

Affidavit-Termination of Joint Tenancy
(Death of a Joint Tenant)

I, Mary L. Morgan, the Affiant,
being of legal age, and being first duly sworn, deposes and says:

That Earl Lester Morgan, the decedent
(Deceased Name as shown on Death Certificate)

mentioned in the attached certified copy Certificate of Death, is the same person as Earl L. Morgan

(Deceased Name as shown on Deed)
named as one of the parties in that certain Grant, Bertain, Sale Deed,
(Type of Document)

dated on the 22nd day of June, 19 84, and executed by Earl L. Morgan
and Mary L. Morgan, known as "Grantor(s)"
to Earl L. Morgan and Mary L. Morgan, husband and wife, known
as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 102587, on the
22nd day of June, 19 84, in book 684, of Official
Records of Douglas County, Nevada, covering the following described property situated in the City of
Douglas, County of Douglas, State of Nevada.
(Set forth legal description and commonly known street address, if known)

Lot 130 as shown on the map of KINGSLANE UNIT NO. 2, filed in the office of
the County Recorder of Douglas County, Nevada on December 20, 1971.
A.P.N. 25-373-13

ASSESSOR'S PARCEL NO. (APN#) 25-373-13

That value of all real property owned by decedent at date of death, including the full value of the property above described, did not exceed
the sum of \$ n/a

In Witness Whereof, I/We have hereunto set my hand/our hands this 8th day of August, 19 97

Mary L. Morgan
(Signature) Mary L. Morgan
(Print or type name here)

(Signature)
(Print or type name here)

STATE OF NEVADA }
COUNTY OF Douglas }
On this 8th day of August, 19 97
personally appeared before me, a Notary Public
MARY L. MORGAN

RECORDING REQUESTED BY AND MAIL TO
NAME Mary L. Morgan
ADDRESS 1271 Kingslane
CITY/ST/ZIP Gardnerville, NV 89410
If applicable mail tax statements to
NAME same as above
ADDRESS same as above
CITY/ST/ZIP same as above

personally known to me to be the person whose name(s) is subscribed
to the above instrument who acknowledged that She executed
the instrument.

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

Janice K Condon
(Notary Public)



(Notary Stamp)

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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 91 IMAGE 34

LOCAL FILE NUMBER

1343

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

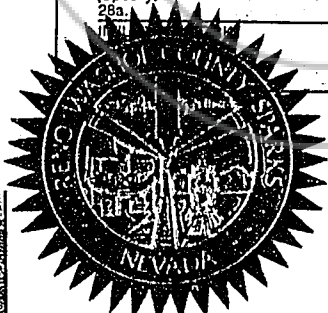
DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

1. DECEASED—NAME First Middle Last Earl Lester MORGAN		2. DATE OF DEATH (Month, Day, Year) June 6, 1997		3. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Washoe Medical Center		4. SEX Male	
5. RACE—(e.g., White, Black, American Indian, etc) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes & no if yes, specify Mexican, Cuban, Puerto Rican, etc.		7. AGE—Last Birthday (Years) 85	
8. STATE OF BIRTH (If not U.S.A., name country) Washington		9. CITIZEN OF WHAT COUNTRY (If not U.S.A., name country) U.S.A.		10. Decedent's Education. Specify highest grade completed. 11	
11. SOCIAL SECURITY NUMBER 4549		12. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Owner Operator		13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
14. RESIDENCE—STATE Nevada		15. COUNTY Douglas		16. CITY, TOWN, OR LOCATION Gardnerville	
17. FATHER—NAME First Middle Last Vernie Morgan		18. MOTHER—MAIDEN NAME First Middle Last Laura Gaskill		19. SURVIVING SPOUSE (If wife, give maiden name) Mary Fuson	
20. INFORMANT—NAME (Type or Print) Mary Morgan		21. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1271 Kings Lane, Gardnerville, Nevada 89410			
22. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		23. CEMETERY OR CREMATORY—NAME Walton's Carson Sierra Crematory		24. LOCATION City or Town State Carson City, Nevada	
25. FUNERAL DIRECTOR'S SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		26. FUNERAL DIRECTOR LICENSE NUMBER 25		27. NAME AND ADDRESS OF FACILITY Walton's Sparks Funeral Home 1745 Sullivan Lane, Sparks, Nevada 89431	
28. To be completed by CERTIFYING PHYSICIAN 28a. (Signature and Title) <i>[Signature]</i>		28b. DATE SIGNED (Mo., Day, Yr.) 6/11/97		28c. HOUR OF DEATH 1229	
29. To be completed by Coroner's Office 29a. (Signature and Title) <i>[Signature]</i>		29b. DATE SIGNED (Mo., Day, Yr.)		29c. HOUR OF DEATH	
30. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		31. PRONOUNCED DEAD (Mo., Day, Yr.)		32. PRONOUNCED DEAD (Hour)	
33. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Theodore B. Berndt, M.D. 85 Kirman Ave. #202 Reno NV		34. LICENSE NUMBER 3191		35. REGISTRAR Sandi Budjes Dep.	
36. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) June 11, 1997		37. DEATH DUE TO COMMUNICABLE DISEASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		38. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))	
PART I (a) Atherosclerotic heart disease		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART I (b)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART I (c)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying causa given in Part I.		26. AUTOPSY (Specify Yes or No) NO		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) NO	
39. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 26a.		40. DATE OF INJURY (Mo., Day, Yr.) 28b.		41. HOUR OF INJURY 28c.	
42. DESCRIBE HOW INJURY OCCURRED 28d.		43. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		44. LOCATION, STREET OR R.F.D. No., CITY OR TOWN, STATE 28g.	



STATE REGISTRAR **0421141** No. **115240**
BK 0997 PG 1413

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

Deputy Registrar: *Sandi Budjes* Date: **JAN 13 1997**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

COPY

REQUESTED BY
Mary Morgan
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'97 SEP -8 A10:19

LINDA SLATER
RECORDER

\$ 9.00 PAID BH DEPUTY

0421141

BK0997PG1414