

# AFFIDAVIT-TERMINATION OF JOINT TENANT

## Death of a Joint Tenant

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

That (Deceased Name as shown on Death Certificate) DONALD LUTHER MORGAN, the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as (Deceased Name as shown on Deed), DONALD L. MORGAN, named as one of the parties in that certain (type of document) GRANT, BARGIN, SALE DEED, dated on the 2<sup>ND</sup> day of OCTOBER, 20<sup>02</sup>, and executed by COUNTRY LANE PARTNERSHIP, A GENERAL PARTNERSHIP, known as Grantor(s), to DONALD L. ROLLINGS AND GLADYS M. ROLLINGS \*, known as Grantees, as joint tenants, and recorded as instrument number 125326, on the 16<sup>TH</sup> day of OCTOBER, 20<sup>02</sup>, in Book 1085 PAGE 1622 of Official Records of DOUGLAS COUNTY County, Nevada, covering the following described property situated in the City of GARDNERVILLE, County of DOUGLAS, State of Nevada. (Set forth legal description and commonly known street address, if known)

LOT 15, IN BLOCK C AS SAID LOT AND BLOCK IS SHOWN ON THAT MAP ENTITLED COUNTRY LANE SUBDIVISION RECORDED FEBRUARY 4, 1981 ON BOOK 281 OF OFFICIAL RECORDS AT PAGE 242 DOUGLAS COUNTY, NEVADA, AS DOCUMENT NO. 53226.

In Witness Whereof, I/We have hereunto set my/our hand(s) this 2<sup>nd</sup> day of January, 2002


\* AND DONALD L. MORGAN  
Donald Lee Rollings  
Signature  
DONALD LEE ROLLINGS  
Print or Type Name Here

Signature  
Print or Type Name Here

STATE OF NEVADA )  
COUNTY OF DOUGLAS )

On this 2<sup>nd</sup> day of January, 2002  
personally appeared before me, a Notary Public  
Donald Lee Rollings


personally known to me to be the person(s) whose name(s) is subscribed to the above instrument who acknowledged that he executed this instrument. Witness my hand and official seal

Debra S York  
Notary Public  


RECORDING REQUESTED BY AND MAIL TO  
Name:  DONALD L. ROLLINGS  
Address: P.O. Box 575  
City/State/Zip: GARDNERVILLE, NEVADA 89410

IF APPLICABLE MAIL TAX STATEMENTS TO  
Name:  
Address: (SAME AS ABOVE)  
City/State/Zip:

SPACE BELOW FOR RECORDS USE ONLY



0531435  
BK0102PG0236

# STATE OF NEVADA

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

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		STATE FILE NUMBER	
1. DECEASED—NAME First Middle Last <b>Donald Luther MORGAN</b>		2. DATE OF DEATH (Month, Day, Year) <b>September 4, 2001</b>	3a. COUNTY OF DEATH <b>Douglas</b>
3b. CITY, TOWN OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>Carson Valley Medical Center</b>	3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Emergency Room</b>
4. SEX <b>Male</b>		5. DATE OF BIRTH (Mo., Day, Yr.) <b>August 21, 1929</b>	
6. RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>White</b>		7. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	
8. AGE—Last Birthday (Years) 7a. <b>72</b>		9. UNDER 1 YEAR MOS : DAYS 7b. : 10. UNDER 1 DAY HOURS : MINS 7c. : :	
11. STATE OF BIRTH (If not U.S.A., name country) <b>California</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13. SOCIAL SECURITY NUMBER <b>1893</b>		14. Decedent's Education. Specify highest grade completed. <b>13</b>	
15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		16. SURVIVING SPOUSE (If wife, give maiden name)	
17. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Accountant</b>		18. KIND OF BUSINESS OR INDUSTRY <b>Equipment Testing</b>	
19. RESIDENCE—STATE <b>Nevada</b>		20. COUNTY <b>Douglas</b>	
21. CITY, TOWN, OR LOCATION <b>Gardnerville</b>		22. STREET AND NUMBER <b>1049 Kimmerling Road</b>	
23. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		24. FATHER—NAME First Middle Last <b>James D. Morgan</b>	
25. MOTHER—MAIDEN NAME First Middle Last <b>Marguerite Duncan</b>		26. INFORMANT—NAME (Type or Print) <b>Gladys M. Rollings - Sister</b>	
27. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>P.O. Box 575, Gardnerville, Nevada 89410</b>		28. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>	
29. CEMETERY OR CREMATORY—NAME <b>FitzHenry's Crematory</b>		30. LOCATION City or Town State <b>Carson City, Nevada</b>	
31. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		32. FUNERAL DIRECTOR LICENSE NUMBER <b>217</b>	
33. NAME AND ADDRESS OF FACILITY <b>Home, 1380 Hwy 395, Gardnerville, NV 89410</b>		34. 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) <b>9/6/01</b>	
35. 21b. HOUR OF DEATH <b>1216</b>		36. 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) and manner stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) <b>9/6/01</b>	
37. 21c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Basil Chryssos M.D., 704 W. Nye Lane, Carson City, NV 89703</b>		38. 22b. PRONOUNCED DEAD (Mo., Day, Yr.) <b>ON</b>	
39. 21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) <b>Basil Chryssos M.D., 704 W. Nye Lane, Carson City, NV 89703</b>		39. 22c. PRONOUNCED DEAD (Hour) <b>AT</b>	
40. 23a. REGISTRAR (Signature) <i>[Signature]</i>		41. 24. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>Sept. 7, 2001</b>	
42. 24c. DEATH DUE TO COMMUNICABLE DISEASE <b>NO</b>		43. 25. IMMEDIATE CAUSE. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Cardiomyopathy arrest</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Ischemic cardiomyopathy</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Coronary artery disease</b>	
44. 26. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>No</b>		45. 27. AUTOPSY (Specify Yes or No) <b>No</b>	
46. 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		47. 28a. ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify) <b>28a.</b>	
48. 28b. DATE OF INJURY (Mo., Day, Yr.) <b>28b.</b>		49. 28c. HOUR OF INJURY <b>M 28c.</b>	
50. 28d. DESCRIBE HOW INJURY OCCURRED <b>28d.</b>		51. 28e. INJURY AT WORK (Specify Yes or No) <b>28e.</b>	
52. 28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>28f.</b>		53. 28g. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE <b>28g.</b>	



STATE REGISTRAR

*[Signature]*

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

SEP 07 2001

Date Issued:

0531435

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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No. 183756

COPY

REQUESTED BY  
Donald L Rollings  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2002 JAN -2 PM 12: 13

LINDA SLATER  
RECORDER

\$16<sup>00</sup> PAID 12 DEPUTY

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