A.P.N.

011-170-04

Recording Requested By: Cow County Title Co Mail Tax Statements To: Same as below When Recorded Mail To: Lonny Earl Walch 699 Pahroc St

LINCOLN COUNTY, NV

\$35.00

04/02/2019 03:23 PM

2019-156119

Rec:\$35.00 COW COUNTY TITLE CO.

Pgs=5 KE

OFFICIAL RECORD

AMY ELMER, RECORDER

80595

Alamo, NV 89001

AFFIDAVIT DEATH OF JOINT TENANT

I, the undersigned, hereby affirm that this document submitted for recording contains PERSONAL INFORMATION of a person or persons as required by law: NRS40.525.

APN No.: Escrow No.: 011-170-04 19-259873

MAIL TAX STATEMENT TO AND WHEN RECORDED RETURN TO:

Lonny Earl Walch

1099 Pahroc St. Hamo, N/89001

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA COUNTY OF Lincoln	} ss		
Lonny Earl Walch, of legal age, being duly s	sworn, deposes and say	s	
That Deceased, Elvira Walch, the deceder	nt mentioned in the attac	ched certified copy of the	Certificate of
Death, is the same person as name on title dated Marg 3, 1965 executed by Milton W S	e named as one of the p Steel and Isabella Steel	parties in that certain type e, husband and wife to Fl	of document oyd A Walch
and Elvira Walch, husband and wife, as join			
Deeds, page 414 as File No.42770, Lincoln	n County, Nevada recor	ds, Official Records of Lin	icoln County,
NEVADA, covering the following described p	property.		
	e Attached Exhibit "A"		
Lonny Earl Walch LONNY FAREL WALLA			
STATE OF NEVADA COUNTY OF Lines In	} ss:		
This instrument was acknowledged before by Lonny Earl Walch.	me on this <u></u> day	y of March	, 2019
Astra E Simmus Notary Public for Nevada		ROBIN E. SIMMERS Notary Public, State of Nevada Appointment No. 02-78907-11 Appt. Expires November 6, 2022	

Page 1 of 2

NOTARY PUBLIC SRIN ESIMMERS #02-78907-11 EXP 11/0/22

LEGAL DESCRIPTION

The land referred to herein is described as follows:

All that certain real property situate in the County of Lincoln, State of Nevada, described as follows:

A parcel of land situate in the Northeast Quarter (NE1/4) of the Northeast Quarter (NE1/4) of Section 30, Township 6 South, Range 61 East, Mount Diablo Base and Meridian, being more particularly described as follows:

Beginning at a point which is the Southeast Corner of this parcel from which the Northwest Comer of said Section 30, bears North 82°10'26" West a distance of 5,011.67 feet more or less; thence South 88°31'18" West a distance of 435.10 feet more or less to the Southwest Corner; thence North 8°42'57" West a distance of 294.57 feet more or less to the Northwest Corner; thence North 89°39'27" East a distance of 481.21 Feet more or less to the Northeast Corner; thence South 0°19'39" West a distance of 282.82 feet more or less, to the point of beginning.

ALSO, A 25' Right-of-Way Easement described as follows:

Beginning at the same point as described above which is the Southwest Corner of the Right-of-Way; thence North 0°19'39" East a distance of 25.00 feet more or less; thence North 89°00' East a distance of 257.23 feet more or less, to a point on the Westerly edge of the Right-of-Way for the old U.S. Highway 93, thence following the Westerly side of said Right-of-Way South 9°57'30" West a distance of 25.30 feet more or less, to a point; thence South 89°01'27" West along an existing fence a distance of 252.35 feet more or less, to the point of beginning.

ASSESSOR'S PARCEL NUMBER FOR 2018 - 2019: 011-170-04

The above legal description is a metes and bounds description and was obtained from a Quitclaim Deed, recorded March 26, 2001 in Book 154 Official Records, page 16, as File No. 116093, Lincoln County, Nevada records.

This additional information required by NRS 111.312 and NRS 239B.030.

Order No.: 80595 Preliminary Title Report

EXHIBIT "A"

Order No.: 80595

The land referred to in this policy is situate in the State of Nevada, County of Lincoln, and is described as follows:

BEING that portion of Section 30, Township 6 South, Range 61 East, M.D.B.& M, described as follows:

Commencing at the Northeast corner of Section 30, Township 6 South, Range 61 East, M.D.B.& M., and running thence South 787 feet to the Southeast corner; thence West 1320 feet to the Southwest corner; thence North 787 feet to the Northwest corner; thence East 1320 feet to the place of beginning.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

VITAL STATISTICS

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

000562 CERTIFICATE OF DEATH LOCAL FILE NUMBER PE RINT DATE OF DEATH (Month, Day, Year) Elvira Catherine February 20, 1
Inside City Limits
(Specify Yes or No.) CITY, TOWN, OR LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) If Hosp, or Inst. indicate DOA, OP/Em Rm. Inpatient (Specify) 603-0309 Las Vegas 3d Yes Valley Hospital DENT Inpatien RACE—(e.g., White, Black, American Indian, etc) (Specify) UNDER 1 YEAR UNDER 1 DAY Birthday (Years) HOURS . MINS MOS . DAYS White American : 6 Dec. 15, 1912 Female
SURVIVING SPOUSE (If wife, give maiden name) WAS DECEDENT EVER I
U.S. ARMED FORCES?
(Specify Yes or No.) No. 70 STATE OF BIRTH (If not U.S.A., name country) DEATH MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
10. Married CITIZEN OF WHAT COUNTRY IRRED IN Intution Iandbook Nevada U.S.A. Married 11 Floyd A. Walch USUAL OCCUPATION (Give Kind of Work Done During Most Working Life, Even if Retired) KIND OF BUSINESS OR INDUSTRY JAROING SOCIAL SECURITY NUMBER 632 LETION OF 666 Seamstress Upholstery company RESIDENCE-STATE CITY, TOWN, OR LOCATION INSIDE CITY LIMITS STREET AND NUMBER 9-709 Richardville Rd Nevada Lincoln Hiko FATHER-NAME MOTHER-MAIDEN NAME ENTS John Ward Christian Jr. Mary Jane <u>Ferguson</u> (Street of R.F.D. No., City or Town, State, Zip) INFORMANT—NAME (Type of Print) Floyd A. Walch (husband) Hiko, Nevada 186 Richardville Rd. 89017 BURIAL, CREMATION, REMOVAL, OTHER (Specify) CEMETERY OR CREMATORY-NAME Burial Hiko Cemetery Nevada ISITION NAME AND ADDRESS OF FACILITY 925 Las Vegas Blvd.No. Bunker Mortuary Las Vegas, Nevada 22a. On the basis of examination and/or investigation, in my opinion death occurre
at the time, date and place and due to the cause(s) stated. (Signature and Title) (Signature and Title)

DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH 1:45pm 22b. 22c 21c IFIER NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print, PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Hour) NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) Thomas Gott M.D. 3196 So. Maryland Pkwy, Las Vegas, DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE ITIONS FEB 2 3 1983 YES GAVE E TO Interval between onset and deat Interval between onset and death CESCEBRAL 17
DUE TO, OR AS A CONSEQUENCE OF hours Left Middle (ene tral It Tany SE OF OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART 1 (a) AUTOPSY (Specify WAS CASE REFERRED TO ΔТН 26. No ACC. SUICIDE, HOM, UNDET, OR PENDING INVEST. DESCRIBE HOW INJURY OCCURRED DATE OF INJURY (Mo. Day, Yr HOUR OF INJURY (Specify) 28a. 28d INJURY AT WORK STREET OR R.F.D. No. LOCATION CITY OR TOWN PLACE OF INJURYcify Yes or No)

Delayed Birth Cert.#M-6365

VITAL RECORDS

43339



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.

MAR 1 5 2019 DATE ISSUED:



