

APN: 002-032-27

RECORDING REQUESTED BY and
WHEN RECORDED MAIL TO:
Amrock
662 Woodward Avenue
Detroit, MI 48226

ORDER NUMBER: 67079195

MAIL TAX STATEMENTS TO:
Cleve D. Mallory
342 3rd Street
Crescent Valley, NV 89821

EUREKA COUNTY, NV
LAND-TJT
Rec:\$37.00
Total:\$37.00
AMROCK

2020-242114
10/14/2020 03:20 PM
Pgs=5



00009388202002421140050053

LISA HOEHNE, CLERK RECORDER

[Space Above This Line For Recorder's Use]

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF IDAHO)
):ss
COUNTY/CITY OF TWIN FALLS

CLEVE D. MALLORY, TREVOR MATTHEW MORTENSEN and TONI MORTENSEN, being first
duly sworn upon their oath, depose and say:

1. That Affiants are the surviving spouse and joint tenants of **DELORES D. MALLORY**, Deceased;
2. That **DELORES D. MALLORY** died on August 30, 2019 in Humboldt County, Nevada;
3. That a certified copy of the Certificate of Death of **DELORES D. MALLORY** is attached hereto;
4. That at the date of her death, **DELORES D. MALLORY** held an interest as a joint tenant with

Affiants, **CLEVE D. MALLORY, TREVOR MATTHEW MORTENSEN and TONI MORTENSEN**, in that certain piece or parcel of land situated in Eureka County, State of Nevada,
described as follows:

Lot 16, 17, 18 in Block 12 of Crescent Valley Ranch and Farms Unit No. 1, as shown on the
Official Map recorded April 6, 1959 in the Office of the County Recorder of Eureka County,
Nevada as File No. 34081, Eureka County, Nevada Records.

APN: 002-032-27

Commonly known as: 342 3rd Street, Crescent Valley, NV 89821

5. That said joint tenancy was created by a Deed dated April 5, 2018 and recorded with the Eureka County Recorder on April 6, 2018, as Document Number 2018-234889.
6. That on account of the death of DELORES D. MALLORY, Affiants, CLEVE D. MALLORY, an unmarried man, and TREVOR MATTHEW MORTENSEN and TONI MORTENSEN, husband and wife, succeed to the interest of DELORES D. MALLORY as the survivors of the joint tenancy between CLEVE D. MALLORY, DELORES D. MALLORY, TREVOR MATTHEW MORTENSEN and TONI MORTENSEN in the foregoing described property.
7. That Affiants executed the foregoing Affidavit after having read the same; that the contents thereof are true of their knowledge, except as to those matters therein stated on information and belief and as to those matters, they believe them to be true.

In all references herein to any parties, persons, entities or corporations, the use of any particular gender or the plural or singular number is intended to include the appropriate gender or number as the text of the within instrument may require.

FURTHER AFFIANTS SAYETH NOT.

DATED this 8 day of September, 2020.

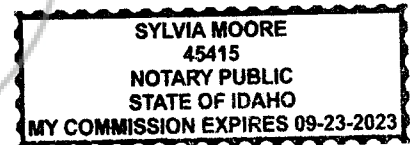
Cleve D Mallory
CLEVE D. MALLORY

TREVOR MATTHEW MORTENSEN

TONI MORTENSEN

SUBSCRIBED AND SWORN to before me on this 8
day of September, 2020.

Sylvia Moore
NOTARY PUBLIC in and for said
COUNTY/CITY and STATE



AFFIRMATION STATEMENT

(Check One)

☒ I, the undersigned, hereby affirm that this document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons. (Per NRS §239B.030)

☐ I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of any person or persons as required by law: _____

(State Specific Law)

Sylvia Moore
Signature

Sylvia Moore
Printed Name

Notary Public
Title/Relationship to Transaction

PREPARED BY:
Denise Mikrut, Esq.
Nevada Bar ID: 6743

DATED this 7TH day of SEPTEMBER, 20 20.

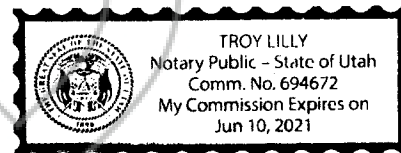
CLEVE D. MALLORY

Trevor Matthew Mortensen
TREVOR MATTHEW MORTENSEN

Toni Mortensen
TONI MORTENSEN

SUBSCRIBED AND SWORN to before me on this 7th
day of September, 20 20.

[Signature]
NOTARY PUBLIC in and for said
COUNTY/CITY and STATE



AFFIRMATION STATEMENT

(Check One)

☒ I, the undersigned, hereby affirm that this document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons. (Per NRS §239B.030)

☐ I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of any person or persons as required by law: _____

(State Specific Law)

[Signature]
Signature

Carolyn Hanley
Printed Name

Unkown Agent
Title/Relationship to Transaction

PREPARED BY:
Denise Mikrut, Esq.
Nevada Bar ID: 6743

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4101252

CERTIFICATE OF DEATH

2019017345
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST, SUFFIX) Delores Deitt MALLORY		2. DATE OF DEATH (Mo/Day/Year) August 30, 2019		3a. COUNTY OF DEATH Humboldt	
	3b. CITY, TOWN, OR LOCATION OF DEATH Winnemucca		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address and number) 3165 Bruce Dr		3d. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient(Specify) Home	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 69	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. UNDER 1 HOUR HOURS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not US/CA, name country) Montana		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 11	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Cleve D MALLORY			
PARENTS	13. SOCIAL SECURITY NUMBER 1106		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) HOMEMAKER		14b. KIND OF BUSINESS OR INDUSTRY HOME	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Humboldt		15c. CITY, TOWN OR LOCATION Winnemucca	
DISPOSITION	16. FATHER/PARENT - NAME (First Middle Last Suffix) John DUNBAR		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Norma Jean			
	18a. INFORMANT- NAME (Type or Print) Cleve D. MALLOEY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3165 Bruce Dr Winnemucca, Nevada 89445			
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) MARLENE SHIER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD871		20c. NAME AND ADDRESS OF FACILITY Santoma Funeral Home 47 W First Street Winnemucca NV 89445	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) CELESTINE Q HERNANDEZ MD SIGNATURE AUTHENTICATED		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)			
	21b. DATE SIGNED (Mo/Day/Yr) September 03, 2019		21c. HOUR OF DEATH 15:35		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Celestine Q Hernandez MD 2620 Ruby Vista Dr Elko, NV 89801		23b. LICENSE NUMBER 8882		23c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	24a. REGISTRAR (Signature) ANGELICA RAMIREZ SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 04, 2019		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I					Interval between onset and death
	(a) Cardiorespiratory Arrest					Interval between onset and death
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(b) Hypertensive Chronic Kidney Disease					Interval between onset and death
	(c) End-stage Renal Disease					Interval between onset and death
(d) Acute Diastolic Congestive Heart Failure						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. Alcoholic Cirrhosis Of The Liver						26. AUTOPSY (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		



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.

9/18/2019

DATE ISSUED:

Jan J. [Signature]
Administrator
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

