

DOC# 227532

06/13/2014 02 11PM

Official Record

Requested By STEWART TITLE ELKO

Eureka County - NV  
Mike Rebaleati - Recorder

Page 1 of 3 Fee \$16 00  
Recorded By LH RPTT \$0 00  
Book- 0567 Page- 0029



0227532

A.P.N. No.:	001-136-11
Escrow No.:	01415-10958
Recording Requested By:	
Stewart Title	
Mail Tax Statements To:	Same as below
When Recorded Mail To:	
Todd C Hubbard	
PO Box 134	
Eureka, NV 89316	

AFFIDAVIT - DEATH OF JOINT TENANT

State of Nevada )  
 ) ss  
County of Elko )

Todd C Hubbard, of legal age, being first duly sworn, deposes and says That Cory Don Hubbard, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Cory Don Hubbard named as one of the parties in that certain Grant Deed dated May 18, 2005, executed by Nelda Hubbard to Nelda Hubbard, Cory D Hubbard, Todd C Hubbard, Ray D Hubbard, and Steve E Hubbard, as joint tenants, recorded as Document No 198497, on May 18, 2005, in Book 413, Page 195, of Official Records of Eureka County, Nevada, covering the following described property situated in Eureka County, State of Nevada

SEE EXHIBIT "A" ATTACHED HERETO

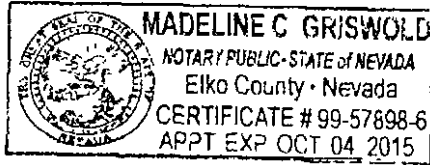
Dated 6/12/14

Todd C Hubbard  
Todd C Hubbard

State of Nevada )  
 ) ss  
County of Elko )

This instrument was acknowledged before me on 12<sup>th</sup> day of June, 2014

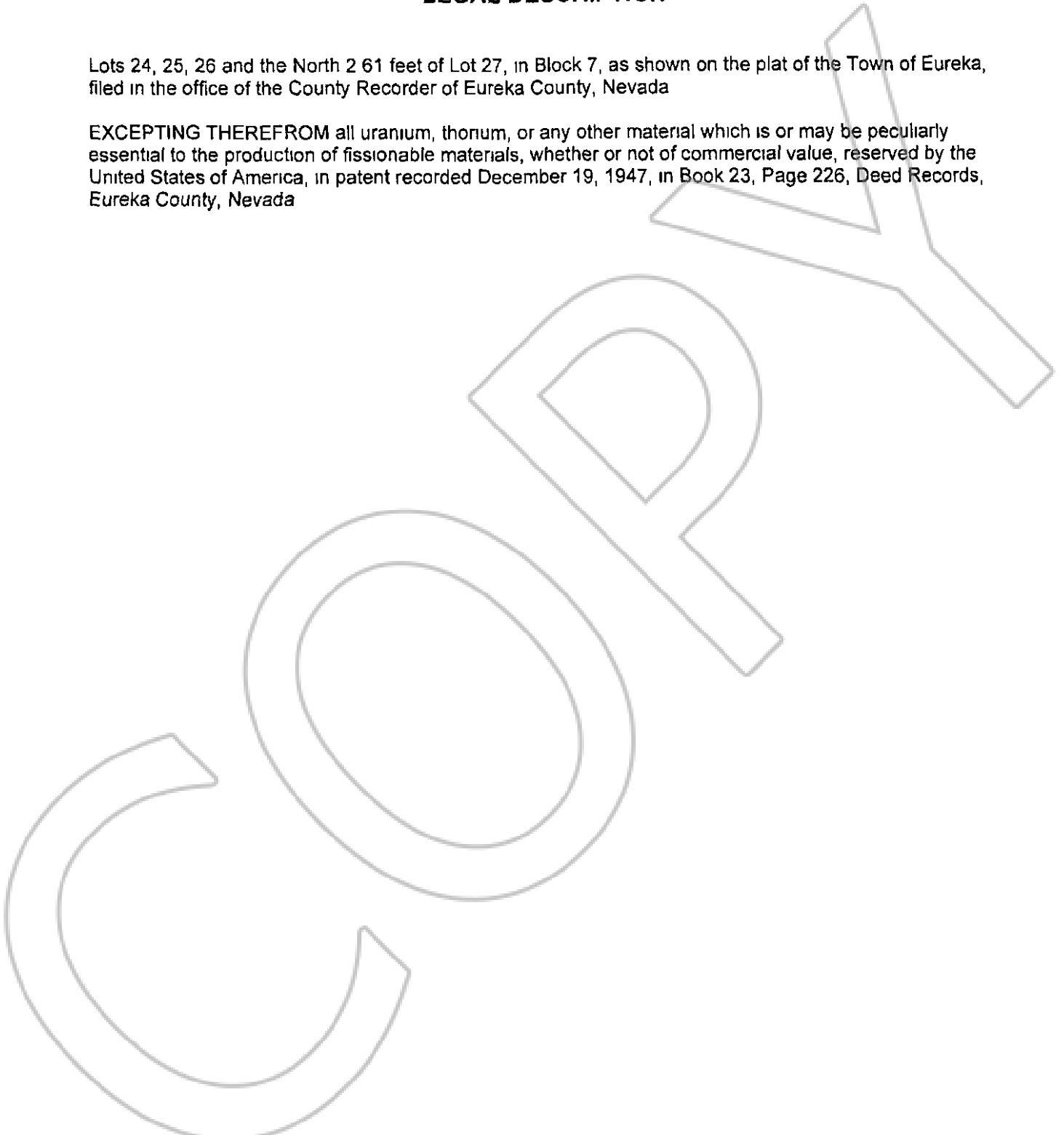
By Todd C Hubbard  
Signature Madeline Griswold  
Notary Public



**EXHIBIT "A"**  
**LEGAL DESCRIPTION**

Lots 24, 25, 26 and the North 2 61 feet of Lot 27, in Block 7, as shown on the plat of the Town of Eureka, filed in the office of the County Recorder of Eureka County, Nevada

EXCEPTING THEREFROM all uranium, thorium, or any other material which is or may be peculiarly essential to the production of fissionable materials, whether or not of commercial value, reserved by the United States of America, in patent recorded December 19, 1947, in Book 23, Page 226, Deed Records, Eureka County, Nevada



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(One Inch Margin on all sides of Document for Recorder's Use Only)

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**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH  
VITAL STATISTICS  
CERTIFICATE OF DEATH**

2014000412  
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 BY TAKING THE UNDERLYING CAUSE LAST

1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>Cory Don HUBBARD</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 06, 2014</b>		3a. COUNTY OF DEATH <b>Eureka</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Eureka</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) <b>391 South Spring Street</b>		3d. N Hosp or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Home</b>	
4. RACE (Specify) <b>White</b>		5. HISPANIC ORIGIN? Specify No - Non-Hispanic		6. AGE - Last birthday (Years) <b>54</b>	
7. UNDER 1 YEAR / UNDER 1 DAY MOS DAYS HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>October 05, 1959</b>		9. SEX <b>Male</b>	
10. STATE OF BIRTH (if not U.S.A. name country) <b>Idaho</b>		11. CITIZEN OF WHAT COUNTRY <b>United States</b>		12. EDUCATION <b>12</b>	
13. SOCIAL SECURITY NUMBER		14. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Ranch Hand</b>		15. KIND OF BUSINESS OR INDUSTRY <b>Ranching</b>	
16. EVER IN US Armed Forces? <b>No</b>		17. RESIDENCE - STATE <b>Nevada</b>		18. COUNTY <b>Eureka</b>	
19. CITY, TOWN OR LOCATION <b>Eureka</b>		20. STREET AND NUMBER <b>391 South Spring Street</b>		21. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	
22. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Roy HUBBARD</b>			23. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Nelda HYATT</b>		
24. INFORMANT - NAME (Type or Print) <b>Roy HUBBARD</b>		25. MAILING ADDRESS* (Street or P.O. No., City or Town, State, Zip) <b>PO BOX 51 Eureka, Nevada 89318</b>			
26. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		27. CEMETERY OR CREMATORY NAME <b>Cedar Hills Cemetery</b>		28. LOCATION City or Town, State <b>Eureka Nevada 89318</b>	
29. FUNERAL DIRECTOR - SIGNATURE (or Print, check as such) <b>JASON MUTH</b>		30. FUNERAL DIRECTOR LICENSE <b>298</b>		31. NAME AND ADDRESS OF FACILITY <b>Bears Funeral Home PO BOX 889 Eiko NV 89603</b>	
32. SIGNATURE AUTHENTICATED					
33. TRADE CALL - NAME AND ADDRESS					
34. To Be Completed by CERTIFYING PHYSICIAN 21a. To the best of my knowledge, death occurred at the time, date and place specified due to the cause(s) stated. (Signature & Title) <b>Kenneth E. Jones</b>			35. To Be Completed by CORONER'S OFFICE 22a. On the basis of my own or another's investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>Kenneth E. Jones</b>		
21b. DATE SIGNED (Mo/Day/Yr) <b>January 15, 2014</b>		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) <b>January 15, 2014</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>K. Jones, Kenneth E.</b>		21e. PRONOUNCED DEAD (Mo/Day/Yr) <b>January 06, 2014</b>		22c. HOUR OF DEATH <b>09:34</b>	
21f. PRONOUNCED DEAD AT (Hour) <b>09:34</b>		23a. NAME AND ADDRESS OF REGISTER (Physician or Attending Physician) (Type or Print) <b>Cory Don Hubbard, PO Box 51, Eureka, NV 89318</b>		23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) <b>Nicole Shore</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 15, 2014</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (PART I) (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (a) <b>Cardiac Arrest</b> DUE TO, OR AS A CONSEQUENCE OF (b) <b>Hyperglaucoma</b> DUE TO, OR AS A CONSEQUENCE OF (c) <b>Type II Diabetes</b> (d) _____				Interval between onset and death <b>Immediate</b>	
PART II - OTHER SIGNIFICANT CONDITIONS - Conditional contributing to death but not reported in the underlying cause given in Part I				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27a. ACC. SUICIDE, HOMICIDE, UNDET OR PENDING INVEST. (Specify)		27b. DATE OF INJURY (Mo/Day/Yr)		27c. HOUR OF INJURY	
27d. DESCRIBE HOW INJURY OCCURRED		27e. INJURY AT WORK (Specify Yes or No)			
27f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		27g. LOCATION		27h. STREET OR R.F.D. No	
27i. CITY OR TOWN		27j. STATE			

STATE REGISTRAR

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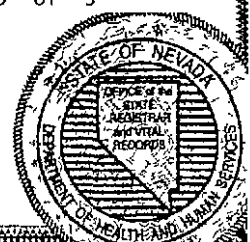
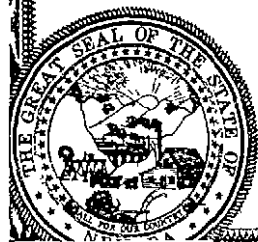
CERTIFIED COPY OF VITAL RECORDS

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: 01/15/2014

*Rod White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar



VRS-Rev-20120323a