

LINCOLN COUNTY, NV

2023-163644

\$37.00

Rec:\$37.00

01/09/2023 03:45 PM

FIRST AMERICAN TITLE INSURANCE COMPANY-3 AE

OFFICIAL RECORD

AMY ELMER, RECORDER

A.P.N.: 001-123-09
File No: 119-2660265 (SC)

When Recorded return to, and mail Tax Statements to:
Judith Richards
6 Panavista Circle
Yerington, NV 89447

AFFIDAVIT - TERMINATING JOINT TENANCY

Judith Richards, of legal age, being first duly sworn, deposes and says:

That **Larry Richards**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Larry Richards** named as one of the parties in that certain **Grant Bargain Sale Deed** dated **June 25th, 2021** executed by **Mark Perry and Lindsay McFarland** to **Larry Richards and Judith Richards, husband and wife** as joint tenants, recorded as Document No. **2021-160726** on **June 28th, 2021** in Book **N/A** of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln**, State of **Nevada** :

A PORTION OF LAND SITUATE WITHIN SECTION 22, TOWNSHIP 1 NORTH, RANGE 67 EAST, LOTS 11 THROUGH 18, IN BLOCK 22, EXCEPTING THEREFROM THE WEST 7 FEET OF LOT 11, SITUATE IN THE TOWN OF PIOCHE, LINCOLN COUNTY, AS SHOWN BY MAP THEREOF ON FILE AS DOCUMENT NO. 158778, RECORDED ON JULY 27, 2020, IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, NEVADA.

Judith Richards 1/5/23
Date

Judith Richards

STATE OF **NEVADA**)
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) :ss.
COUNTY OF Lyon)

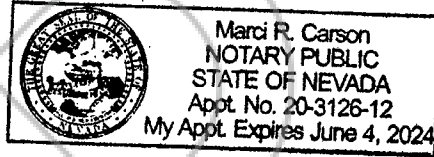
This instrument was acknowledged before me on this:
5th day of January 2023

By: **Judith Richards**

By: _____ / Its: _____
Marci R Carson

Notary Public
(My commission expires: June 4, 2024)

Marci R. Carson



20-3126-12

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4278042

CERTIFICATE OF DEATH

2022010186
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Larry Merle RICHARDS		2. DATE OF DEATH (Mo/Day/Year) April 09, 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 number) 653 Hillside		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 80	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		7d. UNDER 1 DAY MIN	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Judith Rae STARKWEATHER			
PARENTS	13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Pioche	
DISPOSITION	15d. STREET AND NUMBER 653 Hillside		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) BURNIS RICHARDS	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) ROSE LEONE ESKRIDGE		18a. INFORMANT- NAME (Type or Print) Judith RAE RICHARDS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 744 Pioche, Nevada 89043	
TRADE CALL	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	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RENEE L TORRES		20b. FUNERAL DIRECTOR LICENSE NUMBER FD965		20c. NAME AND ADDRESS OF FACILITY Smart Cremation 9708 Gilespie Street, Ste A106 Las Vegas NV 89183	
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) DATHAN P LEWIS		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			
	21b. DATE SIGNED (Mo/Day/Yr) April 23, 2022		21c. HOUR OF DEATH 15:07		22b. DATE SIGNED (Mo/Day/Yr) April 09, 2022	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 15:07		22d. PRONOUNCED DEAD (Mo/Day/Yr) April 09, 2022	
	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			
CAUSE OF DEATH	24a. REGISTRAR (Signature) DARAN GRISSOM		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 25, 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).) PART I (a) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Hypertension DUE TO, OR AS A CONSEQUENCE OF: (c) Hyperlipidemia DUE TO, OR AS A CONSEQUENCE OF: (d) Unknown Etiology		Interval between onset and death			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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) 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		28h. STREET OR R.F.D. No.		28i. CITY OR TOWN		
28j. STATE						



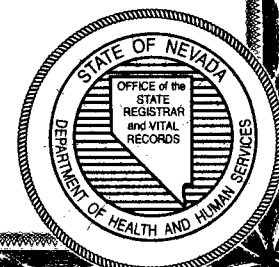
CERTIFIED COPY OF VITAL RECORDS

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.

Daran Grissom
STATE REGISTRAR

DATE ISSUED: 5/17/2022

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE