LINCOLN COUNTY, NV

Rec:\$37.00 Total:\$37.00 KATSCHKE LAW 2022-163081

09/27/2022 10:04 AM

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OFFICIAL RECORD
AMYELMER, 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).

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HII

Executed on 9-6-2022, 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. BRIAN MALLORY NEAL MALLORY
STATE OF NEVADA
COUNTY OF Clark) ss.
SUBSCRIBED AND SWORN TO (or affirmed) before me on
NEAL MALLORY proved to me on the basis of satisfactory
evidence to be the person(s) who appeared before me.
Culo R
NOTARY PUBLIC

META A LACARRA

Notary Public - State of Nevada
County of Clark
APPT, NO. 19-5707-01
My App. Expires July 26, 2023

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.







CASE FILE NO. 4194818

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



2021003416

		According to the Control of the Cont	· · · · · · · · · · · · · · · · · · ·	3771	ATE FILE NUMBER
TYPE OR PRINT IN	1a. DECEASED-NAME (FIRST;MIDDLE;LAS	ST.SUFFIX)	2,0	ATE OF DEATH (Mo/Day/Year)	3a. COUNTY OF DEATH
PERMANENT	Richard Olen	MALLO)RY	January\30, 2021	Clark
BLACKINK	3b. CITY, TOWN, OR LOCATION OF DEATH	1 3c: HOSPITAL OR: OTHER INSTITUTIO	N -Name(If not either, give stre	eet an 3e. If Hosp, or Inst. indicate	
	Las Vegas	Advanced Health Ca	Control of the contro	Inpatient(Specify)	
DECEDENT			******* ****	Assisted Liv	ing Facility: Male
#798\##` <u>`</u>	5. RACE (Specify)	6. Hispanic Origin? Specify	(Years)	MOS I DAYS HOURS I MIN	AY 8. DATE OF BIRTH (Mo/Day/Yr)
r'ar ay a	White	NO NOITHISPANCE	81.	100 DATO 1100KG - -1VIII	August 18, 1939
IF DEATH		CITIZEN OF WHAT COUNTRY 10 EDUC	ATION 11 MARITAL STATUS (S		NAME (Last name prior to first marriage)
INSTITUTION SEE	name country) Colorado	United States 12	Married	Ka Ka	thy DILLER
HANDBOOK REGARDING	13. SOCIAL SECURITY NUMBER 144	a. USUAL OCCUPATION (Give Kind of Wo	rk Done During Most of 1	4b. KIND OF BUSINESS OR IND	USTRY Ever in US Armed
COMPLETION OF RESIDENCE	å: A	Chief Maintenance S	Supervisor /	City Governme	the state of the s
ITEMS	15a. RESIDENCE: STATE 15b. COUNT	TY	LOCATION 15d, STREE	TAND NUMBER	15e. INSIDE CITY
كالالالالالالالالالالالالالالالالالالال	Nevada	incoln	ne 277 Spr	uoo Stroot	LIMITS (Specify Yes or No) No
	16. FATHER/PARENT - NAME (First Middle	1 100t		NT NAME (First Middle Last	7.
PARENTS	The many transfer of the contract of the contr	orth MALLORY	THE WORLLING	Doris Louise At	and the control of th
	18a. INFORMANT- NAME (Type or Print)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DDDCCC//w/e/4-4-b)-D	22.7.1 10 7 10 10 10 10 10 10	2.5 THV:
A ST	Kathy Diller MALLO		DDRESS (Street or R.F.D.		
				Street Pioche, Nevada 8	Carrier Co. C. Company Co.
ISPOSITION	19a BURIAL, CREMATION REMOVAL, OTI			3 1	ON City or Town State
	Cremation		Palm Crematory		Vegas Nevada 89101
****	20a: FUNERAL DIRECTOR: SIGNATURE (C		RAL DIRECTOF 200 NAME A		
-	JOSEPH PALI	The state of the s	D856	Palm Mortuary-I	VII a passe plantes at trackly the V
	SIGNATURE AUTI	TENTICATED	7000	800 S Boulder Hwy Hen	derson NV# 89015
RADE CALL	TRADE:CALL NAME AND ADDRESS		· · · · · · · · · · · · · · · · · · ·	W	
	A 21a. To the best of my knowledge, dea	ath occurred at the time date and place and	d due 22a. On the basis	s of examination and/or investigation,	
		SONPATKI MD	at the time date	and place and due to the cause(s) sta	
CERTIFIER	21b. DATE SIGNED (Mo/Day/Yr)		22b. DATE SIC		26 HOUR OF DEATH
	ວັ≧ February 09, 2021	17:55	5.5		
la 1 ave	8. 21d. NAME OF ATTENDING PHYSIC	IAN IF OTHER THAN CERTIFIER	22d PRONO	JNCED DEAD (Mo/Day/Yr) 22	2e, PRONOUNCED DEAD AT (Hour)
	(Type or Print)	Am an an	P 2		
	23a NAME AND ADDRESS OF CERTIFIER	(PHYSICIAN, ATTENDING PHYSICIAN, M.	IEDICAL EXAMINER, OR CO	RONER) (Type or Print)	23b. LICENSE NUMBER
		(PHYSICIAN, ATTENDING PHYSICIAN: M inpatki MD:::3675 Pecos-McLeod	d Las Vegas, NV 8912	1 <u>m. 1</u> 2000	11791 -
REGISTRAR	23a NAME AND ADDRESS OF CERTIFIER Anant So 24a 'REGISTRAR' (Signature)	(PHYSICIAN, ATTENDING PHYSICIAN: M Inpatki: MD:::3675; Pecos-McLeoc SUSAN::ZANNIS::	d Las Vegas, NV 8912	1 <u>m. 1</u> 2000	
REGISTRAR	Anant So 24a. REGISTRAR:(Signature)	npatki MD:::3675:Pecos-McLeod	d Las Vegas, NV 8912	1:. 24c. DEATH	11791 -
REGISTRAR	24a. REGISTRAR (Signature) SIGN 25. IMMEDIATE CAUSE (ENTER C	npatki MD:::3675:Pecos-McLeoo SUSAN::ZANNIS ATURE AUTHENTICATED DNLY ONE CAUSE PER LINE FOR (a) (b)	Las Vegas, NV 8912 24b. DATE RECEIVED B (Mo/Day/Yr) Februa	1	11791 DUE TO COMMUNICABLE DISEASE ES. X NO
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CAUSE OF DEATH CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING	Anant So 24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE (ENTER COPART II) (a) Acute Respirator DUE TO, OR AS A CONSE (b) COVID 19 Prieum DUE TO, OR AS A CONSE (c) DUE TO, OR AS A CONSE (d) PART III OTHER SIGNIFICANT CONDITION Chronic Pulmonary Disease	INDEXIS PECOS-MICLEON SUSAN ZANNIS ATURE AUTHENTICATED ONLY ONE CAUSE PER LINE FOR (a) (b) Y. Failure QUENCE OF QUENCE OF QUENCE OF: QUENCE OF: QUENCE OF: QUENCE OF:	d-Las Vegas, NV 8912 24b. DATE REGEIVED BY (Mo/DayKr) Februa AND (c).)	1. YREGISTRAR 24c. DEATH FY 10, 2021 Y	Interval between onset and death
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STATE REGISTRAR



DATE ISSUED:

"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 1 1 2021

Registrar of Vital Statistics





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

VITAL STATISTICS

CASE FILE NO. 4272107

CERTIFICATE OF DEATH

2022007059

	(104) He (1) (0) (1) (1) (1) (1) (1) (1)
PRINT IN	1a, DECEASED NAME (FIRST,MIDDLE;LAST,SUFFIX) 2, DATE OF DEATH (Mo/Day/Year) 3a, COUNTY OF DEATH
ERMANENT	Kathleen Margaret MALLORY March 08 2022 Lincoln
BLACKINK	For experience that I also the the state seems and seems also seems the state of th
DEAGIC INTO	3b. CITY: TOWN, OR LOCATION OF DEATH 3c: HOSPITAL OR: OTHER INSTITUTION Name (If not either, give street and 3e. If Hosp. or Inst. indicate DOA; OP/Emer.: Rm. 4. SEX
*	number) 277 PILE C Inpatient(Specify)
ECEDENT	Pioche 277 Blue Spruce Street Home Eemale
ECEDENT	5:RACE (Specify) 6. Hispanic Origin? Specify 7a. AGE-Last birthday7b, UNDER 1 YEAR 7c. UNDER:1 DAY: 8. DATE OF BIRTH (Mo/Day/Yr)
	Total Control of the
	White No Non-Hispanic (Teals) 82 Mos Days Hours Mins November 22, 1939
IF DEATH:	
OCCURRED IN	The control of the co
STITUTION SEE	plane country of Michigan 25. 1975. United States 17. Apr. 12. 12. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15
HANDBOOK REGARDING	13. SOCIAL SECURITY NUMBER 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of 14b. KIND OF BUSINESS OR INDUSTRY . Ever in US Armed
OMPLETION OF	RESTAURANT MANAGER OR OWNER RESTAURANT Forces? No.
RESIDENCE.	dim the second that the second th
ITEMS	15a. RESIDENCE - STATE : 1.5b. COUNTY : 1.5c. CITY- TOWN OR LOCATION 1.5d. STREET AND NUMBER : 1.5d. STREET AND NUM
*	
DADENTO	16. FATHER/PARENT NAME (First Middle Last Suffix)
PARENTS	Kathleen MCALLISTER
4	The Committee of the Co
gun.	[8a, INFORMANT- NAME (Type or Print) 18b, MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)
)	Neal® MALLORY POBox 508-Pioche Nevada 89043
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME
DOCITION	In a time to the control of the time time and the control of the c
POSITION	Cremation Control Southern Utah Crematory Cedar City Utah 84720
1 (5)	20a. FUNERAL DIRECTOR: SIGNATURE (Or Person Acting as Such): 20b. FUNERAL DIRECTOR 20c. NAME AND ADDRESS OF FACILITY
/	TODD BOYER LICENSE NUMBER Southern Nevada Mortuary
4	TOOK TOOK TO THE T
Nr. Da Jai	SIGNATURE AUTHENTICATED FD807
ADE CALL	TRADE GALL - NAME AND ADDRESS
	221a. To the best of my knowledge; death occurred at the time; date and place and due: 22a. On the basis of examination and/or investigation, in my opinion death occurred
re de	to the control of the
	GHASE D.DIRKS SIGNATURE AUTHENTICATED
ERTIFIER	216. DATE SIGNED (Mo/Day/Yr) 21c. HOUR OF DEATH 22c. HOUR OF DEATH 22c. HOUR OF DEATH
l een	8 March 6, 2022 17:46
	8 March 16, 2022 77:46 March 17:46 March 18: 1
	March 16, 2022 17:46 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22e. PRONOUNCED DEAD AT (Hour)
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	March 16, 2022 177.46 BE 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 22d. PRONOUNCED DEAD (Mo/DayYY) 22e. PRONOUNCED DEAD AT (Hour) Warch 08, 2022 1746 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN MEDICAL EXAMINER, OR CORONER) (Type or Point) 23b. LICENSE NUMBER
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EGISTRAR	March 16, 2022 17.46 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22e, PRONOUNCED DEAD AT (Hour) 23d. NAME: AND ADDRESS OF CERTIFIER (PHYSICIAN: ATTENDING PHYSICIAN: MEDICAL EXAMINER: OR CORONER) (Type or Print) 23d. NAME: AND ADDRESS OF CERTIFIER (PHYSICIAN: ATTENDING PHYSICIAN: MEDICAL EXAMINER: OR CORONER) (Type or Print) 24d. REGISTRAR (Signature) 24d. DARAN GRISSOM
EGISTRAR	March 16, 2022 17:46 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22e, PRONOUNCED DEAD AT (Hour) Warch 08, 2022 17:46 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN MEDICAL EXAMINER, OR CORONER) (Type or Print) 24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED March 16, 2022 17:46 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22e, PRONOUNCED DEAD AT (Hour) 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22e, PRONOUNCED DEAD AT (Hour) 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22e, PRONOUNCED DEAD AT (Hour) 24d. PRONOUNCED DEAD (Mo/Day/Yr) 22e, PRONOUNCED DEAD AT (Hour) 24d. PRONOUNCED DEAD (Mo/Day/Yr) 22e, PRONOUNCED DEAD AT (Hour) 24d. PRONOUNCED DEAD (Mo/Day/Yr) 22e, PRONOUNCED DEAD AT (Hour) 24d. PRONOUNCED DEAD (Mo/Day/Yr) 22e, PRONOUNCED DEAD AT (Hour) 24d. PRONOUNCED DEAD (Mo/Day/Yr) 22e, PRONOUNCED DEAD AT (Hour) 24d. DATE RECEIVED BY REGISTRAR 24d. DEATH DUE TO COMMUNICABLE DISEASE (Mo/Day/Yr) March 17, 2022 YES NO X
	March 16, 2022 17:46 B 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER B 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22e. PRONOUNCED DEAD AT (Hour) March 08, 2022 17:46 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN MEDICAL EXAMINER, OR GÖRONER) (Type or Print) Deputy Coroner Chase D Dirks 1050 E SR 322 Proche, NV. 89043 24a. REGISTRAR (Signature) DARAN GRISSOM 245. DATE RECEIVED BY REGISTRAR 24c. DEATH DUE TO COMMUNICABLE DISEASE SIGNATURE AUTHENTICATED (Mo/Day/Yr) March 17, 2022 YES NO 25c. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (ci.)
CAUSE OF	March 16, 2022 17:46 B 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER B 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22e. PRONOUNCED DEAD AT (Hour) March 08, 2022 17:46 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN MEDICAL EXAMINER, OR GÖRONER) (Type or Print) Deputy Coroner Chase D Dirks 1050 E SR 322 Proche, NV. 89043 24a. REGISTRAR (Signature) DARAN GRISSOM 245. DATE RECEIVED BY REGISTRAR 24c. DEATH DUE TO COMMUNICABLE DISEASE SIGNATURE AUTHENTICATED (Mo/Day/Yr) March 17, 2022 YES NO 25c. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (ci.)
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CAUSE OF DEATH	March 16, 2022 17:46 B 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER B 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER B 22d. PRONOUNCED DEAD (Mo/Day/Yr) March 08, 2022 17:46 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR GÖRONER) (Type or Print) Deputy Coroner Chase D Dirks 1050 E SR 322 Pioche, NV 89043 24a. REGISTRAR (Signature) DARAN GRISSOM 24b. DATE RECEIVED BY REGISTRAR SIGNATURE AUTHENTICATED 25c. IMMEDIATE CAUSE: (ENTER ONLY:ONE CAUSE PER LINE FOR (a). (b). AND (c).) PART I (a) Atheroscle rotic Cardiovascular Disease Interval between onset and death Hyportension.
CAUSE OF DEATH ONDITIONS IF ANY WHICH	March 16, 2022 17:46 B 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER B 21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR GÖRONER) (Type or Print) 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR GÖRONER) (Type or Print) 23b. LICENSE NUMBER 24a. REGISTRAR (Signature) DARAN GRISSOM 24b. DATE RECEIVED BY REGISTRAR SIGNATURE AUTHENTICATED 25c. IMMEDIATE CAUSE (ENTER ONLY:ONE CAUSE PER LINE FOR (a). (b). AND (cf.) PART I (a) Atherosclerotic Cardiovascular Disease Interval between onset and death (b) Interval between onset and death
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CERTIFIED CORY 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

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