

LINCOLN COUNTY, NV

2023-165456

\$37.00

07/17/2023 03:08 PM

Rec:\$37.00

FIRST AMERICAN TITLE INSURANCE COMPANY 2 AE

OFFICIAL RECORD

AMY ELMER, RECORDER

A.P.N.: 001-046-10  
File No: 107-2665110 (TV)

When Recorded return to, and mail Tax Statements to:  
John R Linerode

HC 74 Box 114  
Pioche NV 89043

**AFFIDAVIT - TERMINATING JOINT TENANCY**

**John R Linerode**, of legal age, being first duly sworn, deposes and says:

That **Margaret A Garcia**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Margaret A Garcia** named as one of the parties in that certain **Grant Bargain Sale Deed** dated **6/18/2007** executed by **Mark A Chaparian and April D Chaparian** to **John R Linerode**, a married man as his sole and separate property and **Margaret A Garcia**, an unmarried woman as joint tenants, recorded as Document No. **0129171** on **6/29/07** 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** :

**THE NORTH HALF (N 1/2) OF LOT 19 OF THE HENRY LEE'S SUBDIVISION IN THE TOWN OF PIOCHE, LINCOLN COUNTY, NEVADA AS PLATTED AND DESCRIBED ON THE OFFICIAL PLAT OF SAID SUBDIVISION RECORDED DECEMBER 18, 1908 IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, NEVADA, IN BOOK A OF PLATS, PAGE 33 AS FILE NO. 16373, LINCOLN COUNTY, NEVADA RECORDS.**

*John R Linerode, Sr.* 7-5-2023

John R Linerode, Sr.

Date

STATE OF

NV)

:SS.

COUNTY OF

Clark)

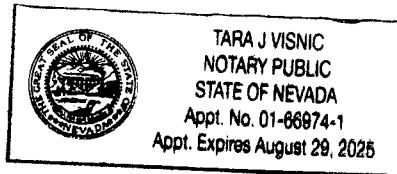
This instrument was acknowledged before me on this:  
5 day of July, 2023

By: **John R Linerode, Sr.**

*[Signature]*

Notary Public

(My commission expires: 8/29/2025)



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

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

CASE FILE NO. 4190669

**CERTIFICATE OF DEATH**

**2021000920**  
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  
HAVE RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Margaret Ann GARCIA</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 12, 2021</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Pioche</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>144 Lilith Avenue</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>87</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Ohio</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARITAL STATUS (Specify) <b>Divorced</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		7b. UNDER 1 YEAR MOS: _____ DAYS: _____	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Pioche</b>	
15d. STREET AND NUMBER <b>144 Lilith Avenue</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>September 05, 1933</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Robert DOUGHERTY</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Mary SWICKARD</b>		
18a. INFORMANT- NAME (Type or Print) <b>John Robert LINERODE SR</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>HC 74 Box 114 Pioche, Nevada 89043</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Removal/Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Southern Utah Crematory</b>		19c. LOCATION City or Town State <b>Cedar City Utah 84720</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as-Such) <b>BODIE L TOPHAM</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD959</b>		20c. NAME AND ADDRESS OF FACILITY <b>Southern Nevada Mortuary</b> <b>730 Front Street Caliente NV 89008</b>	
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>RYAN C LLOYD</b> SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		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) <b>RYAN C LLOYD</b> SIGNATURE AUTHENTICATED	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr) <b>January 15, 2021</b>		22c. HOUR OF DEATH <b>14:59</b>	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Coroner Ryan C Lloyd PO Box 570 Pioche, NV 89043</b>		23b. LICENSE NUMBER		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>January 12, 2021</b>	
24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 19, 2021</b>		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).)					
PART I				Interval between onset and death	
(a) <b>Acute Respiratory Syndrome</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Pneumonia</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Covid-19</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
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) <b>No</b>	
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		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>			
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	



**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:

**7/14/2021**

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

*Jan Shantz*  
STATE REGISTRAR

