

APN: 1220-15-410-099

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0605 PG-12836 RPTT: 0.00



RECORDING REQUESTED BY:

WHEN RECORDED MAIL TO:

Name SHARON LEE MORRELL
Street 829 LYELL WAY
Address
City, State GARDNERVILLE, NV 89410
Zip

Order No.

(SPACE ABOVE THIS LINE FOR RECORDERS USE)

AFFIDAVIT - DEATH OF JOINT TENANT

SHARON LEE MORRELL, of legal age, being first duly sworn, deposes and says:

That SHIRLEY OLIVE BECK, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as SHIRLEY OLIVE BECK named as one of the parties in that certain GRANT DEED dated 3/25/83 executed by FRANK J. MORRELL, GRACE G. MORRELL AND SHARON LEE MORRELL to FRANK J. MORRELL, GRACE G. MORRELL as joint tenants, recorded as instrument No. 078435, on APRIL 1, 1983, in Book 483, Page 072, of Official Records of DOUGLAS County, Nevada, covering the following described property situated in the DOUGLAS, County of , State of Nevada:

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Lot 46, in Block L, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 4, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on April 10, 1967, as Document No. 35914.

Affidavit – Death of Joint Tenant – Page 2

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property described, did not then exceed the sum of \$ 0.

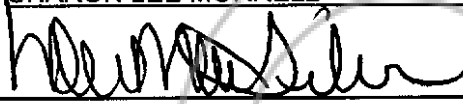
Dated June 28, 2005


Surviving Joint Tenant SHARON LEE MORRELL

STATE OF NEVADA
COUNTY OF DOUGLAS } SS

This instrument was acknowledged before me
on June 28, 2005,

by SHARON LEE MORRELL


Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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. Shirley Olive BECK		2. May 10, 2004	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Gardnerville		3a. Douglas	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. Indicate DOA, OP/Emmer. (Specify)	
3c. 829 Lyell Way		3e.	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		SEX	
5. White		4. Female	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	
6.		7a. 91	
STATE OF BIRTH (If not U.S.A., name country)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. California		11. Divorced	
SOCIAL SECURITY NUMBER		DATE OF BIRTH (Mo., Day, Yr.)	
13. ████████-0190		8. August 26, 1912	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
14a. Homemaker		14b. Own Home	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Gardnerville	
COUNTY		STREET AND NUMBER	
15b. Douglas		15d. 829 Lyell Way	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Lloyd Finus Boone		17. Lucille Brown	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Sharon Morrell - Daughter		18b. 829 Lyell Way, Gardnerville, NV 89460	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. FitzHenry's Crematory	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		LOCATION City or Town State	
20a. <i>[Signature]</i>		19c. Carson City, Nevada	
FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20b. 217		FitzHenry's Carson Valley Funeral	
20c. Home, 1380 Hwy 395, Gardnerville, NV 89410		20d. ON	
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)		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)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 5/13/04		22b.	
HOUR OF DEATH		HOUR OF DEATH	
21c. 0901		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		PRONOUNCED DEAD (Hour)	
23a. Andrea L. Miller M.D., 1374 Bridle Way, Minden, NV 89423		22e. AT	
REGISTRAR		LICENSE NUMBER	
24a. (Signature) <i>Vera R. Kachemir</i>		23b. 8912	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24b. May 14, 2004		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death	
PART I (a) <i>Cardiopulmonary arrest</i>		Interval between onset and death	
(b) <i>dehiscence</i>		Interval between onset and death	
(c)		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	
26. No		27. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a.		28b.	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c. M		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e.		28f.	
LOCATION.		STREET OR R.F.D. No.	
28g.		CITY OR TOWN	
		STATE	

TYPE OR PRINT IN PERMANENT BLACK INK

DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

POSITION

CERTIFIER

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

CAUSE OF DEATH

STATE REGISTER



No. 264205

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PG- 12838

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06/28/2005

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CERTIFIED COPY OF VITAL RECORDS

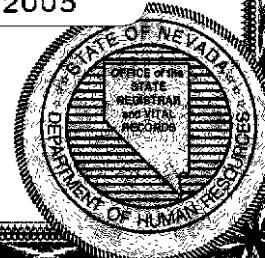
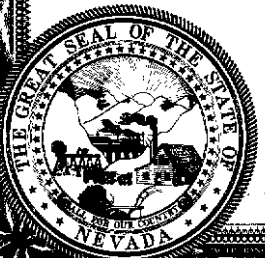
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

MAY 14 2004

Yvonne Sylva
STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE