

**DOC # 0227598**

07/11/2014 01:33 PM

**Official Record**

Recording requested By  
LINDA BOWMAN

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$18.00

Page 1 of 5

RPTT:

Recorded By: AP

Book- 567 Page- 0228

APN: 001-113-04

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 J. McKay  
6953 Sacred Circle  
Sparks, NV 89436



**AFFIDAVIT OF SURVIVING JOINT TENANT**

STATE OF NEVADA            )  
  ): ss.  
COUNTY OF WASHOE        )

DOROTHEE J. MCKAY also known as DOROTHY JEAN 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 of ROBERT DAVID MCKAY and joint tenant with ROBERT N. MCKAY and ELLA I. MCKAY, husband and wife, and ROBERT DAVID MCKAY, deceased.
2. ROBERT DAVID MCKAY died in the town and County of Eureka, State of Nevada, on December 26, 2013. A certified copy of the Death Certificate of ROBERT DAVID MCKAY is attached hereto.
3. ELLA I. MCKAY died in the city of Reno, County of Washoe, state of Nevada on October 15, 1997. A certified copy of the Death Certificate of ELLA I. MCKAY is attached hereto.
4. ROBERT N. MCKAY died in the city of Reno, County of Washoe, state of Nevada on January 23, 1990. A certified copy of the Death Certificate of ROBERT N. MCKAY is attached hereto.
5. On June 5, 1981, ROBERT N. MCKAY and ELLA I. MCKAY, husband and wife of Eureka, Nevada and ROBERT DAVID MCKAY and DOROTHY JEAN MCKAY, husband and wife of Eureka, Nevada, acquired title as joint tenants with right of survivorship to a parcel of real property situate in the town of Eureka, Eureka County, State of Nevada, by Deed recorded as Document No. 80472, Book 95, Page 78, of the Official Records of Eureka County, Nevada, the legal description of the real property described as follows:

All that part of Lot 7, in Block 72, which is more particularly described as follows: Beginning at the SE Corner of Lot 7 in Block 72, thence N. 17°25' E. along the east end line of Lot 7, to the NE corner of Lot 7, thence N. 72°25' W. along the north

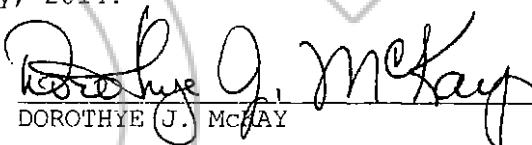
side line of Lot 7, 80 ft. to a point on said north side line, thence S.17°35' W. through the depth of said Lot 7, to the south side line of Lot 7, thence S.78°56' E. along the south side line of Lot 7, to the SE corner of Lot 7, the place of beginning; Also all that part of Lot 6 in the Block 72, which is more particularly described as follows: Beginning at the SE corner of Lot 6, thence N.17°35' E. along the east end line of Lot 6, a distance of 55.55 ft. to a point on the east side line of Lot 6, thence N. 72°25'W. 80 ft. to a point inside of Lot 6, thence S. 17°35'W. to a point on the south side line of said Lot 6, thence south along the south side line of Lot 6, to the SE corner of said Lot 6, the place of beginning.

**APN: 001-113-04 - This metes and bounds legal description was previously recorded in Document No. 80472, Book 95, Page 78, of the Official Records of Eureka County, Nevada**

Together with all improvements, tenements, hereditaments and appurtenances, easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

6. At the time of death of ROBERT N. MCKAY and ELLA I. MCKAY, husband and wife, and ROBERT DAVID MCKAY, title to the real property described in paragraph 5 above, continued to be held by ROBERT N. MCKAY and ELLA I. MCKAY, husband and wife, and ROBERT DAVID MCKAY and DOROTHY JEAN MCKAY, husband and wife, as joint tenants with right of survivorship. As a result of the deaths of ROBERT N. MCKAY and ELLA I. MCKAY, husband and wife and ROBERT DAVID MCKAY and the joint tenancy form of title, the real property described in paragraph 5 above is now owned by DOROTHYE J. MCKAY, a widow.

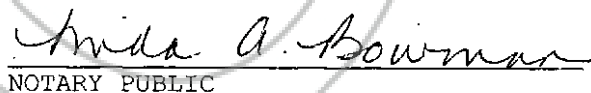
DATED this 8 day of July, 2014.


  
DOROTHYE J. MCKAY

STATE OF NEVADA             )  
  : ss.  
COUNTY OF WASHOE         )

On this 8th day of July, 2014, personally appeared before me, a Notary Public, DOROTHYE 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

 LINDA A. BOWMAN  
Notary Public - State of Nevada  
Appointment Recorded in Washoe County  
No: 01-70483-2 - Expires July 15, 2014

**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

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 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. Home</b>		3d. SEX <b>Male</b>	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) <b>66</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>	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Lineman</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</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>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Dorothea CLYBURN</b>		14b. KING OF BUSINESS OR INDUSTRY <b>Mt. Wheeler Power Company</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>		17. MOTHER/PARENT NAME (First Middle Last Suffix) <b>Ella MCCREADY</b>	
18a. INFORMANT NAME (Type or Print) <b>Dorothea MCKAY</b>		18b. 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>Cremation</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 689 Elko NV 89803</b>	
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)			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) <b>KENNETH E JONES</b> SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr)		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)		22c. HOUR OF DEATH <b>16:25</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>December 26, 2013</b>	
22e. 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 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) <b>Cardiac Arrest</b>				Interval between onset and death <b>Immediate</b>	
(b) <b>Unspecified Etiology</b>				Interval between onset and death	
(c)				Interval between onset and death	
(d)				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. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28e. DESCRIBE HOW INJURY OCCURRED			
28f. INJURY AT WORK (Specify Yes or No)		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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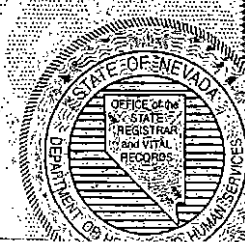
CERTIFIED COPY OF VITAL RECORDS

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. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**WASHOE COUNTY HEALTH DISTRICT**  
VITAL STATISTICS - RENO, NEVADA

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

ROLL 92 IMAGE 74

LOCAL FILE NUMBER **2310**

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**

**CERTIFIER**

CONDITIONS IF ANY WHICH CAUSE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

**CAUSE OF DEATH**

DECEASED—NAME First Middle Last <b>1. Ella MCKAY</b>		DATE OF DEATH (Month, Day, Year) <b>2. October 15, 1997</b>		COUNTY OF DEATH <b>3a. Washoe</b>
CITY, TOWN, OR LOCATION OF DEATH <b>3b. Reno</b>		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>5275 Crystal Vista Lane</b>		SEX <b>4. Female</b>
RACE—(e.g., White, Black, American Indian, etc) (Specify) <b>5. White</b>	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. <b>6.</b>	AGE—Last Birthday (Years) <b>7a. 67</b>	UNDER 1 YEAR MOS : DAYS <b>7b.</b>	UNDER 1 DAY HOURS : MINS <b>7c.</b>
DATE OF BIRTH (Mo., Day, Yr.) <b>8. October 23, 1929</b>	STATE OF BIRTH (If not U.S.A., name country) <b>9a. Nebraska</b>	CITIZEN OF WHAT COUNTRY <b>9b. USA</b>	Decedent's Education. Specify highest grade completed. <b>10. 12</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>11. Widowed</b>
SOCIAL SECURITY NUMBER <b>12.</b>	USUAL OCCUPATION (Give kind of Work Done During Most of Working Life; Even If Retired) <b>14a. Postmaster</b>	KIND OF BUSINESS OR INDUSTRY <b>14b. US Postal Service</b>		
RESIDENCE—STATE <b>15a. Nevada</b>	COUNTY <b>15b. Washoe</b>	CITY, TOWN, OR LOCATION <b>15c. Reno</b>	STREET AND NUMBER <b>15d. Crystal Vista 5275</b>	INSIDE CITY LIMITS (Specify Yes or No) <b>15e. Yes</b>
FATHER—NAME First Middle Last <b>16. David McCready</b>		MOTHER—MAIDEN NAME First Middle Last <b>17. Minnie Hesper</b>		
INFORMANT—NAME (Type or Print) <b>18a. Doug McKay</b>		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>18b. 3265 Everett Drive, Reno, Nevada 89503</b>		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>19a. Burial</b>	CEMETERY OR CREMATORY—NAME <b>19b. Masonic Cemetery</b>		LOCATION—City or Town State <b>19c. Eureka Nevada</b>	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>	FUNERAL DIRECTOR LICENSE NUMBER <b>20a. 5</b>	NAME AND ADDRESS OF FACILITY <b>20b. Walton Funeral Home 875 West Second Street, Reno, Nevada 89503</b>		
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>		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) and manner stated. (Signature and Title) <i>[Signature]</i>		
DATE SIGNED (Mo., Day, Yr.) <b>21b. 10/16/97</b>	HOUR OF DEATH <b>21c. 0845</b>	DATE SIGNED (Mo., Day, Yr.) <b>22b.</b>	HOUR OF DEATH <b>22c.</b>	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>21d. Gary L. Abrass, M.D., B5 Kirman Ave., Reno, NV. 89502</b>		PRONOUNCED DEAD (Mo., Day, Yr.) <b>22d. ON</b>		PRONOUNCED DEAD (Hour) <b>22e. AT</b>
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>23a. Gary L. Abrass, M.D., B5 Kirman Ave., Reno, NV. 89502</b>		LICENSE NUMBER <b>23b. 3747</b>		
REGISTRAR—SIGNATURE <i>[Signature]</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>24b. October 16, 1997</b>	DEATH DUE TO COMMUNICABLE DISEASE <b>24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>		
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				
PART I DUE TO, OR AS A CONSEQUENCE OF <b>(a) Malignant Neoplasm</b>		Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF <b>(b) Myocardial Infarction</b>		Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF <b>(c) Myocardial Infarction</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.		AUTOPSY (Specify Yes or No) <b>25. No</b>		
ACC., SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify) <b>26a.</b>	DATE OF INJURY (Mo., Day, Yr.) <b>26b.</b>	HOUR OF INJURY <b>26c. M</b>	DESCRIBE HOW INJURY OCCURRED <b>26d.</b>	
INJURY AT WORK (Specify Yes or No) <b>26e.</b>	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>26f.</b>	LOCATION <b>26g.</b>	STREET OR R.F.D. No. <b>26h.</b>	CITY OR TOWN STATE <b>26i.</b>

STATE REGISTRAR

No. 118109



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JUN 25 2014

DEPUTY REGISTRAR

*[Signature]*

DATE ISSUED:

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**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**WASHOE COUNTY HEALTH DISTRICT**  
VITAL STATISTICS - RENO, NEVADA

STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH - SECTION OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

ROLL 70 IMAGE 15

TYPE OF PRINT OR PRINT IMPERMANENT BLACK INK

DECEASED

DEATH OCCURRED IN HOME OR SEPARATE RESIDENCE

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

1. Robert Norman MCKAY		2. January 23, 1990		3. Washoe	
4. Reno		5. St. Marys Regional Medical Center		6. Inpatient	
7. White		8. 6		9. December 24, 1922	
10. Nevada		11. U.S.A.		12. Married	
13. Equipment Operator		14. Mining		15. ELLA J. McCready	
16. Nevada		17. Eureka		18. Eureka	
19. Robert Alexander Mckay		20. Carrie Gibellini		21. 3265 Everett Drive Reno, Nevada 89503	
22. Burial		23. Masonic Cemetery		24. Eureka Nevada	
25. Doug McKay		26. 875 West Second Street Reno, Nevada 89503		27. Walton Funeral Home	
28. 1/23/90		29. 4:50 A.M.		30. Steven Schiff, M.D., 236 West 6th St., Reno, NV 89503	
31. Coarctive Ce		32. YES		33. NO	
34. 0227598		35. 07/11/2014		36. ND	

STATE REGISTRAR

No. 012718

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JUN 25 2014

DEPUTY REGISTRAR

*Norma Jackson*

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

