

APN: 005-231-32
R.P.T.T.:

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

Tammy Lund
PO Box 362
Pioche, NV 89043

Send Subsequent Tax Bills To:

Tammy Lund
PO Box 362
Pioche, NV 89043



OFFICIAL RECORD
AMY ELMER, RECORDER

AFFIDAVIT OF DEATH TERMINATING JOINT TENANCY

Tammy J. Lund, 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 Tammy J. Lund, the same person named as one of the Grantees named in that certain GRANT, BARGAIN, and SALE DEED recorded on September 23, 2005, as document # 125278, in book 206, page 445-448, 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 Pioche and described as follows:

The West Half (W 1/2) of the Northeast Quarter (NE 1/4) of the Southwest Quarter (SW 1/4) of the Southwest Quarter (SW 1/4) of Section 34, Township 5 North, Range 67 East, Mount Diablo Base & Meridian.

(Legal Description appears previously in a Grant, Bargain, and Sale Deed recorded September 23, 2005 as document # 125278, in book 206, page 445-448, located in the Lincoln County, Nevada Recorder's Office)

More commonly known as: 1277 Meadow Lane, Pioche, NV 89043.

4. R. Joseph Lund, (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 Tammy J. Lund.

Dated this 29th day of September, 2021.

Tammy Lund
Tammy Lund

State of Nevada

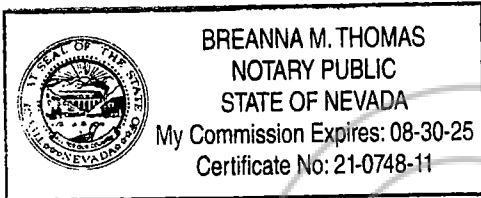
County of Lincoln

This instrument was acknowledged before me on this 29th day of September, 2021,
by Carl Roybal.

(Notary stamp)

Breanna M. Thomas

(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. 4221936

CERTIFICATE OF DEATH

2021015622
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 IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Robert Joseph LUND		2. DATE OF DEATH (Mo/Day/Year) July 02, 2021		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Pioche		3c. HOSPITAL OR OTHER INSTITUTION-Name (If not either, give street and number) 1277 Meadow Lane		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No -Non-Hispanic		7a. AGE-Last birthday (Years) 66	
9a. STATE OF BIRTH (If not US/CA; name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Pioche	
15d. STREET AND NUMBER 1277 Meadow Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) No		15f. Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Robert Joseph LUND			17. MOTHER/PARENT - NAME (First Middle Last Suffix) LaVerna SCHWARTZ		
18a. INFORMANT - NAME (Type or Print) Tammy Joyce LUND			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) PO Box 362 Pioche, Nevada 89043		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Cremation		19b. CEMETERY OR CREMATORY - NAME Southern Utah Crematory		19c. LOCATION City or Town State Cedar City Utah 84720	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting As Such) TODD BOYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
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) [Signature]			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) DATHAN P LEWIS SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) September 02, 2021		21c. HOUR OF DEATH 21:05		22b. DATE SIGNED (Mo/Day/Yr) September 02, 2021	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) None		22d. PRONOUNCED DEAD (Mo/Day/Yr) July 02, 2021		22e. PRONOUNCED DEAD AT (Hour) 21:05	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Dathan P. Lewis PO Box 570 Pioche, NV. 89043				23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 02, 2021		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) Penetration Of The Left Lung				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Gun Shot Wound Of The Left Arm				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(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 1.				26. AUTOPSY (Specify Yes or No) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) Homicide		28b. DATE OF INJURY (Mo/Day/Yr) July 02, 2021		28c. HOUR OF INJURY 2025	
28d. DESCRIBE HOW INJURY OCCURRED Subject Was Shot With Handgun By Wife During Domestic Incident					
28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Home		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 1277 Meadow Lane Pioche Nevada	

000889680



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.

[Signature]

DATE ISSUED: 9/3/2021

STATE REGISTRAR

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

