

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 part 5

(State specific law)

[Signature]
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 Records 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 07-370-07

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 acquired by a Deed of Trust, dated the 14th 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^B 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.

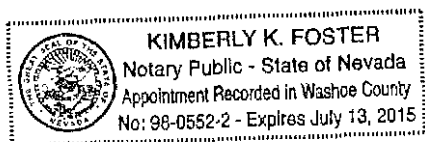
Eileen Baca
EILEEN BACA

State of Nevada
County of Washoe

SUBSCRIBED AND SWORN to before me

this 10th day of July, 2012,
by xx Eileen Betz Baca. xx

Kimberly K. Foster
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 HOURS MINS	
9a. STATE OF BIRTH (If not U.S., name country) Minnesota		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
13. SOCIAL SECURITY NUMBER 4885		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Farmer		14b. KIND OF BUSINESS OR INDUSTRY Farming		12. SURVIVING SPOUSE (If wife, give maiden name) Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka		15d. STREET AND NUMBER 187 Highway 278	
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) Cremation		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			
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)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) April 12, 2008		22c. HOUR OF DEATH 11:11	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22d. PRONOUNCED DEAD (Mo/Day/Yr) February 06, 2008		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"/>			
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: (b) Motor Vehicle Accident DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) 							
PART II						26. AUTOPSY (Specify Yes or No) No	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) ACCIDENT		28b. DATE OF INJURY (Mo/Day/Yr) February 06, 2008		28c. HOUR OF INJURY 0935		28d. 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 10' 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 en
P&H CO (REV 1/10)

R. Scott Burns
SIGNATURE AUTHENTICATED



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