

DOC # 0223634

01/07/2013 09:43 AM

Official Record

Recording requested By STEWART TITLE OF NEVADA

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$18.00

Page 1 of 5

RPTT:

Recorded By: LLH

Book- 546 Page- 0203

APN# 07-37007

Recording Requested by:

Name: Stewart Title Company

Address: P.O. Box 150214

City/State/Zip: Elko, NV 89315

Mail Tax Statements to:

Name:

Address:

City/State/Zip:



0223634

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: 40.52 parts 5

(State specific law)

Signature (Print name under signature)

Agent | STC Title

Affidavit Terminating Joint Beneficial Interest (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:

Surveyor name and address lines

\*\*\*\*\*

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

APN 07-370-07

RECORDING REQUESTED BY:

GARY D. FAIRMAN, ESQ.  
PO Box 151105  
Ely, Nevada 89315

104887

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

STATE OF NEVADA,                    )  
  : ss.  
County of WASHOE.                 )

EILEEN BACA, being first duly sworn, deposes and says:  
That affiant is the former spouse 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 aquired by a Deed of Trust, dated the 14<sup>th</sup> day of November,  
1995, wherein WAYNE D. ROBINSON and MARY BETH ROBINSON were the

Grantors, and NORBERT WALTER and EILEEN WALTER, husband and wife, as joint tenants, were the Beneficiaries.

That said Deed of Trust was recorded in Book 290, Pages 55-59, Eureka County Records, as Document No. 15995.

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

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

Parcel B as shown on that certain Parcel Map for NORBERT J. And EILEEN B. WALTER, filed in the office of the County Recorder of Eureka County, State of Nevada, on November 15, 1988, as File No. 124822, being a portion of Section 28, TOWNSHIP 20 NORTH, RANGE 53 EAST M.D.B.&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, Page 422, Official Records, Eureka County, Nevada.

FURTHER EXCEPTING THEREFROM  $\frac{1}{2}$  of all mineral rights and all oil and gas lying in and under said land as reserved by EDWIN C. BISHOP and LETA<sup>B</sup> BISHOP in Deed recorded August 23, 1978, in Book 65, Page 317, Official Records, Eureka County, Nevada.

That by reason of the foregoing, affiant hereby declares that the title and 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.

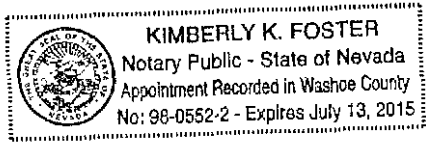
Eileen Baca  
EILEEN BACA

State of Nevada  
County of Washoe

SUBSCRIBED AND SWORN to before me

this 10<sup>th</sup> day of July, 2012,  
by xx Eileen Betz Baca. xx

Kimberly K. Foster  
NOTARY PUBLIC



COOPY

**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) <b>Emergency Room / Outpatient</b>	
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 <b>██████-4885</b>		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>		Ever in US Armed Forces? <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>	
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 SIGNATURE AUTHENTICATED</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>April 12, 2008</b>		21c. HOUR OF DEATH <b>11:11</b>		22a. PRONOUNCED DEAD (Mo/Day/Yr) <b>February 06, 2008</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH <b>11:11</b>	
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) <b>William Webb CORONER 569 Court St. Elko, NV. 89801</b>					23b. LICENSE NUMBER
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				Interval between onset and death	
(a) <b>Traumatic Auto Trauma/Hemorrhagic Shock</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Motor Vehicle Accident</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b></b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) <b></b>				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 STREET OR R.F.D. No. CITY OR TOWN STATE <b>180 10' W. EL 1 Elko Nevada</b>			

STATE REGISTRAR

54417

0220122 Book: 530 03/08/2012 Page 127 Page 5 of 5

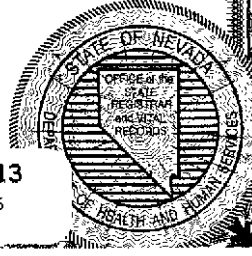
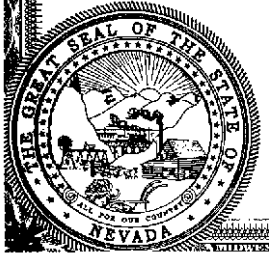
VRS-Rev-2008T

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 en

*R. Scott Burns*  
SIGNATURE AUTHENTICATED



0223634 Book: 546 01/07/2013 Page: 207 Page 5 of 5