

APN: 011-220-07


WHEN RECORDED, RETURN TO:

Taylor L. Waite, Esq.  
CLEAR COUNSEL LAW GROUP  
1671 W. Horizon Ridge Pkwy., Ste. 200  
Henderson, NV 89012

MAIL TAX NOTICES TO:

Janice Lamb  
1526 S. 2670 E.  
St. George, UT 84790

LINCOLN COUNTY, NV      **2019-156662**  
 Rec:\$35.00  
 Total:\$35.00  
 JANICE LAMB  
 06/25/2019 03:02 PM  
 Pgs=5 KE



00002966201901566620050053  
 OFFICIAL RECORD  
 AMY ELMER, RECORDER

**AFFIDAVIT OF DEATH OF JOINT TENANT**

STATE OF NEVADA      )  
  ) ss.  
COUNTY OF CLARK    )

Debby Gay Leavitt, does hereby swear under penalty of perjury under the law that the assertions of this affidavit are true and declares the following:

1. On October 3, 1984 Merlin Lamb and Janice Lamb acquired title as joint tenants with right of survivorship to a parcel of real property situated in Lincoln County, State of Nevada, by Deed recorded on January 17, 1985 as recorded document number 81879, Official Records of Lincoln County, Nevada. The legal description of the property is as follows:

(Please see Exhibit B for Legal Description)

**Commonly known as: 1193 Old Sharp Lane, Alamo, NV 89001**

2. Merlin Lamb died on January 12, 2019, in Lincoln County, State of Nevada. A certified copy of the Death Certificate of Merlin Lamb is attached to this Affidavit as Exhibit A.

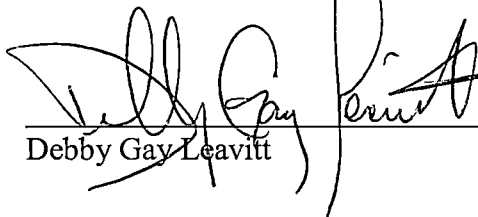
3. At the time of death of Merlin Lamb, title to the real property described in paragraph 1 above continued to be held by Janice Lamb, as surviving joint tenant. As a result of the death of and the joint tenancy form of title, the real property described in paragraph 1 above remained vested in Janice Lamb upon the death of Merlin Lamb.

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This Affidavit of Death of Joint Tenant is executed this 25<sup>th</sup> day of June, 2019.

  
\_\_\_\_\_  
Debby Gay Leavitt

STATE OF NEVADA        }  
                                      } ss.  
COUNTY OF CLARK     }

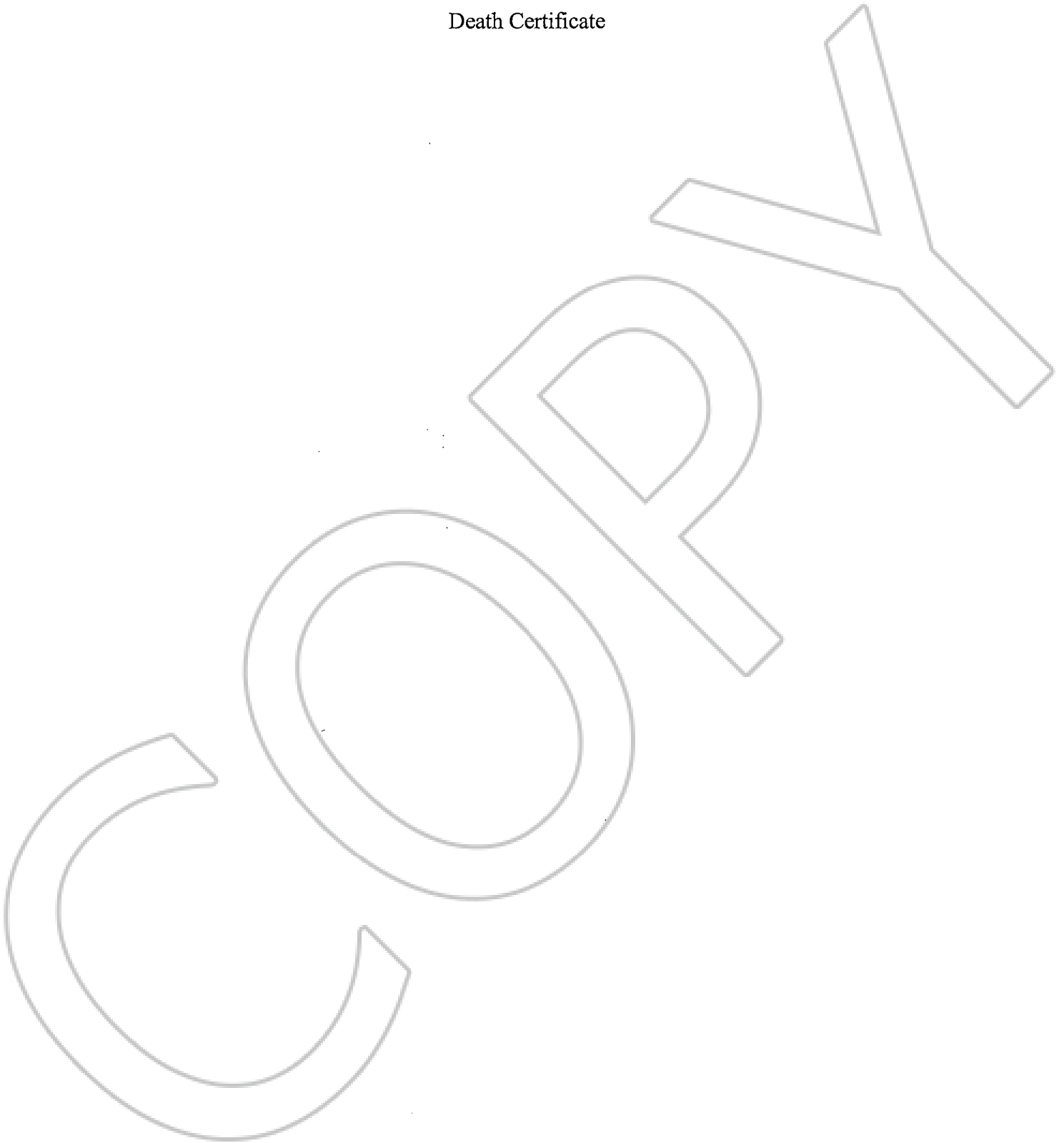
On June 25<sup>th</sup>, 2019, before me, Jaclyn Frustaci, personally appeared **Debby Gay Leavitt**, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this *Affidavit of Death of Joint Tenant*, and acknowledged that he executed it. I declare under penalty of perjury that the person whose name is ascribed to this instrument appears to be of sound mind.



  
\_\_\_\_\_  
NOTARY PUBLIC

**EXHIBIT "A"**

Death Certificate



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4060841

**CERTIFICATE OF DEATH**

2019000524  
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

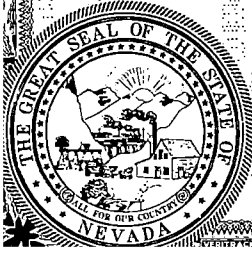
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE, LAST, SUFFIX) <b>Merlin James LAMB</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 12, 2019</b>		3a. COUNTY-OF DEATH <b>Clark</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Las Vegas</b>		3c. HOSPITAL OR OTHER INSTITUTION-Name (If not either, give street or Inpatient (Specify) <b>MountainView Hospital Emergency Room / Outpatient</b>		4. SEX <b>Male</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No- Non-Hispanic		7a. AGE-Last birthday (Years) <b>83</b>	
9a. STATE OF BIRTH: (If not US/CA name country) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Janice France GARZAND</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>May 15, 1935</b>	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of		14b. KIND OF BUSINESS OR INDUSTRY <b>Test Site</b>	
15a. RESIDENCE-STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Alamo</b>	
15d. STREET AND NUMBER <b>1193 Old Sharp Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Philip Carlton LAMB</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Thelma SHUMWAY</b>		
18a. INFORMANT- NAME (Type or Print) <b>Janice LAMB</b>			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>P.O. Box 574 Alamo, Nevada 89001</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Alamo Cemetery</b>		19c. LOCATION City or Town State <b>Alamo Nevada 89001</b>	
20a. FUNERAL DIRECTOR- SIGNATURE (Or Person Acting as Such) <b>BRIAN REBMAN</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD49</b>		20c. NAME AND ADDRESS OF FACILITY <b>Moapa Valley Mortuary 5090 N Moapa Valley Blvd Logandale NV 89021</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>IAN A. CRAVEN MD</b> SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) <b>January 14, 2019</b>		21c. HOUR OF DEATH <b>14:14</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>Ian A Craven MD, 2380 W Horizon Ridge Pkwy Henderson, NV 89052</b>		23b. LICENSE NUMBER <b>13967</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
24a. REGISTRAR (Signature) <b>NANCY BARRY</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 15, 2019</b>		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 (a) <b>Cardiopulmonary Arrest</b> DUE TO, OR AS A CONSEQUENCE OF (b) <b>Unknown Etiology</b> DUE TO, OR AS A CONSEQUENCE OF (c) <b></b> DUE TO, OR AS A CONSEQUENCE OF (d) <b></b>					
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) <b>No</b>	
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	

LOCAL REGISTRAR

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: **JAN 18 2019**  
Registrar of Vital Statistics  
By: *[Signature]*  
This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.  
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573



**EXHIBIT "B"**

Property Legal Description

COMMENCING at the Southeast corner of Section 32, Township 6' South, Range 61 East, M.D.B. & M.;

THENCE North 45°25' West 1904.58 feet to the Southeast corner of the Northwest Quarter (NW ¼) of the Southwest Quarter (SW ¼) of Section 32, Township 6 South, Range 61 East;

THENCE North 89°45' West along said Westerly right-of-way line of Old U.S. 93, 332.28 feet to the TRUE POINT OF BEGINNING;

THENCE North 89°45' West 528.81 feet;

THENCE North 175.00 feet;

THENCE South 89°45' East 468.79 feet to the said Westerly right-of-way line of Old U.S. 93;

THENCE South 18°15' East along said right-of-way line 148.11 feet;

THENCE CONTINUING South 21°30' East along said right-of-way line 37.22 feet to the TRUE POINT OF BEGINNING.

TOGETHER with One (1) Share per acre, Water rights from the RICHARDVILLE WATER DISTRICT.