File No:

142-2069422 (KM)

A.P.N.:

1220-15-510-002

When Recorded, Mail Tax Statements To:

Morin

957 Dresslerville

Gardnerville, Nevada 89460

** This is being re-recorded to reflect correct lot.

A.P.N.: 1220-15-510-002

AFFIDAVIT - TERMINATING JOINT TENANCY

Kenneth J. Morin, of legal age, being first duly sworn, deposes and says:

That **Georgia J. Morin**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as Georgia J. Morin named as one of the parties in that certain Individual Grant Deed dated February 1, 1993 executed by Galen Hinton and Lynne Hinton, husband and wife as joint tenants to Kenneth J. Morin and Georgia J. Morin, husband and wife as joint tenants, recorded as Document No. 299693 on 02-16-93 in Book 293 Page 2553 of Official Records of Douglas County, Nevada covering the following described property situated in the County of **Douglas**, State of **Nevada**:

Lot /40, as said lot is shown on the map of the Official Plat of GARDNERVILLE RANCHOS NO. 1, filed in the office of the County Recorder of Douglas County, Nevada, on November 30, 1964, in Book 1 of Maps, Page 40, File No. 26665.

STATE OF

NEVADA

))

COUNTY OF

DOUGLAS

:SS.

This instrument was acknowledged before me on

5-14-63 by

Kenneth J. Morin

Notary Public

(My commission expires: 10 - 19 - 03)

Page 1

0578874

RK0603PG01729

0577387 BK0503PG10139

KATHY MERRILL

Notary Public - State of Nevada

Appointment Recorded in County of Douglas

DE

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

99 009643

1			i	CERTIFICATE	OF DEA	N I ITT	- 1	90	VV304.	3
	ŁOCAL	FILE NUMBER	•					STATE	FILE NUMBER	
YPE PRINT	DECEASEDNAM	E First	Middle	Last	E	DATE OF DEATH (Month,	Day, Year)		OUNTY OF DEATH	
NENT	1.	Georgia	Jean	MORIN	2	August 2	1, 1999	3	a. Doug	1as
κ'	CITY, TOWN OR L	OCATION OF BEATH		HER INSTITUTION—Name (If not e	either, give street	t and number) If Hos	o. or Inst. indicate patient (Specify)		ner. SEX	
	3b. Gardı	nerville	3c. 957 D	resslerville Ro	ad	3e,	palierii (Specity)	/a \	4. Fa	male
	RACE{e.g., White	e, Black, American	Was Decedent of Hispanic	Origin? Specify I ves of no if yes.	AGELast	UNDER 1 YEAR	UNDER 1 DA		OF BIRTH (Mo., Day,	Yr.)
	indian, etc. 5. What	ite	specify Mexican, Cuban, Pu 6.	uerto Rican, etc.	Birthday (Yea 7a. 54	rs) MOS DAYS 7b.	HOURS MI		arch 6, 1	0.4.5
	STATE OF BIRTH		CITIZEN OF WHAT CO			MARRIED, NEVER MAR		SURVIVING S	POUSE (If wife, give ma	940 iden name)
	(If not U.S.A., name	county) ifornia	9b. U.S.A	grade completed.		WIDOWED, DIVORCED		The same of the sa		,
	SOCIAL SECURITY			(Give Kind of Work Done During Mo	ost of a	II. Marrie		12. Ken	neth Mori	n
	10	4004	Working Life, Even if Re	atired}	276	601		The state of the s	7	
	13. RESIDENCE—STA	-4884		r/Checker	N	14b. Groces			INSIDE CITY LIMITS	,
									(Specify Yes or No)	,
>	15a. Neva	ada 15b. First	Douglas Middle		rville HER- <i>MAIDEN</i>		Dressle			S
-	FATREN—NAWE		an 190 (2)		nchMAIUEN	NAME First		Viiddle	Last	N
_	16.	George	# h. H.	Carroll 17	- = w _{20 10 10}	Jean	<u> </u>		Banks	on
į	INFORMANT—NAM	No (Type or Print)		MAILING ADDRESS	A STATE OF THE STA	Street or R.F.D. No	., City or Town, S	state, Zip)	89	410
	18a.	Kenneth M			ressler	ville Road	Gard	nervi	lle, Neva	da
	BURIAL, CREMATIC	ON, REMOVAL, OTHE	R (Specify) CEMET	TERY OR CREMATORY—NAME		LOCA	TION	City or Town	State	
	19a.	Burial	19b. "		morial	Gardens 19c.	li .	Minder	n, Nevada	
	FUNERAL DIRECTA (Or Person Acting a	ORSIGNATURE is Such)	FUNER	IAL DIRECTOR NAME AND ADD	RESS OF FACI	UTY Henry's Car	enn Val	lov F	uneral Us	7-8
_	20a.	nes/14	20b.	217 / 20c. 1380	Hwy . 3	Henry's Car 95 Gardn	erville	, Nev	ada 1894	10
_	Z 21 To the b	est of my knowledge, he cause(s) stated.	dead to turned at the time,	late and place and	228	a. On the basis of examina at the time, date and pla	ation and/or inves	tigation, in m	y opinion death occur	red
	සිට ් පූගි (Signatu	re and Title) 🕨 🖟	Nother-1	Mad Me	S. T. Ball 6	gnature and Title)	7 4	ia caass(o) ai	io marmer stated.	
	O DATE STORY OF THE PROPERTY O	GNED (Mo., Day, Y	HOUR OF	DEATH WAR TANK		TE SIGNED (Mo., Day, Y	') [H	OUR OF DEA	ΛTH	
	5 <u>5</u> 21b. 3	インファ	21c.	Z120 ***	8 22). (]	22	£c.		
	NAME O	F ATTENDING PHYS	ICIAN IF OTHER THAN CE	RTIFIER (Type or Print)		CNOUNCED DEAD (Mo.,	Day, Yr.) P	RONOUNCE	D DEAD (Hour)	
	广告 21d.	/ 1		and the second second second	200	d: ON +	8)		
	NAME A	NO ADDRESS OF CE	BTIFIER (PAYSICIAN, ATT	ENDING PHYSICIAN, MEDICAL EX	AMINER, OR C	OPONER), (Type or Print	12	LICE	NSE NUMBER / (9
	23a.S	HAD LAPA I	11. Hall W	W 781 Mil	17 1	Caro NV	87102		UV 368	
Ì	REGISTRAR	1 June 1	ULUVA	DATE RECEN	/ED BY REGIST	TRAR (Mo., Day, Yr.) DEA	TH DUE TO CO	MMUNICABL	E DISEASE	1
	24a. (Signature)	- m. 1.	N. Te	245 Å	oc to	19 0 24c	-	ио Ж		-
_	25. IMMEDIATE CAL	USE VENTER O	NLY ONE CAUSE PER LINE	FOR (a), (b), AND (c).)	V 60	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			between onser and o	leath
		Bu DOG	to 2	who state	Mid	olle		n	in The	,
ř	PART (a) DUE	TO, OR AS A CONS	EQUENCE OF:	viaviau.	00111	ceg	 	• ///	between onset and o	leath
		3, 5 Pr 95/10/	a a			*/		• HICH VOI	Someon United and C	ili delli
	(b)	TO, OR AS A CONS	FOLIENCE OF:		4-7		· · · · · · · · · · · · · · · · · · ·	- Inter	Santania a a a a a a a a a	145
i	(502	. TO, OR AS A CONSI	LOUENUE UP;					interval	between onset and o	іватл
	(c)	PIONIFIONE COURT	TIONIC Outside :	ton to death to a construction			· · · · · · · · · · · · · · · · · · ·	¥. I = = =		
	PART UTHER	SIGNIFICANT GUNDI	I ICINS—Conditions contribut	ing to death but not resulting in the	underlying cause	e given in Part 1. AUTOF	'SY (Spec Yes or N	(ry WAS CA (b) CORON	ISE REFERRED TO ER <i>(Specify Yes or N</i>	o)
	7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1					26. 1	10	27.	yes	
	ACC., SUICIDE, HO OR PENDING INVES	M., UNDET., DATE	OF INJURY (Mo., Day, Yr.) H	OUR OF INJURY DESCR	IBE HOW INJUR	RY OCCURRED	•			
	(Specify) 28a.	28b.		8c. M 28d.						
ķ.	INJURY AT WORK (Specify Yes or No)	PLAC	E OF INJURY—At home, far building, etc. (m, street, factory, office LOCATI	ON.	STREET OR R.F.D. No.	CiT	OR TOWN	STATE	
١	28e.	281.	307.5m/g; 314 [28g.						
, ,			/ /				A I		EOCE	
J	10 m		STATE F	REGISTRAR			N	D. (L50650	O
/ <u></u>			/ 517121							

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

Date Issued: 0577387

MAY 1 5 2003

798 State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUME

BK0503PG1014n

BK0603 PG 01730



IN OFFICIAL RECORDS OF DOUGLAS CO. NEVADA

2003 JUN -4 PM 3: 57

WERNER CHRISTEN RECORDER

S/6 PAID NO DEPUTY

0577387

BK 0 5 0 3 PG 1 0 1 4 1

IN OFFICIAL RECORDS OF DOUGLAS CO. NEVADA

2003 MAY 19 PM 4: 35

WERNER CHRISTEN
RECORDER

\$/6 PAID & DEPUTY

File No:

142-2069422 (KM)

A.P.N.:

1220-15-510-002

When Recorded, Mail Tax Statements To:

Morin

957 Dresslerville

Gardnerville, Nevada 89460

** This is being re-recorded to reflect correct lot.

A.P.N.: **1220-15-510-002**

AFFIDAVIT - TERMINATING JOINT TENANCY

Kenneth J. Morin, of legal age, being first duly sworn, deposes and says:

That **Georgia J. Morin**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Georgia J. Morin** named as one of the parties in that certain **Individual Grant Deed** dated **February 1**, **1993** executed by **Galen Hinton and Lynne Hinton**, **husband and wife** as **joint tenants** to **Kenneth J. Morin and Georgia J. Morin**, **husband and wife** as joint tenants, recorded as Document No. **299693** on **02-16-93** in Book **293 Page 2553** of Official Records of **Douglas** County, **Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada**:

48

Lot /40, as said lot is shown on the map of the Official Plat of GARDNERVILLE RANCHOS NO. 1, filed in the office of the County Recorder of Douglas County, Nevada, on November 30, 1964, in Book 1 of Maps, Page 40, File No. 26665.

:SS

5-14-B

By remode J-Main

Kenneth J. Morin

STATE OF

NEVADA

COUNTY OF

DOUGLAS

KATHY MERRILL

Notary Public - State of Nevada

Appointment Recorded in County of Douglas

My Appointment Expires Oct. 19, 2003

This instrument was acknowledged before me on

Kenneth J. Morin

Notary Public

(My commission expires: 10 - 19 - 05

Page 1

0578874

BK 0603 PG 0 1 729

0577387

BK 0503 PG 10139

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

	_	DIVISION O	F HEALTH — SECTION CERTIFICATE (ON OF VITAL STATIST OF DEATH	rics 99	009643
1	LOCAL FILE NUMBER	1			•	E FILE NUMBER
TYPE	DECEASED—NAME First	Middle	Last	DATE OF DEATH (Mont		COUNTY OF DEATH
OR PRINT IN	1. Georgia	Jean	MORIN	2. August	21, 1999	3a. Douglas
PERMANENT BLACK INK	CITY, TOWN OR LOCATION OF DEATH		INSTITUTION—Name (If not eith	er, give street and number) If He	osp. or Inst. indicate DOA, OP/E	Douglas
	2h Consider a served 1.1 a	20 057 Dec	111- Doo	i	Inpatient (Specify)	4 77 7
DECEDENT	BACE—(e.g. White Black American		sslerville Roa	Q Se. AGE—Last UNDER 1 YEAR	UNDER 1 DAY DATE	OF BIRTH (Mo., Day, Yr.)
	RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Orig specify Mexican, Cuban, Puerto		Birthday (Years) MOS : DAYS	HOURS : MINS	
	5. White STATE OF BIRTH	6. CITIZEN OF WHAT COUN-	1	7a. 54 7b. : fy highest MARRIED, NEVER MA		March 6, 1945 SPOUSE (If wife, give maiden name)
IF DEATH OCCURRED IN	(If not U.S.A., name country)	TRY	grade completed.	WIDOWED, DIVORCE	D	1
INSTITUTION SEE HANDBOOK	9a. California SOCIAL SECURITY NUMBER	9b. U.S.A	10. 12 e Kind of Work Done During Most			nneth Morin
REGARDING COMPLETION OF			·	1 40	\ \	
RESIDENCE ITEMS	13. ————————————————————————————————————	14a. Cashier/		14b. Groce		LINOIDE OITH I INTO
		JNTY	CITY, TOWN, OR LOCATION	STREET AN	-1	INSIDE CITY LIMITS (Specify Yes or No)
	15a. Nevada 15b.	2008200	15c. Gardner		Dresslervill	· · · · · · · · · · · · · · · · · · ·
PARENTS	FATHER—NAME First	Middle	Last MOTHI	ER—MAIDEN NAME First	Middle	Last
Canada San	George George		Carroll 17.	Jean		Bankson
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS	(Street or R.F.D.	No., City or Town, State, Zip)	89410
	18a. Kenneth			esslerville Road		
	BURIAL, CREMATION, REMOVAL, OTH	IER (Specify) CEMETER	Y OR CREMATORY—NAME	ro	CATION City or Tow	n State
DISPOSITION	^{19a.} Burial	19b.		orial Gardens 19	Minde	en, Nevada
Distriction	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL LICENSE I	DIRECTOR NAME AND ADDR	ESS OF FACILITY FitzHenry's Ca	arson Valley 1	Funeral Home
Ĺ	20a. 20a. 20a. 20a. 20a. 20a. 20a. 20a.	20b. 2	17 p 20c. 1380	FitzHenry's Ca Hwy. 395 Gard	inerville, Nev	vada 89410
ſ	ZZ 21 To the best of my knowledge due to the cause(s) stated.	e, death ocurred at the time, date	and place and	at the time, date and	mination and/or investigation, in I place and due to the cause(s)	my opinion death occurred and manner stated.
		10grew	Hau my	ල් (Signature and Title)	<u> </u>	
	DATE SIGNED (Mo., Day, Y	HOUR OF DE	ffH	DATE SIGNED (Mo., Day	, Yr.) HOUR OF D	EATH
CERTIFIED	21b. 8 ~ 2 7 ~	21c.	2120	s 22b.	22c.	
CERTIFIER	O 21d. (Signature and Title) DATE SIGNED (Mo., Day, Y 21b) DATE SIGNED (Mo., Day, Y 21b) AMME OF ATTENDING PHY 21d.	SICIAN IF OTHER THAN CERTIF	FIER (Type or Print)	PRONOUNCED DEAD (A	Mo., Day, Yr.) PRONOUNC	ED DEAD (Hour)
	ିଆ 21d.		. \	22d. ON	22e. AT	
	NAME AND ADDRESS OF	CERTIFIER (PHYSICIAN, ATTENI	DING PHYSICIAN, MEDICAL EXA	MINER, OR COPONER). (Type or P	This Lie	CENSE NUMBER
Ļ	23a5 YCN WEM	W. dall m	1/8/MIN =	FENDO, N	101101 23	NV 300
CONDITIONS IF ANY	REGISTRAR	h	DATE RECEIVE	D BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICA	BLE DISEASE
WHICH GAVE RISE TO	24a. (Signature)	dunta	24b. Husin	7 25,1989	24c. YES□ NOX	
IMMEDIATE /	25. IMMEDIATE CAUSE VENTER	ONLY ONE CAUSE PER LINE F	OR (a), (b), AND (c).)	1. 10	Inter	val between once and death
CAUSE STATING THE UNDERLYING	PART (a) PIPE	tca.m	etastalle	WITCH		am W.
CAUSE LAST	DUE TO, OR AS A CON	SEQUENCE OF:	/ /		• Inter	val between onset and death
	(b)		_\			
	DUE TO, OR AS A CON	ISEQUENCE OF:			Inter	val between onset and death
CAUSE OF	(c)					
DEATH	PART OTHER SIGNIFICANT CON	DITIONS—Conditions contributing	to death but not resulting in the u	nderlying cause given in Part 1. AU	TOPSY (Specify WAS Yes or No) COR	CASE REFERRED TO ONER (Specify Yes or No)
				26.	•	yes
	ACC., SUICIDE, HOM., UNDET., DAT OR PENDING INVEST.	TE OF INJURY (Mo., Day, Yr.) HOL	IR OF INJURY DESCRIE	BE HOW INJURY OCCURRED		
	(Specify) 28a.	. 28c.	M 28d.			
	INJURY AT WORK (Specify Yes or No)	ACE OF INJURY—At home, farm, building, etc. (Sp	street, factory, office LOCATIO	ON. STREET OR R.F.D.	No. CITY OR TOW	/N STATE
/ \	28e. 28f.		28g.			
					No.	150656
3	TO A DR. ANA	STATE RE	GISTRAR		INO.	T20020
	Market offices	^				
	C. MANNE English Meyeta					
	SECONDO.	1)		1		` //
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			t the above is a true ar	d correct copy	FIVIUL -	
	A RAM DE COLUMN TO A STATE OF THE PARTY OF T	of the certificate on		*	6	
	THE TOTAL PROPERTY OF THE PARTY	Date Issued: 05	77387 M	AY 15 2003 05	7 Q Q 7State Regis	strar
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	A THE SECOND SEC		COMMON DE LA COMMON DEL COMMON DE LA COMMON DE LA COMMON DEL COMMON DE LA COMMON DE			

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FIRST AMERICAN TITLE SE DOUGLAS CO HEVADA

2003 JUN -4 PM 3: 57

WERNER CHRISTEN RECORDER

S 16 PAID NO DEPUTY

0577387

BK0503PG10141

REQUESTED BY FIRST AMERICAN TITLE CO. IN OFFICIAL RECORDS OF DOUGLAS CO. NEVADA

2003 MAY 19 PM 4: 35

WERNER CHRISTEN
RECORDER

S/6 PAID / DEPUTY