

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 12th day of June, 2014

By Todd C Hubbard

Signature Madeline C Griswold
 Notary Public

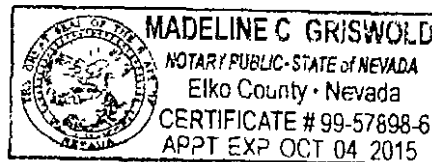


EXHIBIT "A"
LEGAL DESCRIPTION

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



227532

Book 567 06/13/2014
Page 30 2 of 3

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

Page 2 of 2

STATE OF NEVADA

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 DECEASENT IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK RECOMMENDATIONS FOR COMPLETION OF RESIDENCE ITEMS PARENTS DISPOSITION TRADE CALL CERTIFIER REGISTRAR CAUSE OF DEATH CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE BY STATING THE UNDERLYING CAUSE LAST	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Cory Don HUBBARD		2. DATE OF DEATH (Mo/Day/Year) January 06, 2014		3a. COUNTY OF DEATH Eureka		
	3b. CITY, TOWN, OR LOCATION OF DEATH Eureka		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) 391 South Spring Street		3d. Hosp or Inst. Indicate DOA, OP, Emer, Rm, Inpatient (Specify) Home		
	4. SEX Male						
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 54		7b. UNDER 1 YEAR / 7c. UNDER 1 DAY MOS DAYS HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) October 05, 1959		9a. STATE OF BIRTH (If not U.S.A., name country) Idaho		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (If wife, give maiden name)		13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Ranch Hand	
14b. KIND OF BUSINESS OR INDUSTRY Ranching		Ever in US Armed Forces? No		15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka	
15c. CITY, TOWN OR LOCATION Eureka		15d. STREET AND NUMBER 391 South Spring Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Roy HUBBARD		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Nelda HYATT		18a. INFORMANT - NAME (Type or Print) Roy HUBBARD		18b. MAILING ADDRESS* (Street or R.F.D. No., City or Town, State, Zip) PO Box 51 Eureka, Nevada 89318	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Cedar Hills Cemetery		19c. LOCATION City or Town, State Eureka Nevada 89318			
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JASON MUTH		20b. FUNERAL DIRECTOR LICENSE 298		20c. NAME AND ADDRESS OF FACILITY Barns Funeral Home PO Box 889 Eiko NV 89603			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) Kenneth E. Jones		21b. DATE SIGNED (Mo/Day/Yr) January 15, 2014		21c. HOUR OF DEATH 09:34		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Jones, Kenneth E	
22a. NAME AND ADDRESS OF DEATH CERTIFYING PHYSICIAN (Type or Print) Cory Don Hubbard, PO Box 43 Eureka NV 89318		22b. DATE SIGNED (Mo/Day/Yr) January 06, 2014		22c. HOUR OF DEATH 09:34		22d. PRONOUNCED DEAD (Mo/Day/Yr) January 06, 2014	
23a. REGISTRAR (Signature) Nicole Shore		23b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 15, 2014		23c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		23d. LICENSE NUMBER	
24. IMMEDIATE CAUSE (PART I) (a) Cardiac Arrest (b) Hyperglaucoma (c) Type II Diabetes (d)		25. DATE OF INJURY (Mo/Day/Yr) January 06, 2014		25a. AUTOPSY (Specify Yes or No) No		25b. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
26. ACC. SUICIDE, HOMICIDE, UNDET OR PENDING INVEST. (Specify)		26a. DATE OF INJURY (Mo/Day/Yr) January 06, 2014		26b. HOUR OF INJURY		26c. DESCRIBE HOW INJURY OCCURRED	
27a. INJURY AT WORK (Specify Yes or No)		27b. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		27c. LOCATION STREET OR R.F.D. No		27d. CITY OR TOWN STATE	

STATE REGISTRAR



227532

Book 567 06/13/2014
Page 31 3 of 3

CERTIFIED COPY OF VITAL RECORDS

510143

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

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

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

