04/18/2024 11:53 AM

ALBERTO G GARCIA	Pgs=3 KC
00013921202401667980030034	
OFFICIAL RECORD AMY ELMER, RECORDER	

After recording, please return to: GARCIA Name: Address: City, State, Zip: Phone:

003-181-02

Assessor's

Parcel Number

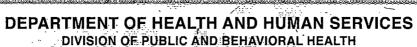
----Above This Line Reserved For Official Use Only----

AFFIDAVIT TERMINATING JOINT TENANCY

Pursuant to NRS 40.525(5) and NRS 111.365
RITA WALKER, formerly RITA G. GARCIA, being first duly sworn, deposes
and states:
1. I, the undersigned Affiant, am over the age of 21 years and competent to be a witness as to the matter hereinafter stated. I declare that I have knowledge of the facts stated herein.
2 I Port of 1 221 A
named as one of the Grantees named in that certain Joint Tenancy Deed recorded on
in Book 13, Page(s) 603, of the Official Records in the
Office of the County Recorder in Lincoln County, Nevada.
3. The property described in the above-referenced deed is located in Lincoln County, Nevada commonly known as/35 CLARX ST. CAUENTE.
and described as follows:
and eight (8) in Block number 10, in the
City of Caliente, County of Lincoln State of Nevada as the same is laid out and
described on the official plat of said City,
of Lincoln County, Nevado, together with
thereon.

4. Denny G. GARCIA, (the Decedent) was one of the Grantees named in said Deed, and is the Decedent in the attached certified Death Certificate. The date and place of the Decedent's death are set forth in the death certificate and incorporated herein by this reference. 5. The Decedent was my ex-husband.
3. The Decedent was my Ex- Thus Decree
6. This affidavit is made for the purpose of terminating the joint tenancy between myself and the Decedent in the described property, said title now vesting in me RITA Walker, formerly Rita Gr. Garcia, as sole owner.
DATED this 14 day of March , 20 24.
Bita Walker Affiant Rita Walker, formerly Rita G. Gars
State of Utah
County of Iron
Subscribed and Sworn to before me on this
day of March, 2024 by Jessica McCar Notary Public - State of Utah Comm. No. 735772 My Commission Expires on Feb 26, 2028





VITAL STATISTICS

STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

e e e		CERTIFICATE OF DI		77005583 [—]
LOCAL FILE NUMBER				STATE FILE NUMBER
DECEASED—NAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. Denny	G.	GARCIA	2 July 30,2007	3aLincoln
CITY, TOWN OR LOCATION OF DEATH		INSTITUTION—Name (If not either, give s	treet and number) If Hosp, or Inst. indicat Rm. Inpatient (Specify)	e DOA, OP/Emer. SEX
_{3b.} Caliente		irk Street] 3e.	₄Male
RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Orig specify Mexican, Cuban, Puerto	in? Specity □ yes (7) no if yes, AGE ─ La o Rican, etc. · A Birthday (7a. 8	st UNDER 1 YEAR UNDER 1 D. (Years) MOS DAYS HOURS M	
5. Am. Indian				8 April 29,1925
(if not U.S.A., name country)	CITIZEN OF WHAT COUN-	grade completed.	WIDOWED, DIVORCED	SURVIVING SPOUSE (If wife, give maiden name)
9a. Arizona SOCIAL SECURITY NUMBER	9b. U.S.A.	i 10::::0 /e Kind of Work Dane During Most of	SpecifyDivorced	12.
GOGIAL SECONITY NOWBER	Working Life, Even if Retire	o) (a ≥57 5e am taarin		
RESIDENCE—STATE COU	14a Section	1 Man - CITY, TOWN, OR LOCATION	14b Railroad	I work on the second
	incoln	15c. Caliente	15d160 Clark S	INSIDE CITY LIMITS (Specify Yes or No)
FATHER—NAME First	Middle	Last MOTHER MAIL	DEN NAME First	Middle Last
16. Aŭgustin	e BE	TONY 17.	Dorothy (Street or R.F.D. No., City or Town,	YAZZIE
INFORMANT—NAME (Type or Print) 18a Carma GARCIA	i i j	MAILING ADDRESS:	(Street or R.F.D. No., City or Town,	State, Zip)
BURIAL, CREMATION, REMOVAL, OTHE	TO (0)	18b. 529 South	1000 West,Saltlake	
19a. Removal/Burial		Y OR CREMATORY—NAME		City or Town State
	19b. CE	dar City Cemete	ry 196. Cedar Cit	y, Utahan
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Sych) 20a.	LICENSE	NUMBER 7.2.0	FACILITY Southern Nevada	Mortuary
200.	20b. C	2 1. 7	it Street, Caliente,	NV 89008
			it Street, Caliente,	
			22a. On the basis of examination and/or investigation and the time, date and diese and due to	estigation, in my opinion death occurred
21a. To the best of my knowledge, due to the cause(s) stated.	death occurred at the time, date	and place and	22a. On the basis of examination and/or invalor the time, date and class and due to (Signature and Title)	estigation, in my opinion death occurred
21a. To the best of my knowledge, due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 21b.	death occurred at the time, date	and place and	22a. On the basis of examination and/or invalue to the time, date and close and due to (Signature and Title) DATE SIGNED (Mo., Day, 77) 22b. July 31, 2007	astigation, in my opinion death occurred the cause(s) and manner stated. THE PUTY HOUR OF DEATH 22Before 6:05 PM
21a. To the best of my knowledge, due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 21b.	death occurred at the time, date	and place and	22a. On the basis of examination and/or investment the time, date and close and due to	astigation, in my opinion death occurred the cause(s) and manner stated. THE PUTY HOUR OF DEATH 22Before 6:05 PM
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21a. To the best of my knowledge, due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr., Day, Company) 21b. NAME OF ATTENDING PHYS 21d. NAME AND ADDRESS OF COMpany NAME AND ADDRESS OF COMpany	HOUR OF DE 21cy :: CICIAN IF OTHER THAN CERTI	Pand place and ATH FIER (Type or Print) DING PHYSICIAN, MEDICAL EXAMINER, (22a. On the basis of examination and/or invatite time, date and close and due to (Signature and Title) DATE SIGNED (Mo., Day, Tr.) 22b. July 31, 2007 PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON July 30, 2007 OR CORONERI. (We av Pantia 890)	astigation, in my opinion death occurred the cause(s) and manner stated. THE PUTY HOUR OF DEATH PRONOUNCED DEAD (Hour)
21a. To the best of my knowledge, due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr. 21b. NAME OF ATTENDING PHYS 21d. NAME AND ADDRESS OF CE 23a. Darrin Wo	HOUR OF DE 21cy :: CICIAN IF OTHER THAN CERTI	FIER (Type or Print) DING PHYSICIAN, MEDICAL EXAMINER, CPUTY Coroner,	22a. On the basis of examination and/or invatite time, date and pless and due to (Signature and Title) (Signature and Title) (DATE SIGNED (Mo., Day, Tr.) 22b. July 31, 2007 PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON July 30, 2007 OR CORONERI. (We ov Partial 890) 0. Box 750, Pioce	astigation, in my opinion death occurred the cause(s) and manner stated. THE PUTY HOUR OF DEATH 22Before 6:05 PM PRONOUNCED DEAD (Hour) 228. AT 6:05 PM 143 LICENSE NUMBER The New P041
21a. To Us best of my knowledge, due to the cause(s) stated. (Signature and Title) DANE SIGNED (Mo., Day, Yr., 21b. NAME OF ATTENDING PHYS. 21d. NAME AND ADDRESS OF CE 23a. Darrin Wo	HOUR OF DE 21cy :: CICIAN IF OTHER THAN CERTI	Pand place and ATH FIER (Type or Print) DING PHYSICIAN, MEDICAL EXAMINER, OR DUTY, COTONET, P. DATE, RECEIVED BY, RE	22a. On the basis of examination and/or invature at the time, date and rives and due to (Signature and Title) DATE SIGNED (Mo., Day, Tr.) 22b. July 31, 2007 PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON July 30, 2007 OR CORONER). (Wheav Partia 890 O. Box 750, Pioc	astigation, in my opinion death occurred the cause(s) and manner stated. THE PUTY HOUR OF DEATH 22Before 6:05 PM PRONOUNCED DEAD (Hour) 228. AT 6:05 PM 143 LICENSE NUMBER The New P041
21a. To the best of my knowledge, due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr., Signature) 21b. NAME OF ATTENDING PHYS. 21d. NAME AND ADDRESS OF CR. 23a. Darrin W.C. REGISTRAR 24a. (Signature)	HOUR OF DE 21c, FILLIAN IF OTHER THAN CERTIFIER (PHYSICIAN ATTENIO O O W O T th , De	Pand place and ATH FIER (Type or Print) DING PHYSICIAN, MEDICAL EXAMINER, OR DUTY, Coroner, Parent Paren	22a. On the basis of examination and/or invature at the time, date and rives and due to (Signature and Title) DATE SIGNED (Mo., Day, Tr.) 22b. July 31, 2007 PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON July 30, 2007 OR CORONER). (Wheav Partia 890 O. Box 750, Pioc	astigation, in my opinion death occurred the cause(s) and manner stated. THE PUTY HOUR OF DEATH 22Before 6:05 PM PRONOUNCED DEAD (Hour) 228. AT 6:05 PM 143 LICENSE NUMBER The New P041
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21a. To the best of my knowledge, due to the cause(s) stated. 21b. Set 21b. NAME OF ATTENDING PHYS 21d. NAME AND ADDRESS OF CO. 23a. Darrin W.C. REGISTRAR 24a. (Signature) 25. IMMEDIATE CAUSE (ENTER C. PART (a) Sudden C.	HOUR OF DE 21c, FOR THE THAN CERTIFIER (PHYSICIAN ATTENDED ON WORTH, De NLY ONE CAUSE PER LINE FE AR diac Atta	PIER (Type or Print) DING PHYSICIAN, MEDICAL EXAMINER, CR PUT Y Coroner, DATE RECEIVED BY RE 24b. August 1- OR (a), (b), AND (c).)	22a. On the basis of examination and/or invature at the time, date and rives and due to (Signature and Title) DATE SIGNED (Mo., Day, Tr.) 22b. July 31, 2007 PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON July 30, 2007 OR CORONER). (Wheav Partia 890 O. Box 750, Pioc	astigation, in my opinion death occurred the cause(s) and manner stated. THE PUTY HOUR OF DEATH 22B efore 6:05 PM PRONOUNCED DEAD (Hour) 22e. AT 6:05 PM 143 LICENSE NUMBER The New P041 OMMUNICABLE DISEASE NO No
21a. To the best of my knowledge, due to the cause(s) stated. (Sighature and Title) DATE SIGNED (Mo., Day, Yr. DATE SIGNED (Mo., Day, Yr. 21b. NAME OF ATTENDING PHYS 21d. NAME AND ADDRESS OF CE 23a. Darrin WC REGISTRAR 24a. (Signature) 25. IMMEDIATE CAUSE (EVTER CO DUE TO, OR AS A CONS	HOUR OF DE 21c, FIGURE (PHYSICIAN ATTENIO O d W O T th , De ardiac Atta EQUENCE OF:	p and place and ATH ATH FIER (Type or Print) DING PHYSICIAN, MEDICAL EXAMINER, (Puty Coroner, Puty Coroner, Pu	22a. On the basis of examination and/or invature invature and Title) (Signature and Title) DATE SIGNED (Mo. Day, Yr.) 22b. July 31, 2007 PRONOUNCED DEAD (Mo. Day, Yr.) 22d. ON July 30, 2007 DR CORONER). (The or and a 890 O. Box 750, Pioo GISTRAR (Mo. Day, Yr.) DEATH DUE TO C 3, 2007	astigation, in my opinion death occurred the cause(s) and manner stated. THE PUTY HOUR OF DEATH PRONOUNCED DEAD (Hour) PRONOUNCED DEAD (
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21a. To the best of my knowledge, due to the cause(s) stated. 21b. Set DATE SIGNED (Mo., Day, Yr., Cause) 21c. NAME OF ATTENDING PHYS. 21d. NAME AND ADDRESS OF CO. 23a. Darrin W.C. REGISTRAR 24a. (Signature) 25. IMMEDIATE CAUSE (ENTER CO.) DUE TO, OR AS A CONS. (c) Artieral DUE TO, OR AS A CONS.	HOUR OF DE 21c, FIGURE (PHYSICIAN ATTENDED ON WORTH, De ardiac Atta EQUENCE OF: Sclerotic	p and place and ATH ATH FIER (Type or Print) DING PHYSICIAN, MEDICAL EXAMINER, (Puty Coroner, Puty Coroner, Pu	22a. On the basis of examination and/or invature invature and Title) (Signature and Title) DATE SIGNED (Mo. Day, Yr.) 22b. July 31, 2007 PRONOUNCED DEAD (Mo. Day, Yr.) 22d. ON July 30, 2007 DR CORONER). (The or and a 890 O. Box 750, Pioo GISTRAR (Mo. Day, Yr.) DEATH DUE TO C 3, 2007	astigation, in my opinion death occurred the cause(s) and manner stated. THE PUTY HOUR OF DEATH 22B efore 6:05 PM PRONOUNCED DEAD (Hour) 22e. AT 6:05 PM 143 LICENSE NUMBER The New P041 OMMUNICABLE DISEASE NO No
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21a. To the best of my knowledge, due to the cause(s) stated. (Sighature and Title) DATE SIGNED (Mo., Day, Yr., Sighature) 21b. NAME OF ATTENDING PHYS 21d. NAME AND ADDRESS OF CR 23a. Darrin WC REGISTRAR 24a. (Signature) 25. IMMEDIATE CAUSE (EVITER CR DUE TO, OR AS A CONS (c) PART OTHER SIGNIFICANT CONDITION (C) PART OTHER SIGNIFICANT CONDITION ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28b.	HOUR OF DE 21c, FIGIAN IF OTHER THAN CERTIFIER (PHYSICIAN, ATTENIO O O WO T th, De NLY ONE CAUSE PER LINE FE ardiac Atta EQUENCE OF: Sclerotic EQUENCE OF: TIONS—Conditions contributing OF INJURY (Mo., Day, Yr.) HOL	PATH FIER (Type or Print) DING PHYSICIAN, MEDICAL EXAMINER, or DATE, RECEIVED BY, RE 24b. August 1. OR (a), (b), AND (c), Ck Cardio Vascular to death but not resulting in the underlying M 28d.	22a. On the basis of examination and/or invest the time, date and rises and due to (Signature and Title) 22b. July 31, 2007 PRONOUNCED DEAD (Mo. Day, Yr.) 22d. ON July 30, 2007 DR CORONER). (Preor Partia 890 0. Box 750, Pioo Gistraf (Mo. Day, Yr.) 24c. YES disease cause given in Part 1. AUTOPSY 76s on 26. No	astigation, in my opinion death occurred ther cause(s) and manner stated. THE PUTY HOUR OF DEATH 228 EFORE 6:05 PM PRONOUNCED DEAD (Hour) 228. AT 6:05 PM LICENSE NUMBER The , LICENSE NUMBER The , LICENSE NUMBER Interval between onset and death ONO CORONER (Specify Yes or No)
21a. To the best of my knowledge, due to the cause(s) stated. (Sighature and Title) DATE SIGNED (Mo., Day, Yr., Sighature) 21b. NAME OF ATTENDING PHYS 21d. NAME AND ADDRESS OF CR 23a. Darrin WC REGISTRAR 24a. (Signature) 25. IMMEDIATE CAUSE (EVITER CR DUE TO, OR AS A CONS (c) PART OTHER SIGNIFICANT CONDITION (C) PART OTHER SIGNIFICANT CONDITION ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28b.	HOUR OF DE 21c, FIGURE OF THAN CERTIFIER (PHYSICIAN, ATTENIONS OF WORK ATTENIONS CONTRIBUTIONS SCIENCE OF: TIONS—Conditions contributing OF INJURY (Mo., Day, Yr.) HOU	and place and ATH FIER (Type or Print) DING PHYSICIAN, MEDICAL EXAMINER, or Puty Coroner, Paper State August 1- OR (a), (b), AND (c).) CK Cardio Vascular to death but not resulting in the underlying M 28d. Street, factory, office LOCATION.	22a. On the basis of examination and/or invatine time, date and view and due to (Signature and Title) 22b. July 31, 2007 PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON July 30, 2007 PROROUNCED DEAD (Mo., Day, Yr.) 23d. ON July 30, 2007 PROROUNCED DEAD (Mo., Day, Yr.) 23d. ON July 30, 2007 PROROUNCED DEAD (Mo., Day, Yr.) 24c. YES disease cause given in Part 1. AUTOPSY 26. No	astigation, in my opinion death occurred ther cause(s) and manner stated. THE PUTY HOUR OF DEATH 228 EFORE 6:05 PM PRONOUNCED DEAD (Hour) 228. AT 6:05 PM LICENSE NUMBER The , LICENSE NUMBER The , LICENSE NUMBER Interval between onset and death ONO CORONER (Specify Yes or No)

STATE REGISTRAR

No. 330747



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.

/MAR 2 7 2024

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

