6

DOC # 0731534 10/16/2008 11:57 AM Deputy:

OFFICIAL RECORD
Requested By:
MICHAEL J MORLEY

Douglas County - NV Karen Ellison - Recorder

Karen Ellison - Record age: 1 Of 2 Fee:

Page: 1 Of 2 Fee: BK-1008 PG-2553 RPTT:

15.00 0.00



A.P.N.: 1220-24-601-029 File No: ()

When Recorded return to, and mail Tax Statements to: Mr Morley 1891 Colt Lane Gardnerville, NV 89410

AFFIDAVIT - TERMINATING JOINT TENANCY

Michael J. Morley, of legal age, being first duly sworn, deposes and says:

That Janice Lynn Morley, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as Janice L. Morley named as one of the parties in that certain Grant Bargain Sale Deed dated 10-5-05 executed by Jeremy L. Jensen and Gail S. Jensen to Michael J. Morley and Janice L. Morley as joint tenants, recorded as Document No. 0659340 on 10-31-05 in Book 1005 of Official Records of Douglas County, Nevada covering the following described property situated in the County of Douglas, State of Nevada:

PARCEL 27D-4, AS SET FORTH ON PARCEL MAP FOR CLINTON W. FRIES, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON JUNE 28, 1993, IN BOOK 693, PAGE 6287, AS DOCUMENT NO. 311042.

Date 10/16/2008

STATE OF

NEVADA

:ss.

COUNTY OF

DOUGLAS

This instrument was acknowledged before me on

hv

_Michael J. Morley

Notary Public

(My commission expires:

MARY KELSH
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 98-49567-5 - Expires November 6, 2010

10-16-08

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS Reno, Nevada

CERTIFICATE OF DEATH

2008014089

TYPE OR				/			ST	ATE FILE	NUMBER	i talist	
PRINT IN	1a. DECEASED-NAME (FIRST,M	IDDLE,LAST,SUFFI	IX)			2. DATE	OF DEATH (Mo/Day/Ye	ar) 3a	a, COUNTY OF DEA	ĀTH	
PERMANENT	Janice Lynn MORLEY						September 06, 2008 Washoe				
BLACK INK	3b. CITY, TOWN, OR LOCATION		SPITAL OR OTH	IER INSTITUTION -N	lame(If not eith		3e.If Hosp, or Inst. indi-			4. SEX	
	Reno and number) Renown Regional Medical Center						Inpatient(Specify) Inpatient Female				
DECEDENT							 ER 1 YEAR 70. UNDER		DATE OF BURE		
				Hispanic Origin? Specify 7a. AGE-Last birthday (Years)			ER 1 YEAR /C. UNDER	MINS B			
!	Tro - Hori-i rispatile				birthday (Years) MOS DAYS HOURS MINS September 29, 1955						
IF DEATH	9a. STATE OF BIRTH (If not U.S.)	9b. CITIZEN	OF WHAT COU	OF WHAT COUNTRY 10.EDUCATION 11. MARRIED, NE ted States 16 DIVORCED (Spec			RRIED, WIDOWED.		VIVING SPOUSE (i		
OCCURRED IN INSTITUTION	name country) California	Ur	nited States								
SEE HANDBOOK	13. SOCIAL SECURITY NUMBER			N (Give Kind of Work Dane During Most of 14b. KIND OF BUSINESS OR INDUSTRY Ever in US Armed							
REGARDING COMPLETION OF	8810	Working Life	e, Even If Retired	If Retired) Retail Sales On				Line Book Sales Forces? No			
RESIDENCE ITEMS	15a. RESIDENCE - STATE 1	5b. COUNTY	15c.	CITY, TOWN OR LO	CATION	15d. STREET A	ND NUMBER			SIDE CITY	
	Nevada	Douglas		Gardnervi)	عاا	1891 Colt L	ane		or No)	(Specify Yes Yes	
	16, FATHER - NAME (First Midd		<u>'</u>	Gardinervi			Manager 1	ix)	- 1	16.00	
PARENTS	16. FATHER - NAME (First Middle Last Suffix) 17. MOTHER - NAME (First Middle Last Suffix) Edwin ANTOSIK Marcelina GARBUIO										
							F.D. No, City or Town, State, Zip)				
							bit Lane Gardnerville, Nevada 89410				
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME 19c. LOCATION City or Town State									ate	
DISPOSITION				45	ra Cremat	on. \	The state of the s			. 3	
			Action activish				DDDESS OF FACILITY	, Treno	Nevada 0300		
•	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) 20b. FUNERAL 20c. NAME JUDITH KIMPTON DIRECTOR LICENSE						ME AND ADDRESS OF FACILITY Neptune Society of Reno				
	SIGNATURE AUTHENTICATED 877 390 E. Moana Ln. Suite D1 Reno NV 89502										
TRADE CALL	TRADE CALL - NAME AND ADDR		RIED	7 3 9 7	4.8			***			
	No. 10 to the heat of an invariant and the line of the last of the										
·	ਕੂ ਹੈ due to the cause(s) stated.	(Signature & Title)	SIGNATURE	AUTHENTICATE			ace and due to the caus				
		S BROOKS			- P - P	411				(4.37)	
CERTIFIER	21b. DATE SIGNED (Mo/E		1c. HOUR OF DE	- Tr	ές 22t	DATE SIGNED	(Mo/Day/Yr)	22c. HC	OUR OF DEATH	1 14	
	8 差 September 10, 2008									6 1 7 41	
	21d. NAME OF ATTENDIN	IG PHYSICIAN IF O	THER THAN CE	RTIFIER	- 8 0 220 2 0 220	I PRONOUNCE	D DEAD (Mo/Day/Yr)	22e. PR	RONOUNCED DEA	DAI (Hour)	
	8 ************************************										
	Jame	James Brooks Harris M.D. 75 Pringle Way, Suite 1002 Rend					OR CORONER) (Type or Print) 23b. LICENSE NUMBER 10890				
DE0107040	24a. REGISTRAR (Signature)			√ 2 € 1	24b DATE RE	CEIVED BY REC	GISTRAR 24c. DE	ATH DUE	TO COMMUNICAE	SLE DISEASE	
REGISTRAR		and the second	GES SAND AUTHENTICA	7 TEN	(Mo/Day/Yr)∜	September :	22 2008	YES	□ NO X	a l	
011105.05	25. IMMEDIATE CAUSE			INE FOR (a), (b), AN		, ooptomoon ,	22,2300		nterval between on	- 1 - 1 - 1 - 1	
	PART I Cerebrova					7.86 ×8. ×	-			Set and dead	
DEATH	(a) Solicitivascular acoldent-horitrage sportaneous										
	DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death Cardic arrest										
CONDITIONS IF ANY WHICH	(0)	_hhh_									
GAVE RISE TO IMMEDIATE	DUE TO; OR AS	A CONSEQUENCE	E OF:		- /	1		ı '	interval between on	set and death	
CAUSE ->	(c)	1	L. 1		/			1	1000	Link to the	
STATING THE UNDERLYING	DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and de									iset and death	
CAUSE LAST	(d)	· //	The Parks								
	PART II	1	The state of the s					AUTOPS		ASE REFERRED VER (Specify Yes	
/ /			No.			•	(S _I	ecify Yes	NO or No)	No No	
/ /	28a. ACC., SUICIDE, HOM., UNDET.	28b. DATE OF INJURY	(Mo/Day/Yr)	28c. HOUR OF INJUR	RY 28d DES	CRIBE HOW INJUR	RY OCCURRED	-	2.2.3.4.4	· · · · · ·	
1 1	OR PENDING INVEST. (Specify)	`	-							•	
	28e. INJURY AT WORK (Specify	28f. PLACE OF INJ	IURY- At home. fa	arm, street, factory, o	ffice 28a, LC	CATION S	STREET OR R.F.D. No.	CITY	OR TOWN	STATE	
	Yes or No)	building, etc. (Spec							127,544		
5		Ĺ						*	<u> </u>	1111111	
STATE REGISTRAR											
44	\	/	/				~	٠:	4 4 4	二倍結構 令	
	\	/	/						· (14 4)		

0731534 Page: 2 Of 2

PG- 2554 10/16/2008

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.

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED: 09/22/2008 This copy not valid unless prepared on engraved border displaying date, see

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE