

After recording, please return to:)
Name: ALBERTO GARCIA)
Address: PO BOX 1012)
City, State, Zip: CALENTE NV 89008)
Phone: 541-990-4041)
Assessor's Parcel Number 003-181-02)



OFFICIAL RECORD
AMY ELMER, RECORDER

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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 am RITA G. GARCIA, the same person named as one of the Grantees named in that certain Joint Tenancy Deed recorded on MARCH 14, 1975, as Document No. 1975-056362, 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 135 CLARK ST. CALENTE, and described as follows:

ALL of lots numbered six (6), seven (7), 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 and filed in the Office of the County Recorder of Lincoln County, Nevada, together with any and all improvements situated there on.

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.
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 G. Garcia, as sole owner.

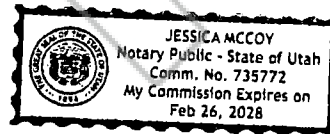
DATED this 14 day of March, 2024.

Rita Walker
Affiant
Rita Walker, formerly Rita G. Garcia

State of Utah)
County of Iron)

Subscribed and Sworn to before me on this
14 day of March, 2024 by

Jessica McCoy
Jessica McCoy
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

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

527124

2007005583

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	3a Lincoln
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)
3b Caliente		3c 160 Clark Street	3e Male
RACE (e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	DATE OF BIRTH (Mo., Day, Yr.)
5. Am. Indian	6. A	7a. 82	6. April 29, 1925
STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
9a. Arizona	9b. U.S.A.	10. 0	11. Divorced
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY	
13. [REDACTED]	14a. Section Man	14b. Railroad	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
15a. Nevada	15b. Lincoln	15c. Caliente	15d. 160 Clark Street
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes	
FATHER—NAME First Middle Last	MOTHER—MAIDEN NAME First Middle Last		
16. Augustine BETONY	17. Dorothy YAZZIE		
INFORMANT—NAME (Type or Print)	MAILING ADDRESS: (Street or R.F.D. No., City or Town, State, Zip)		
18a. Carma GARCIA	18b. 529 South 1000 West, Salt Lake City, UT 84104		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION	City or Town State
19a. Removal/Burial	19b. Cedar City Cemetery	19c. Cedar City, Utah	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY	
20a. [Signature]	20b. 207	20c. Southern Nevada Mortuary 730 Front Street, Caliente, NV 89008	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)		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) and manner stated. (Signature and Title)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
HOUR OF DEATH		HOUR OF DEATH	
21b. [REDACTED]		22b. July 31, 2007	
21c. [REDACTED]		22c. Before 6:05 PM	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. [REDACTED]		22d. ON July 30, 2007	
21e. [REDACTED]		22e. AT 6:05 PM	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
23a. Darrin Woodworth, Deputy Coroner, P.O. Box 750, Pioche, NV 89043		23b. NV P041	
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE	
24a. [Signature]	24b. August 13, 2007	24c. 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) Sudden Cardiac Attack	Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death	
	(b) Arterial Sclerotic Cardio-Vascular disease	Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death	
	(c)	Interval between onset and death	
PART II	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.	AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
		26. No	27. Yes
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
28a.	28b.	28c. M	28d.
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. No. CITY OR TOWN STATE
28e.	28f.	28g.	

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.

DATE ISSUED: MAR 27 2024

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

Dodyl King
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE