

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.

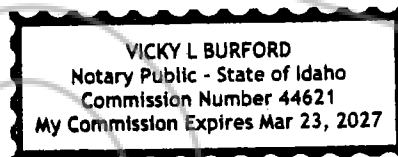
Michael C. Hill
Michael C. Hill

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



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4045864

CERTIFICATE OF DEATH

2018020432

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	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 3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 1 Willow Creek Pass Home		4. SEX Female	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 65	
	7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) February 08, 1953	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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			
PARENTS	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	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Beowawe	
DISPOSITION	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			
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 SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD298		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) KAREN L WRIGHT MD SIGNATURE AUTHENTICATED					
	21b. DATE SIGNED (Mo/Day/Yr) October 25, 2018		21c. HOUR OF DEATH 03:13			
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
	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		23c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	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).)					
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART I		PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.			
	(a) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF: (c) Coronary Artery Occlusion DUE TO, OR AS A CONSEQUENCE OF: (d) Pancreatic Adenocarcinoma		Interval between onset and death 7 Minutes Interval between onset and death 8 Hours Interval between onset and death 12 Hours Interval between onset and death 2 Years			
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**

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

