

LINCOLN COUNTY, NV

2024-167391

\$37.00

Rec:\$37.00

08/29/2024 02:39 PM

FIRST AMERICAN TITLE INSURANCE COMPANY 3 AE

OFFICIAL RECORD

AMY ELMER, RECORDER

A.P.N.: 006-041-80
File No: 13896-2676903 (TV)

When Recorded return to, and mail Tax Statements to:
CARL ROYBAL
50 MUSSER RD
NEWCASTLE, WY 82701

AFFIDAVIT - TERMINATING JOINT TENANCY

CARL ROYBAL, of legal age, being first duly sworn, deposes and says:

That **BRANDI KARIN ROYBAL-CORBO**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **BRANDI ROYBAL** named as one of the parties in that certain **GRANT BARGAIN SALE DEED** dated **6/4/2001** executed by **Jack E Pope, Mildred R Pope, Michael M Dunne and Kathy Ann Dunne** to **Carl Roybal and Brandi Roybal, as joint tenants** as joint tenants, recorded as Document No. **506** on **6/13/01** in Book **155** of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln**, State of **Nevada** :

Parcel 1:

Parcel No. 2 as shown on Parcel Map for Carl Roybal & Brandi Roybal recorded September 13, 2021 as File No. 2021-161107 in the Office of the County Recorder of Lincoln County, Nevada, located in Section 2, Township 4 North, Range 67 East, M.D.M.

Parcel 2:

A private access road for ingress and egress as shown on the Parcel Map for Carl Roybal & Brandi Roybal recorded September 13, 2021 as File No. 2021-161107 in the Office of the County Recorder of Lincoln County, Nevada.

 08/27/2024

Carl Roybal

Date

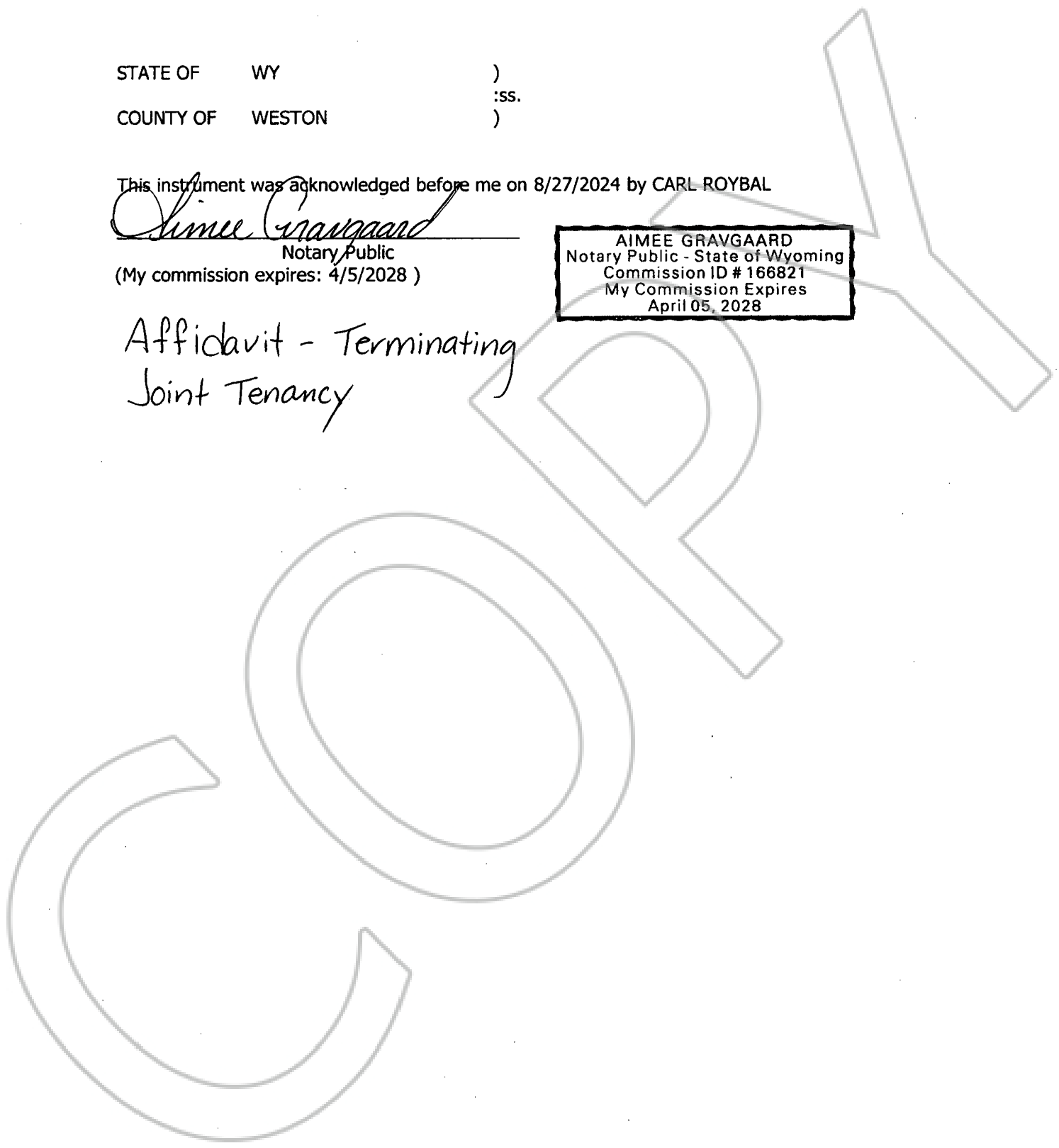
STATE OF WY)
)
:ss.
COUNTY OF WESTON)

This instrument was acknowledged before me on 8/27/2024 by CARL ROYBAL

Aimee Gravgaard
Notary Public
(My commission expires: 4/5/2028)

AIMEE GRAVGAARD
Notary Public - State of Wyoming
Commission ID # 166821
My Commission Expires
April 05, 2028

*Affidavit - Terminating
Joint Tenancy*



STATE OF COLORADO

CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

STATE FILE NUMBER : 1052023036602

DECEDENT'S LEGAL NAME BRANDI KARIN ROYBAL-CORBO				DATE OF DEATH OCTOBER 26, 2023			
SEX FEMALE	SOCIAL SECURITY [REDACTED]	AGE-Last Birthday (Years) 50	UNDER 1 YEAR Months	UNDER 1 DAY Days	DATE OF BIRTH (Mo/Day/Yr) MARCH 23, 1973	BIRTHPLACE (State or Foreign Country) WYOMING	
IF DEATH OCCURRED IN HOSPITAL INPATIENT			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL				
Facility Name (If not institution, give street & number) PRESBYTERIAN ST LUKES MEDICAL CENTER			CITY, TOWN OR LOCATION OF DEATH DENVER		COUNTY OF DEATH DENVER		
RESIDENCE - STREET AND NUMBER 1485 EVERSOLE DRIVE				APT. NO.	ZIP CODE 80023	INSIDE CITY LIMITS YES	
RESIDENCE STATE COLORADO			COUNTY BROOMFIELD		CITY OR TOWN BROOMFIELD		
DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) HOMEMAKER				KIND OF BUSINESS/INDUSTRY OWN HOME		DECEDENT'S EDUCATION HIGH SCHOOL GRADUATE OR GED COMPLETED	
DECEDENT OF HISPANIC ORIGIN NOT SPANISH/HISPANIC/LATINO				DECEDENT'S RACE WHITE			
EVER IN US ARMED FORCES NO	MARITAL STATUS AT TIME OF DEATH MARRIED		SPOUSE/PARTNER NAME (If wife give name prior to first marriage) ANDREW CORBO				
FATHER'S NAME CARL GEROME ROYBAL			MOTHER'S NAME PRIOR TO FIRST MARRIAGE LISA GENE MOLINE				
INFORMANT'S NAME ANDREW CORBO			INFORMANT'S RELATIONSHIP TO DECEASED SPOUSE				
NAME OF FUNERAL HOME OLINGER HIGHLAND MORTUARY			CITY AND STATE OF FUNERAL HOME THORNTON COLORADO		WAS CORONER NOTIFIED YES		
METHOD OF DISPOSITION REMOVAL FROM STATE		PLACE OF DISPOSITION PALM VALLEY VIEW CEMETERY		LOCATION - CITY, COUNTY, STATE LAS VEGAS CLARK NEVADA			
INJURY AT WORK	IF TRANSPORTATION RELATED, SPECIFY		DATE OF INJURY		TIME OF INJURY		
PLACE OF INJURY							
LOCATION OF INJURY (Street & Number, Apt. No., City or Town, County, State, Zip Code)							
DESCRIBE HOW INJURY OCCURRED							
WAS DECEDENT UNDER HOSPICE CARE NO		ACTUAL OR PRESUMED TIME OF DEATH 14:38 MILITARY		DATE PRONOUNCED DEAD (MO/DAY/YR) OCTOBER 26, 2023		TIME PRONOUNCED DEAD 14:38 MILITARY	
MANNER OF DEATH NATURAL			WAS AN AUTOPSY PERFORMED NO		WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH?		
CAUSE OF DEATH							
PART I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)		Enter the chain of events - diseases, injuries, or complications that directly caused the death. a. ACUTE HYPOXEMIC RESPIRATORY FAILURE b. PNEUMONIA c. d.				Approximate interval: Onset to death 1 WEEK 1 WEEK	
PART II Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I ACUTE LIVER FAILURE, ACUTE RENAL FAILURE							
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF PHYSICIAN MD ANDRAS A BODONI 1719 EAST 19TH AVENUE DENVER, COLORADO, 80218					DATE SIGNED OCTOBER 26, 2023		
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF CORONER					DATE SIGNED		
DATE FILED BY REGISTRAR OCTOBER 30, 2023							

AMENDED

DATE ISSUED MAY 01, 2024

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

A. Alex Quintana
A. ALEX QUINTANA
STATE REGISTRAR



REV 01/19

* 012051007 *

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

