

06/27/2014

11:11 AM

Recording requested By
LINDA A BOWMAN

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$15.00

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RPTT:

Recorded By: LH

Book- 567 Page- 0139

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

P.O. Box 10306

Mail Tax Statements to:

Dorothea J. McKay
6953 Sacred Circle
Sparks, NV 89436



0227560

[illegible]

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 December 14, 1999, ROBERT D. & DOROTHY J. McKAY, acquired title as husband and wife 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. 173594, Book 331, Page 555 of the Official Records of Eureka County, Nevada, the legal description of the real property situate in the situate in the town of Eureka, county of Eureka, State of Nevada is as follows:

All that certain real property situate in the southeast 1/4 of Section 14, Township 19 North, Range 53 East, M.D.M., further described as a portion of Railroad Street, as shown on that Plat of Eureka Townsite, on file in the Office of the U.S. Department of the Interior, G.L.O., recorded in 1937, being more particularly describe as follows:

BEGINNING at the southwest corner of Lot 6, Block 83, Eureka Townsite, as shown on said Plat of Eureka Townsite, said point being on the westerly right of way of said Railroad Street.

THENCE leaving said westerly right of way of Railroad Street; S.71°59'00"W., 27.36 feet;

THENCE N.18°49'57" W., 87.18 feet to the northwest corner of said Lot 6, said point being on said westerly right of way of Railroad Street;

THENCE along said westerly right of way of Railroad Street, S.36°11'00" E., 91.74 feet to the POINT OF BEGINNING.

CONTAINING 1,193 square feet, more or less.

As per Record of Survey map filed at the request of Eureka County, Nevada on the 29th day of November, 1999, as File #173391 of the Official Records of Eureka County, Nevada.

The above legal description was obtained from Document 173594, Book 331, Page 556

APN: 001-087-05

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. & DOROTHY J. McKAY, as husband and wife as joint tenants with right of survivorship. As a result of the death of ROBERT D. 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.

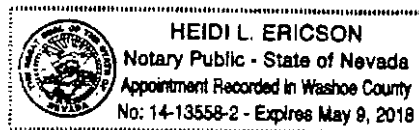

DOROTHY J. MCKAY

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



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	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.		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 66	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		7d. UNDER 1 DAY MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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		8. DATE OF BIRTH (Mo/Day/Yr) August 28, 1947	
PARENTS	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	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka	
DISPOSITION	16. FATHER/PARENT- NAME (First Middle Last Suffix) Robert N. MCKAY		17. MOTHER/PARENT- NAME (First Middle Last Suffix) Ella MCCREADY		15d. STREET AND NUMBER 60 Railroad St.	
	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		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
TRADE CALL	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		20b. FUNERAL DIRECTOR LICENSE 298		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 689 Elko NV 89803	
CERTIFIER	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 16:25	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Coroner Kenneth E Jones		21e. PRONOUNCED DEAD (Mo/Day/Yr) December 26, 2013		21f. PRONOUNCED DEAD AT (Hour) 16:55	
REGISTRAR	22a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Kenneth E Jones		22b. LICENSE NUMBER PO Box 738 Eureka, NV 89316		23. NAME AND ADDRESS OF REGISTRAR (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nicole Shore	
	24a. REGISTRAR (Signature) Nicole Shore		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"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Cardiac Arrest		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
	25a. DUE TO, OR AS A CONSEQUENCE OF, (a) Unspecified Etiology		25b. DUE TO, OR AS A CONSEQUENCE OF, (b)		25c. DUE TO, OR AS A CONSEQUENCE OF, (c)	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25d. DUE TO, OR AS A CONSEQUENCE OF, (d)		25e. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.		25f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)	
	25g. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)		25h. DATE OF INJURY (Mo/Day/Yr)		25i. HOUR OF INJURY	
25j. INJURY AT WORK (Specify, Yes or No)		25k. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		25l. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE STREET OR R.F.D. No. CITY OR TOWN STATE		

STATE REGISTRAR



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VRS-Rev. 20120523a

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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

SIGNATURE AUTHENTICATED

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

