

APN: 001-012-29

RECORDING REQUESTED BY:

JOEL W. LOCKE, Esq.
Allison MacKenzie, Ltd.
P.O. Box 646
Carson City, Nevada 89702

MAIL TAX STATEMENTS TO:

SCOTT ROBINSON
5 Yorktown Drive
Carson City, NV 89703

The party executing this document hereby affirms that this document submitted for recording DOES contain the social security number of a person or persons pursuant to NRS 440.380

DOC # 0233192

06/12/2017

09:25 AM

Official Record

Recording requested By
ALLISON MACKENZIE LTD

Eureka County - NV

Lisa Hoehne - Recorder

Fee: \$16.00

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RPTT:

Recorded By: CH

Book- 602 Page- 0081



0233192

AFFIDAVIT OF DEATH OF JOINT TENANT

SCOTT ROBINSON does hereby subscribe and swear under penalty of perjury that the following assertions are true:

1. That on January 16, 2009, WILLIAM H. McCULLOCH and PATRICIA J. McCULLOCH, husband and wife, acquired title as joint tenants with right of survivorship and not as tenants in common, the real property situate in the County of Eureka, State of Nevada, described as follows:

Parcel No. 2 of that certain Parcel Map for David A. Pastorino as recorded in the office of the Recorder of Eureka County, Nevada, on September 7, 2006, as File No. 206144.

(Pursuant to NRS 111.312 this legal description was previously recorded on January 16, 2009, as Document No. 0213049, Official Records, Eureka County, Nevada.)

2. That WILLIAM H. McCULLOCH, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as WILLIAM H. McCULLOCH named

as one of the parties in that certain Grant, Bargain and Sale Deed mentioned herein above and recorded on January 16, 2009, as Document Number 0213049. A certified copy of the Certificate of Death of WILLIAM H. McCULLOCH is attached hereto.

3. That at the time of the death of WILLIAM H. McCULLOCH, title to the above-referenced real property continued to be held by WILLIAM H. McCULLOCH and PATRICIA J. McCULLOCH, husband and wife as joint tenants with right of survivorship and not as tenants in common.

4. That this affidavit is executed pursuant to NRS 111.365.


THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING DOES CONTAINS A SOCIAL SECURITY NUMBER OF PERSON OR PERSONS.

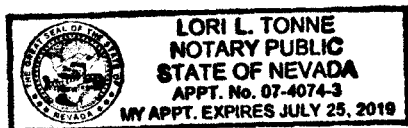
Dated this 26 day of May, 2017


SCOTT ROBINSON

STATE OF NEVADA)
 : ss.
CARSON CITY)

On this 26th day of May, in the year 2017, before me, a notary public, personally appeared SCOTT ROBINSON, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he executed it.


NOTARY PUBLIC



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS**

CERTIFICATE OF DEATH

2009012159

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

POSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) William Hugh MC CULLOCH		2. DATE OF DEATH (Mo/Day/Year) July 22, 2009		3a. COUNTY OF DEATH Elko	
3b. CITY, TOWN, OR LOCATION OF DEATH Elko		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Northeastern Nevada Regional Health		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Emergency Room / Outpatient	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 67	
9a. STATE OF BIRTH (If not U.S.A., name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Construction Supervisor		14b. KIND OF BUSINESS OR INDUSTRY Construction	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Elko		15c. CITY, TOWN OR LOCATION Spring Creek	
16. FATHER - NAME (First Middle Last Suffix) Hugh Gregory MC CULLOCH		17. MOTHER - NAME (First Middle Last Suffix) Wilma KENNEDY		15d. STREET AND NUMBER 28 Diamond Back Place	
18a. INFORMANT - NAME (Type or Print) Patricia MC CULLOCH		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 28 Diamond Back Place Spring Creek, Nevada 89815			
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) R SCOTT BURNS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 07		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 689 Elko NV 89803	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) ROBERT JOSEPH STEFANKO M.D. SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) July 28, 2009		21c. HOUR OF DEATH 07:57		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)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Robert Joseph Stefanko M.D. 1995 Errecart Blvd. #208 Elko, NV 898018337					
23b. LICENSE NUMBER 6923					
24a. REGISTRAR (Signature) R. SCOTT BURNS SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 31, 2009		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				Interval between onset and death	
(a) Cardiac Arrhythmia					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b)					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
PART II				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	

STATE REGISTRAR

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289510 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: 08/25/2009

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

R. Scott Burns
STATE REGISTRAR
SIGNATURE AUTHENTICATED

