

OFFICIAL RECORD

Requested By:  
SHARON LEE MORRELL

APN: 1220-15-410-098

RECORDING REQUESTED BY:  
Western Title Company, Inc.

WHEN RECORDED MAIL TO:

Name SHARON LEE MORRELL  
Street 829 LYELL WAY  
Address  
City, State GARDNERVILLE, NV 89460  
Zip

Order No.

Douglas County - NV  
Werner Christen - Recorder

Page: 1 of 3 Fee: 16.00  
BK-0306 PG- 0138 RPTT: 0.00



(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 GRACE G. MORRELL, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as GRACE G. MORRELL named as one of the parties in that certain AFFIDAVIT OF DEATH dated JUNE 28, 2005 executed by SHARON LEE MORRELL to SHARON LEE MORRELL as surviving joint tenant, recorded as instrument No. 648039, on JUNE 28, 2005, in Book 0605, Page 12836, of Official Records of Douglas County, Nevada, covering the following described property situated in the N/A, County of Douglas, 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 February 28, 2006

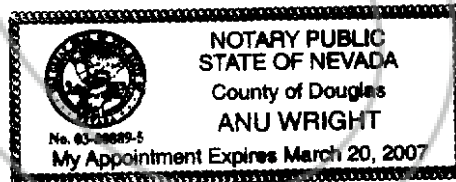
  
Sharon Lee Morrell, Surviving Joint Tenant

STATE OF NEVADA } SS  
COUNTY OF Douglas

This instrument was acknowledged before me on  
~~February 28, 2006~~ March 1, 2006

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**

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER	
	1.	Grace	G.	MORRELL	2. January 16, 2006	3a. Douglas	
DECEDENT	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	SEX	
	3b. Gardnerville	3c. 829 Lyell Way		3e.		4. Female	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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.	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)	
	5. White	6.	7a. 82	7b. :	7c. :	8. April 17, 1923	
PARENTS	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)		
	9a. Arizona	9b. U.S.A.	10. 12 Years	11. Widowed	12.		
DISPOSITION	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY State of Nevada			
	13. ██████████ 2117	14a. Cottage Parent		14b. Children's Home			
CERTIFIER	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)		
	15a. Nevada	15b. Douglas	15c. Gardnerville	15d. 829 Lyell Way	15e. Yes		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	FATHER—NAME First Middle Last	MOTHER—MAIDEN NAME First Middle Last		INFORMANT—NAME (Type or Print)			
	16. Edward Joseph Phillipson	17. Bertha Frances Burris		18a. Sharon Morrell - Step Daughter			
CAUSE OF DEATH	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			18b. 829 Lyell Way, Gardnerville, Nevada 89460			
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
INJURY AT WORK (Specify Yes or No)	19a. Cremation	19b. FitzHenry's Crematory		19c. Carson City, Nevada			
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY				
ADDITIONAL INFORMATION	20a. <i>[Signature]</i>	20b. 217	20c. Home, 1380 Hwy 395, Gardnerville, NV 89410				
	21. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.			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.			
ADDITIONAL INFORMATION	(Signature and Title) <i>Ralph Herbig, D.O.</i>		(Signature and Title) _____				
	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		
ADDITIONAL INFORMATION	21b. 1/23/2006	21c. 0915	22b. _____		22c. _____		
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
ADDITIONAL INFORMATION	21d. _____			22d. ON		22e. AT	
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)					LICENSE NUMBER	
ADDITIONAL INFORMATION	23a. Ralph Herbig D.O., 1540 Hwy 395 #E, Gardnerville, NV 89410					23b. 984	
	REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
ADDITIONAL INFORMATION	24a. (Signature) <i>Jaimie Evans</i>	24b. January 25, 2006		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						
ADDITIONAL INFORMATION	PART I	(a) Cardio pulmonary arrest		Interval between onset and death			
		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
ADDITIONAL INFORMATION		(b) Alzheimer's dementia		Interval between onset and death			
		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
ADDITIONAL INFORMATION	PART II	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.			AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)	
					26. No	27. No	
ADDITIONAL INFORMATION	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED			
	28a.	28b.	28c. M	28d.			
ADDITIONAL INFORMATION	INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN	STATE	
	28e.	28f.	28g.				

STATE REGISTRAR

No. 325136

100221

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:

JAN 25 2006

*[Signature]*  
STATE REGISTRAR

Registrar.



BK- 0306  
PG- 140

