

APN: 06-041-19

R.P.T.T.:

**After Recording, Return and
Mail Tax Statements To:**

Carl Gerome Roybal
PO Box 691
Pioche, NV 89043

Send Subsequent Tax Bills To:

Carl Gerome Roybal
PO Box 691
Pioche, NV 89043



OFFICIAL RECORD
AMY ELMER, RECORDER

AFFIDAVIT OF DEATH TERMINATING JOINT TENANCY

Carl Gerome Roybal, being first duly sworn, deposes and states:

1. I, the undersigned Affiant, am over the age of 21 years and competent to be a witness as to the matter hereinafter stated. I declare that I have knowledge of the facts stated herein.
2. I am Carl Gerome Roybal, the same person named as one of the Grantees named in that certain Joint Tenancy Deed recorded on June 13, 2001, as document # 116466, in book 155, page 506-508, of the official records in the Office of the County Recorder in Lincoln County, Nevada.

3. The property described in the above-referenced deed is located in Lincoln County, Nevada commonly known as Caliente and described as follows:

THE NORTHEAST QUARTER (NE1/4) OF U.S. GOVERNMENT LOT NO. 5, IN SECTION 2,
TOWNSHIP 4 NORTH, RANGE 67 EAST, M.D.B.&M.

(Legal Description appears previously in a Joint Tenancy Deed recorded June 13, 2001 as document # 116466, in book 155, page 506-508, located in the Lincoln County, Nevada Recorder's Office)

More commonly known as: 20908 McHugh Rd., Pioche, NV 89043.

4. Charlotte M. Roybal, (the decedent) was one of the Grantees named in said Deed and is the Decedent in the attached certified Death Certificate. The date and place of the Decedent's death are set forth in the death certificate and incorporated herein by this reference.

5. The Decedent was the Spouse of the Affiant.

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6. This Affidavit is made for the purpose of terminating the Joint Tenancy between of the Decedent in the described property, said title now vesting in Carl Roybal and Brandi Roybal.

Dated this 25 day of Aug, 2021.

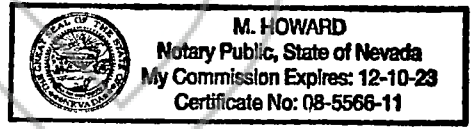
Carl Roybal
Carl Roybal

State of Nevada
County of Lincoln

This instrument was acknowledged before me on this 25th day of August, 2021, by Carl Roybal.

(Notary stamp)

M. Howard
(Signature of notarial officer)



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

CERTIFICATE OF DEATH

2011015298

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 — ANY WHICH GAVE RISE TO IMMEDIATE CAUSE — STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST, MIDDLE, LAST, SUFFIX) Charlotte Marie ROYBAL		2. DATE OF DEATH (Mo/Day/Year) September 27, 2011		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) Centennial Hills Hospital Medical Center		3e. If Hosp or Inst. indicate DOA, OP/Emer Rm. Inpatient (Specify) Intensive Care Unit (ICU)	
4. SEX Female		5. RACE White (Specify)		6. DATE OF BIRTH (Mo/Day/Yr) October 28, 1961	
6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 49		7b. UNDER 1 YEAR DAYS	
7c. UNDER 1 DAY HOURS MINS		9a. STATE OF BIRTH (If not U.S.A. name country) Virginia		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 11		11. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) MARRIED		12. SURVIVING SPOUSE (if wife, give maiden name) Carl Jerome ROYBAL	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Legal Secretary		14b. KIND OF BUSINESS OR INDUSTRY Law	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
15d. STREET AND NUMBER 6014 Bluehill Avenue		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Clark BAILEY			17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Bonnie		
18a. INFORMANT - NAME (Type or Print) Carl Jerome ROYBAL			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 6014 Bluehill Avenue Las Vegas, Nevada 89156		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Nye County Crematory		19c. LOCATION City or Town State Pahrump Nevada 89048	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LAURA SUSSMAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 679		20c. NAME AND ADDRESS OF FACILITY Kraft-Sussman Funeral Service, Inc 3972 S Durango Drive, Ste 104 Las Vegas, NV 89147	
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) NOUHAD DAMAJ 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 03, 2011		21c. HOUR OF DEATH 02:04		22b. DATE SIGNED (Mo/Day/Yr)	
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) NOUHAD DAMAJ MD 6850 N. Durango #301 Las Vegas, NV 89149				23b. LICENSE NUMBER 10028	
24a. REGISTRAR (Signature) SUSAN ZANNIS SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 03, 2011		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) Pneumonia				Interval between onset and death Days	
(b) DUE TO, OR AS A CONSEQUENCE OF: Subacute bacterial peritonitis				Interval between onset and death Days	
(c) DUE TO, OR AS A CONSEQUENCE OF: Liver failure				Interval between onset and death Weeks	
(d) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I				26. AUTOPSY (Specify Yes or No) NO	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. ACC., SUICIDE, HOM., UNDEI 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 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 as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT

Lawrence K. Sands, D.O., M.P.H.

Registrar of Vital Statistics

By:

Date Issued *[Signature]* OCT 04 2011