

001-341-49

RECORDING REQUESTED BY:

Neal Mallory

WHEN RECORDED, MAIL TO
AND MAIL TAX STATEMENTS TO:

Neal Mallory
PO Box 508
Pioche, NV 89043



00014002202401668700040048

OFFICIAL RECORD
AMY ELMER, RECORDER

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

AFFIDAVIT--DEATH OF JOINT TENANT

STATE OF NEVADA)

) ss.

COUNTY OF CLARK)

NEAL MALLORY, of legal age, being first sworn, deposes and says:

That BRIAN MALLORY, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Brian Mallory, named as one of the parties in that certain Deed, dated August 23, 2019, executed by Richard Mallory and Kathy Mallory to Richard O. Mallory, Kathy M. Mallory, Brian Mallory, and Neal Mallory, as Joint Tenants, and recorded on August 26, 2019 in the Office of the Recorder of the County of Lincoln, State of Nevada, as Document No. 156942 of Official Records, relating to the real property located in said County and more particularly described in Exhibit "A" (attached hereto and incorporated herein by reference).

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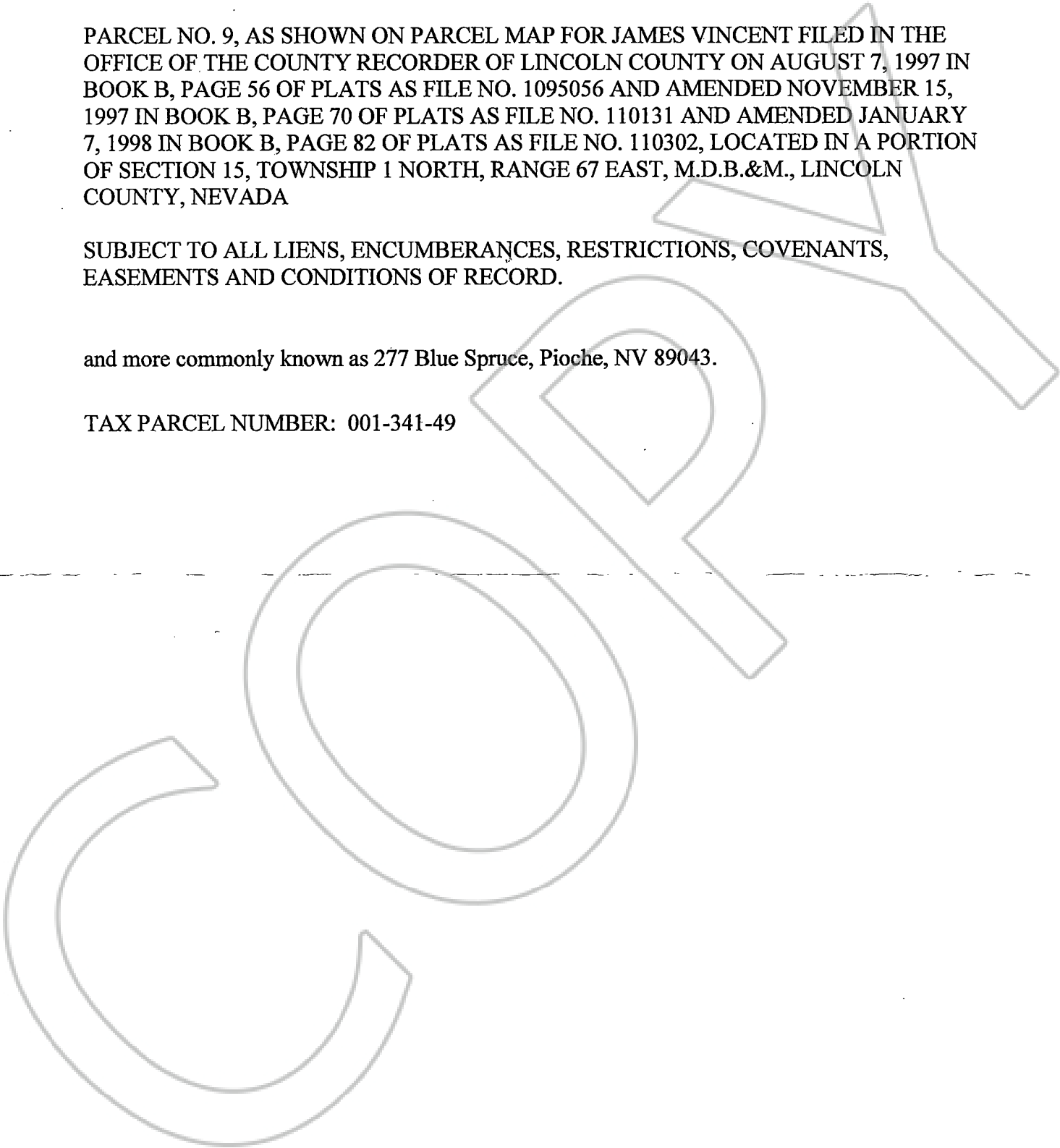
EXHIBIT A

PARCEL NO. 9, AS SHOWN ON PARCEL MAP FOR JAMES VINCENT FILED IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY ON AUGUST 7, 1997 IN BOOK B, PAGE 56 OF PLATS AS FILE NO. 1095056 AND AMENDED NOVEMBER 15, 1997 IN BOOK B, PAGE 70 OF PLATS AS FILE NO. 110131 AND AMENDED JANUARY 7, 1998 IN BOOK B, PAGE 82 OF PLATS AS FILE NO. 110302, LOCATED IN A PORTION OF SECTION 15, TOWNSHIP 1 NORTH, RANGE 67 EAST, M.D.B.&M., LINCOLN COUNTY, NEVADA

SUBJECT TO ALL LIENS, ENCUMBERANCES, RESTRICTIONS, COVENANTS, EASEMENTS AND CONDITIONS OF RECORD.

and more commonly known as 277 Blue Spruce, Pioche, NV 89043.

TAX PARCEL NUMBER: 001-341-49



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO: 4402039

2024006084
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 GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX): Brian Olen MALLORY		2. DATE OF DEATH (Mo/Day/Year) March 11, 2024		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street address and number) Valley Hospital Medical Center		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No -Non-Hispanic	
7a. AGE-Last birthday (Years) 64		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
8. DATE OF BIRTH (Mo/Day/Yr) September 15, 1959		9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY UNITED STATES	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done) During Most of Supervisor		14b. KIND OF BUSINESS OR INDUSTRY Telephone Company	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN, OR LOCATION Pioche	
15d. STREET AND NUMBER 277 Blue Spruce St		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Richard Olen MALLORY	
17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Kathleen DILLER		18a. INFORMANT - NAME (Type or Print) Neal Richard MALLORY		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 11053 Cusumano Ct Las Vegas, Nevada 89141	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Palm Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89101	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) PHILIP WEBB		20b. FUNERAL DIRECTOR LICENSE NUMBER FD897		20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Henderson 800 S Boulder Hwy Henderson, NV 89015	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) CHARLEEN PHAM DO		21b. DATE SIGNED (Mo/Day/Yr) March 21, 2024		21c. HOUR OF DEATH 05:53	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type, or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
22c. LICENSE NUMBER DO2864		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Charleen Pham DO 620 Shadow Ln Las Vegas, NV 89106		23b. LICENSE NUMBER DO2864		24a. REGISTRAR (Signature) SUSAN ZANNIS	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 21, 2024		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).) Cardiopulmonary Arrest	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Diastolic Heart Failure		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Severe Mitral Regurgitation		Interval between onset and death	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Severe Mitral Regurgitation		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Severe Mitral Regurgitation		Interval between onset and death	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Severe Mitral Regurgitation		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Severe Mitral Regurgitation		Interval between onset and death	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Severe Mitral Regurgitation		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Severe Mitral Regurgitation		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. Atrial Fibrillation, Chronic Kidney Disease		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
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 STREET OR R.F.D. No. CITY OR TOWN STATE		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		28i. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: 3/25/2024

Registrar of Vital Statistics SIGNATURE AUTHENTICATED

By: *Susan Zannis*

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE