V PATRICIA HANE MORE AN P.O. Bot 5-51 ZEphyr Love, NV 89448

		227"	<i>a</i> ~	
Application No.				
				•
			•	
	AFFIDAVIT BY S	SURVIVING JOINT	ENANT	
STATE OFNEVADA)		\wedge	
COUNTY OF Dangland	ss.		()	
•			\ \	
PHTRICIA ANNE MORSE	ad being fir	rst duly sworn, o	deposes and says:	
THAT affiant is the su	rviving spouse of	JACK BALE A	10RGAN	,
and that the affiant a	nd the said,	JACK DALE M	orgad	
deceased, are the gran	tees in joint ter	nancy with the r	ight of survivorsh	ip
under a deed of convey	ance affecting th	ne following desc	cribed real proper	ty,
situate in the County	of Douglas, State	e of Nevada:)	
674 INSPIR	ATION DRIVE			
! ! !	OLLS-PIN-RS	291/1636		
# 5-141-40				
/ /				
	`		$\langle \rangle$	
((\ \		
THAT the said	DALE MORGA	٨,	one of the joint	tenant
grantees in said deed,	died on the 115	day of _ G	ged ,	19 <u>95</u> ,
and is the identical p	erson named in th	nat certain cert	ified copy of deat	h
certificate attached he	ereto as Exhibit	"A"; that the s	aid certified copy	of .
death certificate is he	ereby referred to	and, by such re	eference, is incor	porated
into this paragraph as	though herein fo	ully set forth.		
THAT all interests in	and to said real	property vested	absolutely in aff	iant,
namely, PATRICIA AN	NE MORGAN	, as of the	date of said dece	dent's
death.				11
s.				
			Ceare margar	
		PATRICIA	ANNE MORGA	N
SUBSCRIBED and SWORN t	o before me this	day of	MAY	, 19 <u>95</u>
2 ************************************			1 marie	1
Notary Pub	tA C. McKAY dic - Staté of Ne vada Re∞rded in Douglas County	J Pla (otary Public	7
* F WOKENY INDIVIDUAL	· ········· III L'UUUIED L'UUIETE 📱		· · · · · · · · · · · · · · · · · · ·	

Appointment Recorded in Douglas County
MY APPOINTMENT EXPIRES JUNE 30, 1995 My Commission expires: Lene 362455 BK0595PG3018

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS Reno, Nevada

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

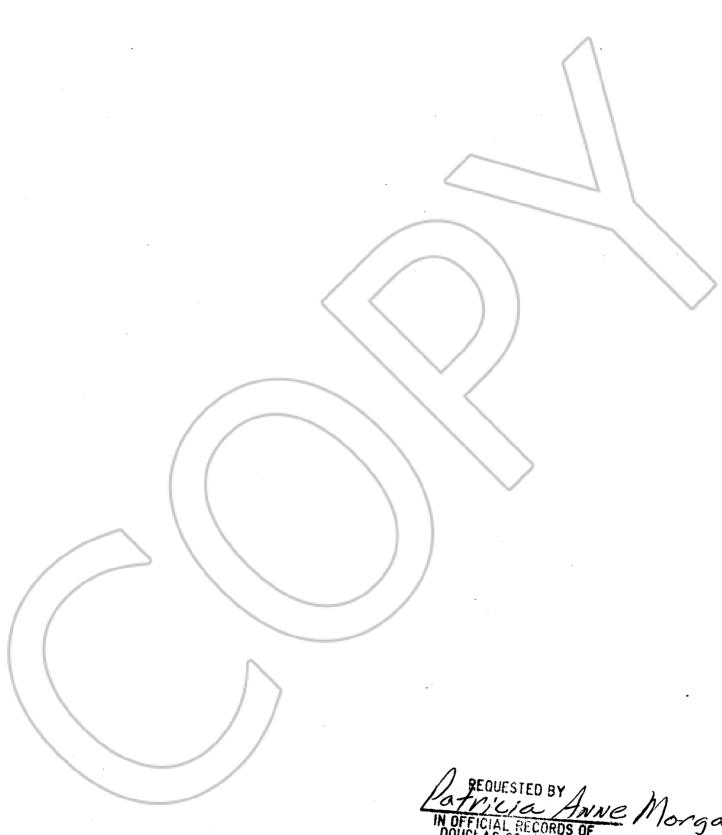
Γ	ROLL 84 IMAGE 626		TEALTH SECTION OF CERTIFICATE OF DI		
	LOCAL FILE NUMBER 81	.3	•	•	STATE FILE NUMBER
TYPE R PRINT	DECEASED—NAME First	Middle	Last	DATE OF DEATH (Month, Day, Year	
IN RMANENT	_{1.} Jack	Dale	MORGAN	2 April 11, 1995	3a. Washoe
ACK INK	CITY, TOWN, OR LOCATION OF DEATH		STITUTION—Name (If not either, give		
	зь. Reno	그 사람들은 그 아이들이 아이들이 살아왔다.	dical Center	Rm. Inpatient (S	pecify)
EDENT				3e. Inp	atient 4 Male
	Indian, etc) (Specify) sp	ecify Mexican, Cuban, Puerto Ric	Specify □ yes ₹ no If yes, AGE—La Birthday	(Years) MOS DAYS HOURS	DAY DATE OF BIRTH (Mo., Day, Yr.) MINS
	5. White 6.		7a. 8	The second secon	B December 6, 19
DEATH URRED IN	STATE OF BIRTH (If not U.S.A., name country)	1	Decedent's Education. Specify high grade completed.	est MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	SURVIVING SPOUSE (If wife, give maiden nar
TITUTION	_{9a.} Oregon	_{95.} U.S.A.	10. 12	(Specify) Married	₁₂ Patricia Ryan
iandbook Barding	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Ki	ind of Work Done During Most of	KIND OF BUSINESS OR INDUST	RY
PLETION OF ENCE ITEMS	13. 7246	14a. Vice-Presid	ent/Operations	14b. Gaming	
	RESIDENCE—STATE COUNT	/	CITY TOWN, OR LOCATION	STREET AND NUMBER	67/1 LINSIDE CITY LIMITS
└ →	15a. Nevada 15b.	Davidia .	50 7 anh 10 Carra	The state of the s	10,000,000,000
	FATHER—NAME First	Douglas 1	5c. Zephyr Cove	15d. Inspirati	
RENTS		그 회활장 - 역인경 -			Middle Last
	16. Jesse		Morgan 17.	Haze1	Ragsdale
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS	(Street or R.F.D. No., City or To	• •
	18a Patricia Morgan		18b. P. O. Box 5	51, Zephyr Cove,	Nevada 89448
1	BURIAL, CREMATION, REMOVAL, OTHER	(Specify) CEMETERY OF	R CREMATORY—NAME	LOCATION	City or Town State
	19a. Cremation	195. Sie	rra Crematory	190.	Reno, Nevada
OSITION	FUNERAL DIRECTOR—SGNATURE	FUNERAL DIRI	ECTOR NAME AND ADDRESS OF		
	20a.	LICENSE NUM	IDEM	nu i con 3 Spa	rks Funeral Home
	> 010	205. 25	20c. 1745 Sul	<u>livan Lane, Spark</u>	s, Nevada 89431
	21a. To the best of my knowledge, de due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 21b. // // // // // // // // // // // // //	all disconding the line, dale and	O Dia y and	at the time, date and place and du	r investigation, in my opinion death occurred to the cause(s) and manner stated.
i	(Signature and Title)	7100	leted b	(Signature and Title)	
	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH	3 D	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
IFER	50 21b. 4 /17 / ~	21c.	1755 E	22b.	22c.
TI ALI	NAME OF ATTENDING PHYSICI	AN IF OTHER THAN CERTIFIER	(Type or Print)	PRONOUNCED DEAD (Mo., Day, Yr.)	PRONOUNCED DEAD (Hour)
ľ	- LL 21d.	1	Į≅.		
1		THER (PHYSICIAN, ATTENDING	PHYSICIAN, MEDICAL EXAMINER, (22d. ON OR CORONER). (Type or Print)	LICENSE NUMBER
1	· ·		5 Silverada Blvd]
Ì	REGISTRAR A	761 LS, MD 200.			23ь. 2031
ITIONS ANY			M. 35. 3	ISTRAR (Mo., Day, Yr.) DEATH DUE T	O COMMUNICABLE DISEASE
H GAVE E TO	24a. (Signature)	Dep. Re		, 1995 24c. YES [] NOX(
EDIATE SUSE	25. IMMEDIATE CAUSE (ENTER ONL)	ONE CAUSE PER LINE FOR (a)), (b), AND (c).)		Interval between onset and death
ING THE RLYING	PART (a)		1947 /		bose
ELAST	DUE TO, OR AS A CONSEQU	JENCE OF:			Interval between onset and death
i /	1				
└	DUE TO, OR AS A CONSEQU	IENCE OF:			•
7	(John Vol. No. No. No. No. No. No. No. No. No. No	TENOL OF			Interval between onset and death
SE OF	(c) ·				•
ATH	(7)11 A		ath but not resulting in the underlying co		(Specify WAS CASE REFERRED TO s or No) CORONER (Specify Yes or No)
	Carolis Ba	46.7 / Herr	0113	26. no	27. no
1	ACC., SUICIDE, HOM., UNDET., DATE OF	INJURY (Mb., Day, Yr.) HOUR OF	INJURY DESCRIBE HOW IN		
\ I	OR PENDING INVEST. (Specify) 28b.	28c.	M 28d.		
- \. I	204.	F INJURY—At home farm street fa		STREET OR R.F.D. No.	CITY OF TOWN
1	(Specify res or No)	building, etc. (Specify)		SINCET ON M.F.D. NO.	CITY OR TOWN STATE
1	28e. 28f.	//	28g.		
	/ /	/ /			No. 70001
		/ /	STATE REGISTRAR		No. 73381
			STATE REGISTRAK		
			SEA!		

SEAL

This is to certify that the above is a true and legal copy of the certificate on file in this office.

Deputy Registrar Cicule MAY 2

--362455 BK0595PG301**9**



362455 BK0595PG3020

IN OFFICIAL RECORDS OF
DOUGLAS CO.. NEVADA

'95 MAY 19 P3:23

LINDA SLATER RECORDER PAID & DEPUTY