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**Official Record**

Recording requested By  
LINDA A BOWMAN

Eureka County - NV  
Mike Rebaleati - Recorder

Fee: \$16.00 Page 1 of 3  
RPTT: Recorded By: LH  
Book- 567 Page- 0136

APN: 001-086-03

Recorded at the request of &  
after recording return original to:

Linda A. Bowman, Esq.  
P.O. Box 10306  
Reno, NV 89510

Mail Tax Statements to:

Dorothee McKay  
6953 Sacred Circle  
Sparks, NV 89436



0227559

**AFFIDAVIT OF SURVIVING JOINT TENANT**

STATE OF NEVADA )  
 : ss.  
COUNTY OF WASHOE )

DOROTHEE J. MCKAY, does hereby swear under penalty of perjury that the assertions of this affidavit are true, and declares the following:

1. DOROTHEE J. MCKAY is the surviving spouse and joint tenant of ROBERT D. MCKAY, deceased.

2. ROBERT D. MCKAY died in the county of Eureka, State of Nevada, on December 26, 2013. A certified copy of the Death Certificate of ROBERT D. MCKAY is attached hereto.

3. On August 24, 1998, ROBERT D. MCKAY and DOROTHEE J. MCKAY, acquired title as joint tenants with right of survivorship to a parcel of real property situate in the town of Eureka, county of Eureka, State of Nevada, by Deed recorded as Document No. 170516, Book 320, Page 485, of the Official Records of Eureka County, Nevada, the legal description of the real property situate in the city of Eureka, county of Eureka, State of Nevada is as follows:

All of Lots 4 and 5 in Block 83, and the south 21 feet of Lot 3, Block 83. APN 1-087-02

TOGETHER with any and all buildings and improvements situate on the above parcel.

TOGETHER with the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and the revision and reversions,

remainder and remainders, rent, issues and profits thereof.

ALL of Lots One (1), Two (2), Three (3) and Four (4), all in Block 91; also that certain lot of land commencing at point 35 feet West from the North East corner of Lot 1, running thence South, 75 feet, thence West, 50 feet to the place of beginning; together with all the buildings and improvements upon said lots, including the residence building, all as delineated upon that certain survey of the town of Eureka, Nevada, and which was filed in the office of the County Recorder of Eureka County, Nevada, on January 6, 1880, together with all and singular the tenements, hereditaments, and appurtenances thereunto belonging or in anywise appertaining, and the rents, issues and profits thereof. APN 1-086-01

**APN: 001-086-03**

4. At the time of death of ROBERT D. McKAY title to the real property described in paragraph 3 above, continued to be held by ROBERT D. McKAY, a married man and DOROTHY J. McKAY, as joint tenants with right of survivorship. As a result of the death of ROBERT D. McKAY and the joint tenancy form of title, the real property described in paragraph 3 above is now owned by DOROTHY J. McKAY, a widow.

DATED this 19 day of June, 2014.

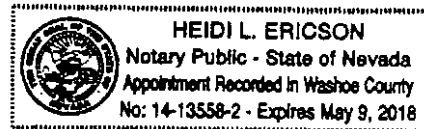
  
DOROTHY J. MCKAY

STATE OF NEVADA       )  
                                  : ss.  
COUNTY OF WASHOE    )

On this 19 day of June, 2014, personally appeared before me, a Notary Public, DOROTHY J. McKAY, known to me or proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to this Affidavit of Surviving Joint Tenant, and acknowledged to me that she executed the same.

WITNESS my hand and official seal.

  
NOTARY PUBLIC



## STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

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

2013021841

STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

DECEASED

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>Robert David MCKAY</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 26, 2013</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>60 Railroad St.</b>		3d. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) <b>Home</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE - Last birthday (Years) <b>66</b>	
7b. UNDER 1 YEAR MOS: <b>66</b>		7c. UNDER 1 DAY HOURS: <b>66</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>August 28, 1947</b>	
9a. STATE OF BIRTH (If not U.S.A. name country) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>13</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (If wife, give maiden name) <b>Dorothea CLYBURN</b>		13. SOCIAL SECURITY NUMBER <b>Ever in U.S. Armed Forces? Yes</b>	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Lineman</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Mt. Wheeler Power Company</b>		15a. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</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>60 Railroad St.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Robert N MCKAY</b>	
16. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Ella MCCREADY</b>		17a. INFORMANT - NAME (Type or Print) <b>Dorothea MCKAY</b>		17b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>P.O. Box 327 Eureka, Nevada 89316</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Crementation</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>JASON MUTH</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>298</b>		20c. NAME AND ADDRESS OF FACILITY <b>Burns Funeral Home</b> <b>PO BOX 889 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>KENNETH E JONES</b> SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) <b>January 15, 2014</b>		21c. HOUR OF DEATH <b>16:25</b>		22a. PRONOUNCED DEAD (Mo/Day/Yr) <b>December 26, 2013</b>	
22b. DATE SIGNED (Mo/Day/Yr) <b>January 15, 2014</b>		22c. HOUR OF DEATH <b>16:25</b>		22d. PRONOUNCED DEAD AT (Hour) <b>16:55</b>	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Coroner Kenneth E Jones, PO Box 736 Eureka, NV 89316</b>				23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 15, 2014</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I: (a) <b>Cardiac Arrest</b>				Interval between onset and death <b>Immediate</b>	
(b) <b>Unspecified Etiology</b>				Interval between onset and death	
(c) <b>Unspecified Etiology</b>				Interval between onset and death	
(d) <b>Unspecified Etiology</b>				Interval between onset and death	
PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I				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)			
28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		28g. LOCATION - STREET OR R.F.D. No. CITY OR TOWN 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

*R. J. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

