

A.P.N. No.:	005-090-63, 005-090-64
File No.:	1160433
Recording Requested By:	
Stewart Title Company	
Mail Tax Statements To:	Same as below
When Recorded Mail To:	
Michael C. Hill	
15 Ficks Point Road	
Garden Valley, ID 83622	

EUREKA COUNTY, NV	2021-244656
Rec:\$37.00	
\$37.00 Pgs=3	04/09/2021 01:43 PM
STEWART TITLE ELKO	
LISA HOEHNE, CLERK RECORDER	

AFFIDAVIT - DEATH OF JOINT TENANT

State of Nevada)
) ss
County of Eureka)

Michael C. Hill, of legal age, being first duly sworn, deposes and says: That Andrea Hill, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Andrea L. Hill named as one of the parties in that certain Grant, Bargain and Sale Deed dated January 7th, 1997 executed by Alex F. Ramsay and Dorothy W. Ramsay, husband and wife to Michael C. Hill and Andrea L. Hill, husband and wife as joint tenants with right of survivorship recorded as Document No. 165885, on January 9th, 1997 in Book 304, Page 571 of Official Records of Eureka County Nevada, covering the following described property situated in Eureka County, State of Nevada.

PARCEL 2:

TOWNSHIP 31 NORTH, RANGE 49 EAST, M.D.B.&M.

Section 25: S1/2NW1/4SW1/4;

EXCEPTING FROM PARCELS 1 AND 2 all petroleum, oil, natural gas and products derived therefrom lying in and under said land as reserved by Southern Pacific Company, in Deed recorded August 23, 1959, in Book 25, Page 290, Deed Records of Eureka County, Nevada.

Dated: 4-8, 2021.

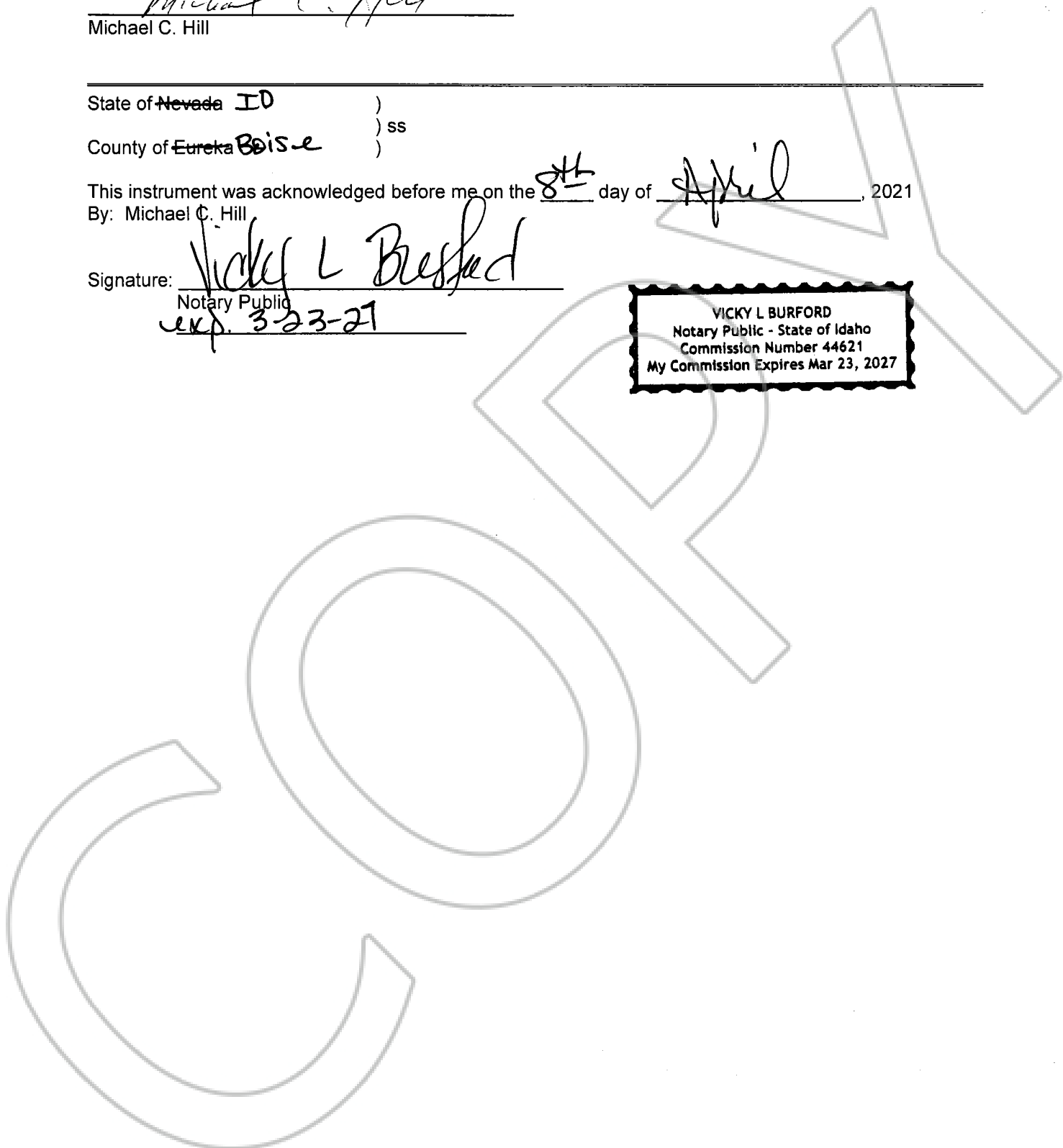
Michael C. Hill
Michael C. Hill

State of ~~Nevada~~ ID)
County of ~~Eureka~~ Boise) ss

This instrument was acknowledged before me on the 8th day of April, 2021
By: Michael C. Hill

Signature: Vicky L Burford
Notary Public
exp. 3-23-27

VICKY L BURFORD
Notary Public - State of Idaho
Commission Number 44621
My Commission Expires Mar 23, 2027



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 404864

CERTIFICATE OF DEATH

2018020432
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) Andrea HILL		2. DATE OF DEATH (Mo/Day/Year) October 16, 2018		3a. COUNTY OF DEATH Eureka	
3b. CITY, TOWN, OR LOCATION OF DEATH Beowawe		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or Inpatient)(Specify) 1 Willow Creek Pass Home		4. SEX Female	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 65	7b. UNDER 1 YEAR MOS: _____ DAYS: _____	7c. UNDER 1 DAY HOURS: _____ MINS: _____
9a. STATE OF BIRTH (If not US/CA, name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 12	11. MARITAL STATUS (Specify) Married	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Michael HILL
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Homemaker)		14b. KIND OF BUSINESS OR INDUSTRY Own Home	Ever in US Armed Forces? No
15a. RESIDENCE - STATE Nevada	15b. COUNTY Eureka	15c. CITY, TOWN OR LOCATION Beowawe	15d. STREET AND NUMBER 1 Willow Creek Pass		15e. INSIDE CITY LIMITS (Specify Yes or No) No
16. FATHER/PARENT - NAME (First Middle Last Suffix) Carlye PETERSON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mary MUIR		
18a. INFORMANT- NAME (Type or Print) Michael HILL		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) HC 66 Box 2-2 Beowawe, Nevada 89821			
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 NUMBER FD298	20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 689 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) KAREN L WRIGHT MD SIGNATURE AUTHENTICATED			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)		
21b. DATE SIGNED (Mo/Day/Yr) October 25, 2018		21c. HOUR OF DEATH 03:13		22b. DATE SIGNED (Mo/Day/Yr)	22c. HOUR OF DEATH
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)	22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Karen L Wright MD 2100 Ruby View Dr Elko, NV 89801				23b. LICENSE NUMBER 10643	
24a. REGISTRAR (Signature) FRED QUIHUIS SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 29, 2018		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).)				Interval between onset and death	
PART I					
(a) Cardiac Arrest				7 Minutes	
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Myocardial Infarction				8 Hours	
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Coronary Artery Occlusion				12 Hours	
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Pancreatic Adenocarcinoma				2 Years	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				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



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: **OCT 31 2018**

Julie Katcheva
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

