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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



0227559

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

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,

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) Robert David MCKAY		2. DATE OF DEATH (Mo/Day/Year) December 26, 2013		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) 60 Railroad St		3d. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Home	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 66	
7b. UNDER 1 YEAR MOS: DAYS:		7c. UNDER 1 DAY HOURS: MINS:		8. DATE OF BIRTH (Mo/Day/Yr) August 28, 1947	
9a. STATE OF BIRTH (if not U.S.A. name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Dorothee CLYBURN		13. SOCIAL SECURITY NUMBER	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Lineman		14b. KIND OF BUSINESS OR INDUSTRY Mt. Wheeler Power Company		15. Ever in US Armed Forces? Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka	
15d. STREET AND NUMBER 60 Railroad St		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Robert N MCKAY	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ella MCCREADY		18a. INFORMANT - NAME (Type or Print) Dorothee MCKAY		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) P.O. Box 327 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) JASON MUTH SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 298		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 889 Elko NV 89803	
TRADE CALL - NAME AND ADDRESS					
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			22a. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) Kenneth E Jones SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) January 15, 2014		21c. HOUR OF DEATH 16:25		22b. DATE SIGNED (Mo/Day/Yr) January 15, 2014	
22c. HOUR OF DEATH 16:25		22d. PRONOUNCED DEAD (Mo/Day/Yr) December 26, 2013		22e. PRONOUNCED DEAD AT (Hour) 16:55	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Kenneth E Jones, PO Box 736 Eureka, NV, 89316				23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 15, 2014		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) Cardiac Arrest				Interval between onset and death Immediate	
(b) Unspecified Etiology				Interval between onset and death	
(c) Unspecified Etiology				Interval between onset and death	
(d) Unspecified Etiology				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) NO	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		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		28h. 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. Wheeler
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

