

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

Page 1 of 3

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.

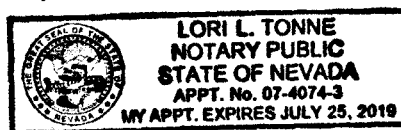
Dated this 26 day of May, 2017

Scott Robinson  
SCOTT ROBINSON

STATE OF NEVADA       )  
                                      : ss.  
CARSON CITY            )

On this 26<sup>th</sup> 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.

Lori L. Tonne  
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

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF  
DEATH

CONDITIONS IF  
ANY WHICH  
HAVE RISE TO  
IMMEDIATE  
CAUSE ->  
IDENTIFYING THE  
UNDERLYING  
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE, LAST, SUFFIX) <b>William Hugh MC CULLOCH</b>		2. DATE OF DEATH (Mo/Day/Year) <b>July 22, 2009</b>		3a. COUNTY OF DEATH <b>Elko</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Elko</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) <b>Northeastern Nevada Regional Health</b>		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Emergency Room / Outpatient</b>	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>67</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>14</b>	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Construction Supervisor</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Elko</b>		15c. CITY, TOWN OR LOCATION <b>Spring Creek</b>	
16. FATHER - NAME (First Middle Last Suffix) <b>Hugh Gregory MC CULLOCH</b>		17. MOTHER - NAME (First Middle Last Suffix) <b>Wilma KENNEDY</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Patricia HICKS</b>	
18a. INFORMANT - NAME (Type or Print) <b>Patricia MC CULLOCH</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>28 Diamond Back Place Spring Creek, Nevada 89815</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>R SCOTT BURNS</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>07</b>		20c. NAME AND ADDRESS OF FACILITY <b>Burns Funeral Home</b> <b>PO BOX 689 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>SIGNATURE AUTHENTICATED ROBERT JOSEPH STEFANKO M.D.</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>July 28, 2009</b>		21c. HOUR OF DEATH <b>07:57</b>		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Robert Joseph Stefanko M.D. 1995 Errecart Blvd. #208 Elko, NV 898018337</b>		23b. LICENSE NUMBER <b>6923</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. REGISTRAR (Signature) <b>R. SCOTT BURNS</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 31, 2009</b>		24d. 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 Arrhythmia</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(b)					
DUE TO, OR AS A CONSEQUENCE OF:					
(c)					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
PART II					
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
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	
28d. DESCRIBE HOW INJURY OCCURRED		26. AUTOPSY (Specify Yes or No) <b>No</b>			
		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>			

STATE REGISTRAR

0804724 Page: 2 Of 2 06/27/2012

0233192 Book: 602 06/12/2017  
Page: 83 Page: 3 of 3

VRS-Rev-20090602

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.

PBNC0 (Rev) 11/06

*R. Scott Burns*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

