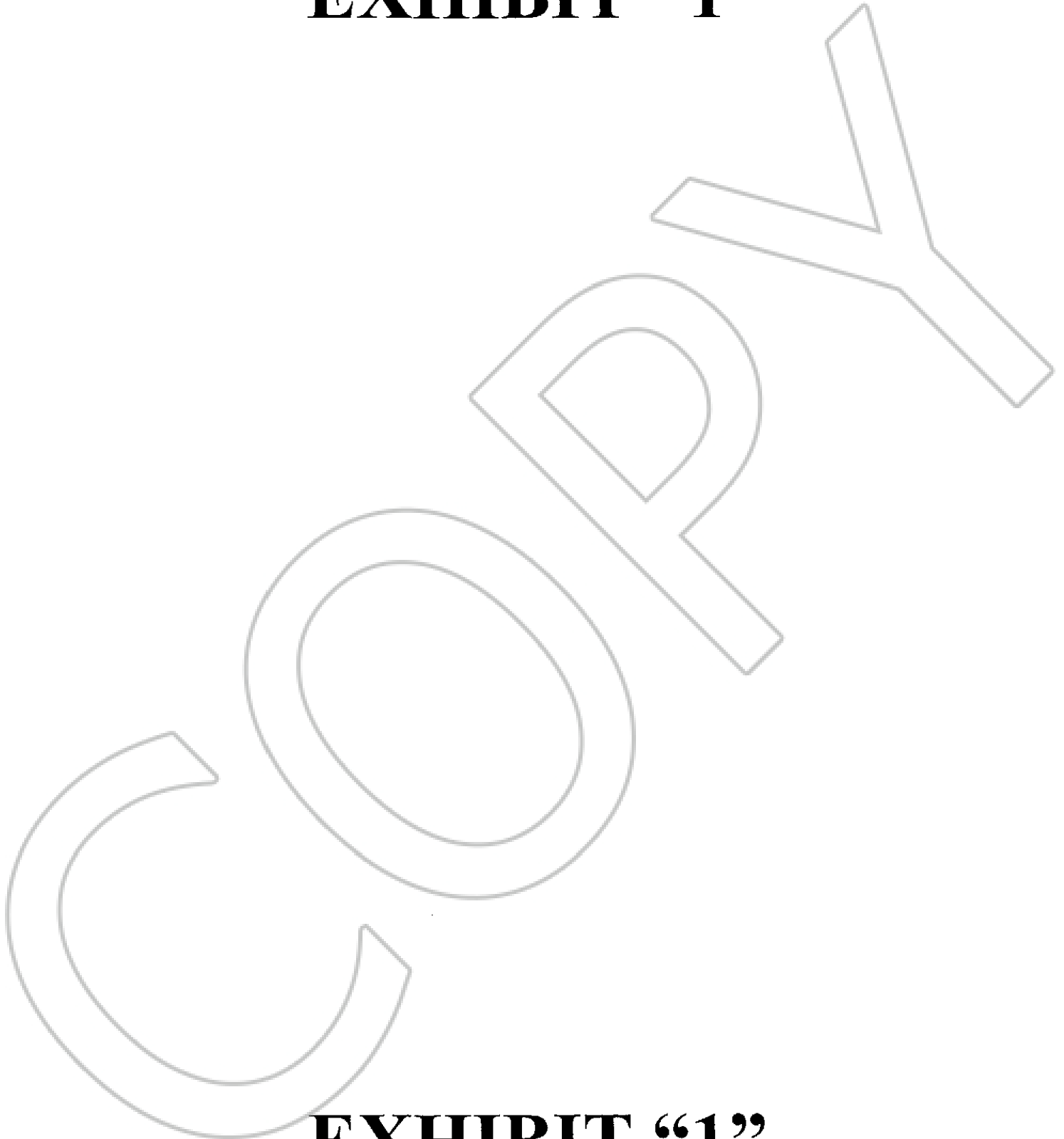


EXHIBIT "1"



0223294

Book: 545

12/13/2012

Page: 132

Page: 3 of 7

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.)

///

///

///

///



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"

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) CHARLES		3. LAST (Family) HERBERT III	
2. MIDDLE REVERIOUS		4. DATE OF BIRTH mm/dd/yyyy 03/13/1934	
5. AGE Yrs 77		6. SEX M	
7. BIRTH STATE/FOREIGN COUNTRY NEBRASKA		12. MARITAL STATUS (at time of death) MARRIED	
10. SOCIAL SECURITY NUMBER		7. DATE OF DEATH mm/dd/yyyy 06/04/2011	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		8. HOUR (24 Hour) 0030	
13. EDUCATION - Highest Level/Degree SOME COLLEGE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED FIRE FIGHTER		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) FIRE PREVENTION	
17. YEARS IN OCCUPATION 31		18. DECEDENT'S RESIDENCE (Street and number, or location) 5253 PUENTE COURT	
19. CITY YUCCA VALLEY		22. COUNTY/PROVINCE SAN BERNARDINO	
20. ZIP CODE 92284		24. YEARS IN COUNTY 42	
23. STATE/FOREIGN COUNTRY CALIFORNIA		25. STATE/FOREIGN COUNTRY CALIFORNIA	
26. INFORMANT'S NAME, RELATIONSHIP KATHERINE I HERBERT, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 5253 PUENTE COURT, YUCCA VALLEY, CA 92284	
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST KATHERINE		29. MIDDLE IRENE	
30. LAST (BIRTH NAME) WHEELER		31. NAME OF FATHER/PARENT - FIRST CHARLES	
32. MIDDLE REVERIOUS		33. LAST HERBERT JR	
34. BIRTH STATE NE		35. NAME OF MOTHER/PARENT - FIRST VERA	
36. MIDDLE MYRTLE		37. LAST (BIRTH NAME) HANSON	
38. BIRTH STATE NE		39. DISPOSITION DATE mm/dd/yyyy 06/13/2011	
40. PLACE OF FINAL DISPOSITION RES: KATHERINE I HERBERT 5253 PUENTE COURT, YUCCA VALLEY, CA 92284		41. TYPE OF DISPOSITION(S) CR/RES	
42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY RIVERSIDE		45. LICENSE NUMBER FD1367	
46. SIGNATURE OF LOCAL REGISTRAR MAXWELL OHIKHUARE, MD		47. DATE mm/dd/yyyy 06/08/2011	
48. PLACE OF DEATH SKY HARBOR CARE CENTER		102. IF HOSPITAL, SPECIFY ICDME: <input type="checkbox"/> ICDME <input type="checkbox"/> DCA <input type="checkbox"/> Hosp <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other	
104. COUNTY SAN BERNARDINO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 57333 JOSHUA LANE	
106. CITY YUCCA VALLEY		107. 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.	
108. IMMEDIATE CAUSE - Final disease or condition resulting in death CONGESTIVE HEART FAILURE		109. TIME ELAPSED BETWEEN ONSET AND DEATH MINS	
110. UNDERLYING CAUSE (disease or injury that initiated the chain of events resulting in death) LAST CARDIOPULMONARY ARREST		111. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		113. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		114. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
115. SIGNATURE AND TITLE OF CERTIFIER RUPINDER KAUR MANN M.D.		116. LICENSE NUMBER A66357	
117. TYPE AT TENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE RUPINDER KAUR MANN, M.D. 71777 SAN JACINTO, RANCHO MIRAGE, CA 92270		117. DATE mm/dd/yyyy 06/08/2011	
118. CERTIFY THAT IN ANY OPINION, DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 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		119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
120. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		121. INJURY DATE mm/dd/yyyy	
122. DESCRIBE HOW INJURY OCCURRED (e.g., when, where, and how)		122. HOUR (24 hours)	
123. LOCATION OF INJURY (Street and number, or location, and city, and zip)		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
124. SIGNATURE OF COHONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
125. STATE REGISTRAR A 11-610		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

12/13/2012
Book: 545
Page: 136
0223294
Page: 7 of 7

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.

