

# AFFIDAVIT-TERMINATION OF JOINT TENANT

## Death of a Joint Tenant

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

That (Deceased Name as shown on Death Certificate) TIFFANY ANN MORRIS, the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as (Deceased Name as shown on Deed), TIFFANY A. MORRIS, named as one of the parties in that certain (type of document) QUITCLAIM DEED, dated on the 18 day of AUGUST, 20 1999, and executed by SCOTT L. MORRIS, known as Grantor(s), to TIFFANY A. MORRIS & SCOTT L. MORRIS, known as Grantees, as joint tenants, and recorded as instrument number 0474747, on the 18 day of AUGUST, 20 1999 in Book 0899PG3314 of Official Records of DOUGLAS 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)

939 SPRINGFIELD DR. GARDNERVILLE, NV.  
LOT 127, BLOCK B, AS SHOWN ON FINAL MAP OF PLEASANTVIEW,  
PHASE 6, SUBDIVISION MAP # 1009-6

In Witness Whereof, I/We have hereunto set my/our hand(s) this 17 day of June, 20 02

Signature

Signature

SCOTT L. MORRIS

Print or Type Name Here

Print or Type Name Here

STATE OF NEVADA )

COUNTY OF Douglas )

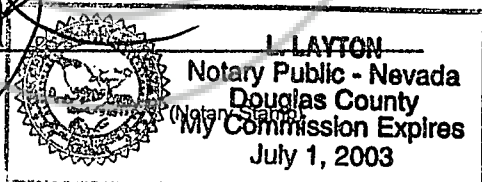
On this 17 day of June, 2002

personally appeared before me, a Notary Public

Scott L Morris

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

Notary Public



RECORDING REQUESTED BY AND MAIL TO

Name: SCOTT L. MORRIS  
Address: 939 SPRINGFIELD DR.  
City/State/Zip: GARDNERVILLE, NEVADA  
89410

IF APPLICABLE MAIL TAX STATEMENTS TO

Name:  
Address:  
City/State/Zip:

SPACE BELOW FOR RECORDS USE ONLY

AFF111

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# 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

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Tiffany Ann MORRIS		2. January 02, 2000	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	
3b. Gardnerville		3c. 939 Springfield Drive	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	
5. White		6. <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. California		9b. U.S.A	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
13. [REDACTED] 0308		14a. Paralegal	
RESIDENCE—STATE		COUNTY	
15a. Nevada		15b. Douglas	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Lee Roy Wallace		17. Patricia Ann Kearns	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Scott L. Morris		18b. 939 Springfield Drive Gardnerville, Nevada 89410	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Burial		19b. Eastside Memorial Park	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		NAME AND ADDRESS OF FACILITY	
20a. <i>James M. Hill</i>		20c. 1380 Hwy 395 Gardnerville, Nevada 89410	
21a. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH	
21b. 1/4/2000		21c. 0555	
22a. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
22b. [REDACTED]		22c. [REDACTED]	
22d. ON		22e. AT	
23a. Joao Ascensao M.D. 781 Mill Street Reno, Nevada 89502		23b. 6364	
24a. (Signature) <i>Joao Ascensao</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. [REDACTED]		24b. January 4, 2000	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		DEATH DUE TO COMMUNICABLE DISEASE	
PART I (a) Acute leukemia		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II (b) [REDACTED]		Interval between onset and death	
PART II (c) [REDACTED]		Interval between onset and death	
26. NO		27. YES	
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)	
28a. [REDACTED]		28b. [REDACTED]	
28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
28c. [REDACTED]		28d. [REDACTED]	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e. [REDACTED]		28f. [REDACTED]	
28g. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE		28g. [REDACTED]	

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

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

No.159175

STATE REGISTRAR

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

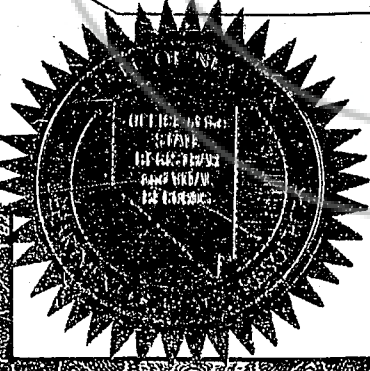
Date Issued:

JAN 04 2000

*Yvonne Sylva*  
State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY  
Joann Morris  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2002 JUL -2 PM 4: 08

LINDA SLATER  
RECORDER

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

0546327

BK 0702PG01022