



OFFICIAL RECORD
AMY ELMER, RECORDER

001-341-49

RECORDING REQUESTED BY:

Brian Mallory and Neal Mallory

WHEN RECORDED, MAIL TO
AND MAIL TAX STATEMENTS TO:

Brian Mallory
PO Box 508
Pioche, NV 89043

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

AFFIDAVIT--DEATH OF JOINT TENANTS

STATE OF NEVADA)
) ss.
COUNTY OF LINCOLN)

BRIAN MALLORY and NEAL MALLORY, of legal age, being first sworn, deposes and says:

That RICHARD MALLORY and KATHY MALLORY, the decedents mentioned in the attached certified copies of Certificate of Death, are the same people as Richard Mallory Kathy Mallory, named as the parties in that certain Deed, dated August 23, 2019, executed by RICHARD MALLORY and KATHY MALLORY to Richard Mallory, Kathy Mallory, Brian Mallory, and Neal Mallory as Joint Tenants, and recorded on August 26, 2019 in the Office of the Recorder of the County of Lincoln, State of Nevada, as Document No. 156942 of Official Records, relating to the real property located in said County and more particularly described in Exhibit "A" (attached hereto and incorporated herein by reference).

////

////

////

////

Executed on 9-6-2022, 2022, in Lincoln County, Nevada. I certify (or declare) under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

[Signature]
BRIAN MALLORY

[Signature]
NEAL MALLORY

STATE OF NEVADA)
COUNTY OF Clark) ss.

SUBSCRIBED AND SWORN TO (or affirmed) before me on Sept. 6, 2022, by BRIAN MALLORY and NEAL MALLORY proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

[Signature]
NOTARY PUBLIC

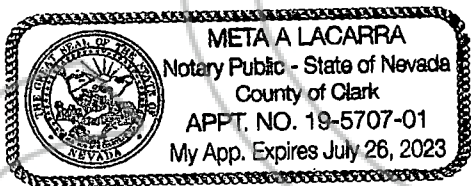


EXHIBIT A

PARCEL NO. 9 AS SHOWN ON PARCEL MAP FOR JAMES VINCENT FILED IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY ON AUGUST 7, 1997 IN BOOK B, PAGE 56 OF PLATS AS FILE NO. 1095056 AND AMENDED NOVEMBER 15, 1997 IN BOOK B, PAGE 70 OF PLATS AS FILE NO. 110131 AND AMENDED JANUARY 7, 1998 IN BOOK B, PAGE 82 OF PLATS AS FILE NO. 110302, LOCATED IN A PORTION OF SECTION 15, TOWNSHIP 1 NORTH, RANGE 67 EAST, M.D.B.&M., LINCOLN COUNTY, NEVADA

and more commonly known as 227 Blue Spruce St, Pioche, NV 89043.

TAX PARCEL NUMBER: 001-341-49



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

CASE FILE NO. 4194818

2021003416
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) Richard Oleh MALLORY			2. DATE OF DEATH (Mo/Day/Year) January 30, 2021			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 Advanced Health Care of Henderson			3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. or Inpatient (Specify) Assisted Living Facility		
5. RACE (Specify) White			6. Hispanic Origin? Specify No - Non-Hispanic			7a. AGE-Last birthday (Years) 81		
7b. UNDER 1 YEAR MOS			7c. UNDER 1 DAY: HOURS			7d. UNDER 1 MIN: MIN		
8. DATE OF BIRTH (Mo/Day/Yr) August 18, 1939			9a. STATE OF BIRTH (If not US/CA, name country) Colorado			9b. CITIZEN OF WHAT COUNTRY United States		
10. EDUCATION 12			11. MARITAL STATUS (Specify) Married			12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Kathy DILLER		
13. SOCIAL SECURITY NUMBER [REDACTED]			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Chief Maintenance Supervisor			14b. KIND OF BUSINESS OR INDUSTRY City Government		
15a. RESIDENCE-STATE Nevada			15b. COUNTY Lincoln			15c. CITY, TOWN OR LOCATION Pioche		
15d. STREET AND NUMBER 277 Spruce Street			15e. INSIDE CITY LIMITS (Specify Yes or No) No					
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Jack Ellsworth MALLORY			17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Doris Louise AUSTIN					
18a. INFORMANT-NAME (Type or Print) Kathy Diller MALLORY			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 277 Spruce Street Pioche, Nevada 89043					
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			19b. CEMETERY OR CREMATORY - NAME Palm Crematory			19c. LOCATION City or Town State Las Vegas Nevada 89101		
20a. FUNERAL DIRECTOR- SIGNATURE (Or Person Acting as Such) JOSEPH PALMER SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE NUMBER FD856			20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Henderson 800 S Boulder Hwy Henderson NV 89015		
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) ANANT SONPATKI 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) February 09, 2021			21c. HOUR OF DEATH 17:55			22b. DATE SIGNED (Mo/Day/Yr)		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22c. 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) Anant Sonpatki MD 3675 Pecos McLeod Las Vegas, NV 89121						23b. LICENSE NUMBER 11791		
24a. REGISTRAR (Signature) SUSAN ZANNIS SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 10, 2021			24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						Interval between onset and death		
PART I: (a) Acute Respiratory Failure						Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF						Interval between onset and death		
(b) Covid 19 Pneumonia						Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF						Interval between onset and death		
(c) _____						Interval between onset and death		
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. Chronic Pulmonary Disease						26. AUTOPSY (Specify Yes or No) No		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No								
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		

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 authorized by the State Board of Health pursuant to NRS 440.175.

FEB 11 2021

DATE ISSUED:

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

MANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

CASE FILE NO. 4272107

2022007059
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Kathleen Margaret MALLORY			2. DATE OF DEATH (Mo/Day/Year) March 08, 2022		3a. COUNTY OF DEATH Lincoln	
	3b. CITY, TOWN, OR LOCATION OF DEATH Pioche		3c. HOSPITAL OR OTHER INSTITUTION Name (If not either, give street address and number) 277 Blue Spruce Street		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Home		4. SEX Female
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 82	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS
	8. DATE OF BIRTH (Mo/Day/Yr) November 22, 1939						
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Michigan		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	11. MARITAL STATUS (Specify) Widowed	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)
	13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of RESTAURANT MANAGER OR OWNER)			14b. KIND OF BUSINESS OR INDUSTRY RESTAURANT	
PARENTS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln	15c. CITY, TOWN OR LOCATION Pioche	15d. STREET AND NUMBER 277 Blue Spruce Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
	16. FATHER/PARENT NAME (First, Middle, Last Suffix)				17. MOTHER/PARENT NAME (First, Middle, Last Suffix) Kathleen MCALLISTER		
POSITION	18a. INFORMANT NAME (Type or Print) Neal R MALLORY			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO-Box 508 Pioche, Nevada 89043			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY NAME Southern Utah Crematory		19c. LOCATION City or Town State Cedar City Utah 84720		
TRADE CALL	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						
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)			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) CHASE D DIRKS SIGNATURE AUTHENTICATED			
	21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) March 16, 2022		22c. HOUR OF DEATH 17:46
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr) March 08, 2022		22e. PRONOUNCED DEAD AT (Hour) 17:46	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner Chase D Dirks 1050 E SR 322 Pioche, NV 89043					23b. LICENSE NUMBER 40	
CAUSE OF DEATH	24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 17, 2022		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).)						
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	PART I (a) Atherosclerotic Cardiovascular Disease			Interval between onset and death			
	(b) Hypertension			Interval between onset and death			
(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.					26. AUTOPSY (Specify Yes or No) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
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

000921000



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:

3/21/2022

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

Janey Pugh
STATE REGISTRAR

