APN 001-091-30 APN	LINCOLN COUNTY, NV \$37.00 2023-166368 Rec:\$37.00 12/27/2023 03:42 PM				
APN	EQUITY TITLE OF NEVADA Pgs=5 GRAFK				
APN	OFFICIAL RECORD				
Recording Requested By:	AMY ELMER, RECORDER				
Name Equity Title of Nevada	\ \				
Address 1480 Center Crossing Road Ste 180					
City / State / Zip Las Vegas, Nevada 89144					
Affidavit - Death of	Joint Tenant				
Title of Document **Only use below if a					
· Only use below it a	ippneaste.				
This document is being re-recorded to correct document and is correcting	ent number,				
I the undersigned hereby affirm that this document su	bmitted for recording does contain personal				
information (social security number, driver's license					
person as required by specific law, public program or	grant that requires the inclusion of the				
personal information. The Nevada Revised Statue (N	RS), public program or grant referenced is:				
(check applicable)					
Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)				
☐Judgment – NRS 17.150(4)	/ /				
Military Discharge – NRS 419.020(2)					
Other					
Julilia					
Signature					
Karlee Chows					
Name Typed or Printed					

This page is added to provide additional information required by NRS 111.312 Sections 1-2.

This cover page must be typed or printed.

APN NO.: 001-091-30

RECORDING REQUESTED BY:

Equity Title of Nevada

WHEN RECORDED MAIL TO:

6 Panavista Circle

Yerington, NV 89447

MAIL TAX STATEMENTS TO:

SAME AS ABOVE

ESCROW NO.: 23-KAC-32390

AFFIDAVIT - DEATH OF JOINT TENANT

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

That Larry Merle Richards, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Larry Richards, named as one of the parties in that certain type of Quit Claim Deed dated September 19, 2020, executed by Larry Richards and Judith Richards, husband and wife to Larry Richards, Judith Richards and Darby Porter as Joint tenants, recorded as Instrument No. 158990, on September 23, 2020 recorded in Book ________ of Official Records of Lincoln County, Nevada, covering the following described property.

See EXHIBIT A attached hereto and made part of hereof

Judith Richards

STATE OF NEVADA
COUNTY OF CLARK LYON

This instrument was acknowledged before me on 12/10/2023 by JUDITH RICHARDS

Notary Public

My commission expires: 4/23/2024

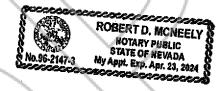


EXHIBIT A

The Land referred to herein below is situated in the County of Lincoln, State of Nevada, and is described as follows:

A PORTION OF LAND SITUATE WITHIN SECTION 22, TOWNSHIP 1 NORTH, RANGE 67 EAST, MOUNT DIABLO MERIDIAN, TOWN OF PIOCHE, COUNTY OF LINCOLN, NEVADA, USA, MORE PARTICULARLY DESCRIBED AS FOLLOWS;

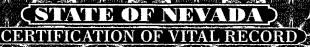
ALL OF PARCEL 3 AS SHOWN ON THAT CERTAIN MERGER AND REPARCEL MAP FOR KEITH AND MARYANNA STEVER REVOCABLE TRUST DATED JUNE 1, 2000, FILED IN THE LINCOLN COUNTY NEVADA RECORDER'S OFFICE AS DOCUMENT NO. 129028, ALSO KNOWN AS BOOK C, PAGE 338 OF MAPS.

ALSO INCLUDING THEREWITH THE FOLLOWING ADJUSTED LANDS:

BEGINNING AT THE CORNER COMMON WITH THE SOUTHEAST PARCEL 3, AND NORTHEAST CORNER PARCEL 2, OF THE AFOREMENTIONED MERGER AND REPARCEL MAP; THENCE N 66° 20' 52" W, 18.29 FEET TO AN ARTISAN 1.5" DIAMETER ALUMINUM MONUMENT STAMPED ARTISAN PLS 9677; THENCE N 83° 45' 36" W, 72.54 FEET TO AN ARTISAN MONUMENT; THENCE N 89° 10' 24" W, 38.20 FEET TO THE COMMON CORNER SOUTHWEST PARCEL 2, AND NORTHWEST PARCEL 1, OF THE AFOREMENTIONED MERGER AND REPARCEL MAP; THENCE CONCIDENT WITH SAID MAP THE FOLLOWING TWO (2) COURSES; N 06° 25' 28" E, A DISTANCE OF 54.31 FEET; THENCE S 60° 02' 06" E, A DISTANCE OF 139.78, TO THE POINT OF BEGINNING.

NOTE: THE ABOVE METES AND BOUNDS DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED SEPTEMBER 23, 2020 IN BOOK N/A AS INSTRUMENT NO. 2020-158990.

ALSO KNOWN AS MODIFIED PARCEL 3 PER BOUNDARY LINE ADJUSTMENT RECORD OF SURVEY MAP, RECORDED MAY 11, 2020 IN FILE NUMBER 2020-158336 OF OFFICIAL RECORDS.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

CASE FIL	.E NO. 4278042	CER	RTIFICATE OF	DEATH			22010186 te filé number		
PRINT IN	1a. DECEASED-NAME (FIRST, MII			2. DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH					
PERMANENT	Larry Merie RICHARDS 3b. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give				April 09, 2022 Lincoln				
	3b. CITY, TOWN, OR LOCATION C	OF DEATH (3C. HOSPITAL OR O)	HER INSTITUTION -Name(it not either, give	street an 3e, it Hosp. or Inpatient/Spec	inst, indicate Di Si6A	UA,OP/Emer. Km,	4. SEX	
DECEDENT	Pioche		653 Hillside	CE Look birthdol		" Home		Male	
	5, RACE (Specify) Whit	Non-Hispanic (Year	s) 80	MOS DAYS H	OURS MINS	S August	8. DATE OF BIRTH (Mo/Day/Yr) AUQUST 16, 1941 E (Last name prior to first marriage)		
IF DEATH OCCURRED IN	9a. STATE OF BIRTH (If not US/CA name country) Nevada	A, 96. CITIZEN OF WHAT CO United States	UNTRY 10.EDUCATION 11	. MARITAL STATU Marrie	s (Specify) 12. SURVIV	Judith Rae	STARKWEA	THER	
INSTITUTION SEE HANDBOOK	13. SOCIAL SECURITY NUMBER	uring Most of	14b. KIND OF BUSINESS OR INDUSTRY Ever in US Armed						
REGARDING COMPLETION OF	10. GOOTAL GEODALT TOMBER	1 12: 000112 00001 111101	FIREFIGHTER	ding most of		(FIRE DEPARTMENT Forces? Yes			
RESIDENCE ITEMS	15a, RESIDENCE - STATE 15	5b. COUNTY 15c	CITY, TOWN OR LOCATION	ON 15d. STR	REET AND NUMBER		15e	, INSIDE CITY	
L	Nevada	Lincoln	Pioche /	653 H	-lillside		or t	IITS (Specify Yes	
	16. FATHER/PARENT - NAME (FI	rst Middle Last Suffix)	1,001,0		ARENT - NAME (First	Middle Last	Suffix)	1	
PARENTS	BURNIS RICHARDS ROSE LEONE ESKRIDGE								
	18a. INFORMANT- NAME (Type or		18b. MAILING ADDRESS	-	F.D. No, City or Town, S				
	Judith RAE				Box 744 Pioche, N				
10000171011	19a. BURIAL, CREMATION, REMO					19c. LOCATION		State	
DISPOSITION	Crematio			ah Cremator			dar City Utah 8	4/20	
	20a. FUNERAL DIRECTOR - SIGN	NATURE (Or Person Acting as Suc L TORRES	h) 20b. FUNERAL DIRE LICENSE NUMBER	CTOF 20c. NAM	ME AND ADDRESS OF	FACILITY Smart Crem	ation		
		RE AUTHENTICATED	FD965		9708 Gilespie Stre			89183	
TRADE CALL	TRADE CALL - NAME AND ADDR			1	~ /	· · ·			
	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 to the cause(s) stated. (Signature & Title) 22b. On the basis of examination and/or investigation, in my opinion death occurred to the cause(s) stated. (Signature & Title) 22c. On the basis of examination and/or investigation, in my opinion death occurred to the cause(s) stated. (Signature & Title) 22c. On the basis of examination and/or investigation, in my opinion death occurred to the cause(s) stated. (Signature & Title)								
CERTIFIER	15 S								
	22b. DATE SIGNED (Mo/Day/Yr) 21c. HOUR OF DEATH 22b. DATE 22b. DATE 22c. PRO 22d. PRO 22d. PRO 22d. PRO 25c. PRO 22d. PRO 25c. PRO 25c. PRO 25c. PRO 26c.				April 23, 2022 ONOUNCED DEAD (Mo/Day/Yr) 22e. PRONOR			15:07 UNCED DEAD AT (Hour)	
								07	
	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								
REGISTRAR	24a. REGISTRAR (Signature)	DARAN GRISS			D BY REGISTRAR	1	DUE TO COMMUN		
(COOTION)		SIGNATURE AUTHENTIC	ATED (Mo/	Day(Yr) Δ	April 25, 2022	Y	ES NO	X	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Interval between onset and death PART I (a) Cardiac Arrest								
	DUE TO, OR AS A CONSEQUENCE OF: Inlerval between onset and of								
CONDITIONS IF ANY WHICH GAVE RISE TO	(b) Hypertens	The The Control of th							
IMMEDIATE	DUE TO, OR AS Hyperlipid	A CONSEQUENCE OF:	` .	/ /			Interval betwee	n onsel and death	
CAUSE STATING THE > UNDERLYING	原 (G)	N. N.		/_			loton of behave	a seed and dooth	
CAUSE LAST	I Inknown Etiology								
/ /	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 26, AUTOPSY (Specifizer, WAS CASE REFERRED TO CORONER (Specify Yes or No) No (Specify Yes or No) Yes								
/ /									
	288, ACC., SUICIDE, HOM., UNDET, 1286, DATE OF INJURY (Mo/Day/Yr) 128c, HOUR OF INJURY 128d, DESCRIBE HOW INJURY OCCURRED								
	OR PENDING INVEST. (Specify)	^							
1 1	28e. INJURY AT WORK (Specify	28f. PLACE OF INJURY- At home	form circul factors office	28g. LOCATIO	ON STREET OR F	PED No. 1	CITY OR TOWN	STATE	
	Yes or No)	pullding, etc. (Specify)	, icirii, Sueet, Iactory, office	Zog. LUCATIO	ON SINEELUKI	3,1°,D, NU. (OILL OK LOWN	SIAIE	
1, 1									





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:

5/17/2022

STATE REGISTRAR

