

APN: 004-141-08  
R.P.P.T.:

After Recording, Return and  
Mail Tax Statements To:  
Roy Walch  
PO Box *325*  
Alamo, NV 89001

Send Subsequent Tax Bills To:  
Roy Walch  
PO Box *325*  
Alamo, NV 89001

LINCOLN COUNTY, NV 2021-161190  
Rec:\$37.00  
Total:\$37.00 09/30/2021 09:58 AM  
ROY WALCH Pgs=3 KC



OFFICIAL RECORD  
AMY ELMER, RECORDER

## AFFIDAVIT OF DEATH TERMINATING JOINT TENANCY

Roy Walch, 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 Roy Walch, the same person named as one of the Grantees named in that certain Joint Tenancy Deed recorded on January 5, 1976, as document # 58998, in book 19, page 257, 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 Pahrnagat Valley and described as follows:

A PORTION OF THE NORTHEAST QUARTER OF SECTION 5, T 7 S., R 61 E., MDB AND M., DESCRIBED AS FOLLOWS: COMMENCING AT THE EAST QUARTER CORNER OF SAID SECTION 5, THENCE N. 89°05' 36" W., ALONG THE CENTER SECTION LINE A DISTANCE OF 1262.74 FEET TO A POINT ON THE EAST RW LINE OF STATE HIGHWAY 93; THENCE N. 01 10' 39" E., ALONG THE EAST RW LINE OF SAID STATE HIGHWAY A DISTANCE OF 350.00 FEET TO THE TRUE POINT OF BEGINNING, THENCE CONTINUING N. 01° 10' 39" E. ALONG THE EAST RW OF SAID STATE HIGHWAY A DISTANCE OF 550.00 FEET TO A POINT; THENCE S. 88 49' 21" E., A DISTANCE OF 972.25 FEET TO A POINT.; THENCE S. 34° 39' 48" W. A DISTANCE OF 282.11 FEET TO A POINT.; THENCE S. 17° 22' 17" W. A DISTANCE OF 323.00 FEET TO A POINT; THENCE N. 89° 05' 36" W. A DISTANCE OF 726.28 FEET TO THE POINT OF BEGINNING.

( Legal Description appears previously in a Joint Tenancy Deed recorded January 5, 1976, as document # 58998, in book 19, page 257, of the official records in the Office of the County Recorder in Lincoln County, Nevada.)

More commonly known as: Assessor parcel # 004-141-08 (2021)

4. Sally Walch, (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.

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 Roy Walch and Brad Walch.

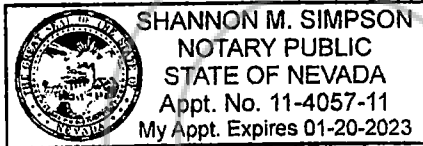
Dated this 30th day of September, 2021.

Roy Walch  
Roy Walch

State of Nevada  
County of Lincoln

This instrument was acknowledged before me on this 30th day of September 2021,  
by Roy Walch.  
Walter

(Notary stamp)



Shannon M. Simpson  
(Signature of notarial officer)

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

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

CASE FILE NO. 4225360

**CERTIFICATE OF DEATH**

2021017290  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>Sally Lamb WALCH</b>		2. DATE OF DEATH (Mo/Day/Year) <b>July 20, 2021</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Alamo</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) <b>111 Lamb Boulevard</b>		3e. If Hosp. or Inst. indicate DOA, OPI, Emer. Rm. Inpatient (Specify) <b>Home</b>	
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No Non-Hispanic		7a. AGE - Last birthday (Years) <b>84</b>	
	7b. UNDER 1 YEAR MOS: _____ DAYS: _____		7c. UNDER 1 DAY HOURS: _____ MINS: _____		8. DATE OF BIRTH (Mo/Day/Yr) <b>March 31, 1937</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) <b>Utah</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>11</b>	
	11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Roy Walter WALCH</b>			
PARENTS	13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of _____) <b>HOMEMAKER</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Alamo</b>	
DISPOSITION	15d. STREET AND NUMBER <b>111 Lamb Boulevard</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		16. FATHER/PARENT - NAME (First-Middle-Last Suffix) <b>Press LAMB</b>	
	17. MOTHER/PARENT - NAME (First-Middle-Last Suffix) <b>Jane ALGER</b>		18a. INFORMANT - NAME (Type or Print) <b>Bradley WALCH</b>			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No.; City or Town, State, Zip) <b>P.O. Box 232 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>			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) <b>BRIAN REBMAN</b>		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>	
	TRADE CALL - NAME AND ADDRESS					
REGISTERAR	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>JEFFREY P NG MD</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)			
	21b. DATE SIGNED (Mo/Day/Yr) <b>July 26, 2021</b>		21c. HOUR OF DEATH <b>10:55</b>		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) <b>Jeffrey P Ng MD, 1389 Galleria Dr Henderson, NV 89014</b>			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) <b>CELESTE RAMIREZ MUÑOZ</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 26, 2021</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		26. AUTOPSY (Specify Yes or No) <b>No</b>			
	(a) <b>Cardiopulmonary Arrest</b>		Interval between onset and death <b>Minutes</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
	(b) <b>Senile Degeneration Of The Brain</b>		Interval between onset and death <b>Months</b>			
(c) _____		Interval between onset and death				
(d) _____		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						
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		

000883724



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: **8/9/2021**

*Jan Shytle*  
STATE REGISTRAR

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

