

✓ PATRICIA ANNE MORGAN  
P.O. Box 551  
Zephyr Cove, NV 89448

Application No. \_\_\_\_\_

AFFIDAVIT BY SURVIVING JOINT TENANT

STATE OF NEVADA )  
COUNTY OF Douglas ) SS.

PATRICIA ANNE MORGAN being first duly sworn, deposes and says:

THAT affiant is the surviving spouse of JACK DALE MORGAN,  
and that the affiant and the said, JACK DALE MORGAN,  
deceased, are the grantees in joint tenancy with the right of survivorship  
under a deed of conveyance affecting the following described real property,  
situate in the County of Douglas, State of Nevada:

674 INSPIRATION DRIVE  
LOT 104  
ZEPHYR KNOLLS - PIN-RS 291/1636  
# 5-141-40

THAT the said JACK DALE MORGAN, one of the joint tenant  
grantees in said deed, died on the 11<sup>th</sup> day of April, 1995,  
and is the identical person named in that certain certified copy of death  
certificate attached hereto as Exhibit "A"; that the said certified copy of  
death certificate is hereby referred to and, by such reference, is incorporated  
into this paragraph as though herein fully set forth.

THAT all interests in and to said real property vested absolutely in affiant,  
namely, PATRICIA ANNE MORGAN, as of the date of said decedent's  
death.

Patricia Anne Morgan  
PATRICIA ANNE MORGAN

SUBSCRIBED and SWORN to before me this 19<sup>th</sup> day of MAY, 1995,



Lora C. McKay  
Notary Public

362455 BK0595PG3018

My Commission expires: June 30, 1995

# WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS  
Reno, Nevada

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

ROLL 84 IMAGE 626

813

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER 813		STATE FILE NUMBER							
1. DECEASED—NAME First Middle Last Jack Dale MORGAN			DATE OF DEATH (Month, Day, Year) 2. April 11, 1995	COUNTY OF DEATH 3a. Washoe					
3b. Reno		3c. Washoe Medical Center		3e. Inpatient	4. Male				
5. White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7a. 83	7b. UNDER 1 YEAR MOS : DAYS 7c. UNDER 1 DAY HOURS : MINS	8. December 6, 1911			
9a. Oregon		9b. U.S.A.		10. 12		11. Married		12. Patricia Ryan	
13. 7246		14a. Vice-President/Operations		14b. Gaming					
15a. Nevada		15b. Douglas		15c. Zephyr Cove		15d. Inspiration Dr.		15e. yes	
16. Jesse Morgan			17. Hazel Ragsdale						
18a. Patricia Morgan			18b. P. O. Box 551, Zephyr Cove, Nevada 89448						
19a. Cremation		19b. Sierra Crematory		19c. Reno, Nevada					
20a. [Signature]		20b. 25		20c. 1745 Sullivan Lane, Sparks, Nevada 89431					
21a. [Signature]		21c. 1755		22a. [Signature]					
21b. 4/17/95		21c. 1755		22b. [Signature]					
21d. David L. Roberts, MD		21e. 2005 Silverada Blvd. Reno Nevada		22d. ON					
23a. David L. Roberts, MD		23b. 2031							
24a. [Signature]		24b. April 17, 1995		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		(a) CVA		Interval between onset and death		hour			
(b)		(c)		Interval between onset and death					
PART II		26. NO		27. NO					
28a. INJURY AT WORK (Specify Yes or No)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED			
28e.		28f.		28g.					

STATE REGISTRAR

SEAL

No. 73381

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

Deputy Registrar

[Signature]

Date:

MAY 2 1995

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WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

COPY

REQUESTED BY  
*Patricia Anne Morgan*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'95 MAY 19 P3:23

LINDA SLATER  
RECORDER  
\$ 9.00 PAID *PL* DEPUTY

362455  
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