

Doc Number: **0844112**

06/06/2014 01:13 PM

OFFICIAL RECORDS

Requested By:
NORTHERN NEVADA TITLE COMPANY

APN: 1420-35-101-012
ORDER NO.: 1101675-wd

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 5 Fee: \$ 18.00
BK: 0614 Pg: 1430



Deputy: sg

FOR RECORDER'S USE ONLY

TITLE OF DOCUMENT: Affidavit Death

The undersigned hereby affirms that this document submitted for recording contains a Social Security number as required by law:

State Law: NRS 40.525 Sec. 5 - Death Certificates Attached to Affidavit Death of Joint Tenant
State Law: NRS 440.380 Sec. 1.(a) - Medical Certificate of Death; Contents

NORTHERN NEVADA TITLE COMPANY

Signed By:

Print Name/Title: Wendy Dunbar

WHEN RECORDED MAIL TO:

16187 Burgess Rd.
La Pine, OR 97739

A.P.N.: 1420-35-101-012
Escrow No.: 1101675-WD

RECORDING REQUESTED BY
Northern Nevada Title Company
1483 US Highway 395 N # B
Gardnerville, NV 89410

**MAIL TAX STATEMENTS AND WHEN
RECORDED, MAIL TO**

Robert D. Morgan

THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF A JOINT TENANT

Robert D. Morgan, of legal age, being duly sworn, deposes and says:

That Donald William Morgan and Barbara Irene Morgan, the decedents mentioned in the attached certified copy of the Certificate of Death, is the same person as Donald W. Morgan and Barbara I. Morgan, named as one of the parties in that certain Grant, Bargain, Sale Deed dated June 14, 1988, executed by Robert D. Morgan and Paula L. Morgan, husband and wife to Donald W. Morgan and Barbara I. Morgan, husband and wife and Robert D. Morgan and Paula L. Morgan, husband and wife, all as joint tenants with right of survivorship, recorded as Instrument No. 180368, on June 20, 1988, in Book 688, Page 2766, of Official Records of Douglas County, Nevada, covering the following described property situated in the **County of Douglas**, State of Nevada.

All that certain real property situated in the County of Douglas, State of Nevada, described as follows:

All that certain piece or parcel of land situated in the Northwest 1/4 of the Northwest 1/4 of Section 35, township 14 North, Range 20 East, M.D.B. & M., county of Douglas, State of Nevada, more particularly described as follows, to wit:

Parcel B of that certain Parcel Map for R.D. Jenkins, recorded June 28, 1976, in Book 676 of Official Records, at page 1559, Document No. 01361, Douglas County, Nevada.

TOGETHER WITH the non-exclusive right to use the Northerly 25 feet of the Northwest 1/4 of the Northwest 1/4 of Section 35, Township 14 North, Range 20 East, M.D.B. & M., for roadway and utility purposes.

Dated: June 4, 2014



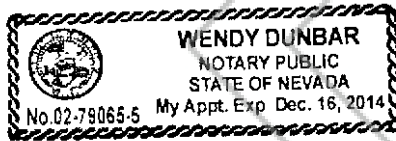
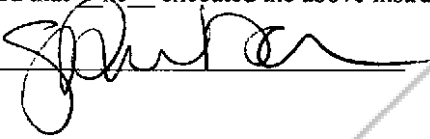
Robert D. Morgan

STATE OF NEVADA)

COUNTY OF DOUGLAS)

On June 4, 2014 personally appeared before me, a Notary Public, Robert D. Morgan who acknowledged that he executed the above instrument.

Signature
(Notary Public)



COPY

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

Form with fields for decedent personal data, usual residence, informant, spouse and parent information, disposition, funeral director and local registrar, place of death, cause of death, other significant conditions, was operation performed, physician's certification, coroner's use only, and state registrar.

BK: 0614 PG: 1493 6/6/2014

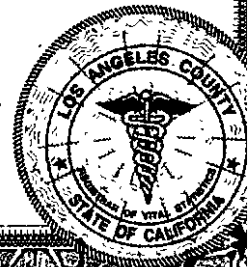
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This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink. DATE ISSUED JUN 29 2014

Director of Health Services and Registrar

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



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

3200819038500

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED - FIRST (Given)		3. LAST (Family)	
BARBARA		MORGAN	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
IRENE		11/26/1924	
5. AGE Yrs.		6. SEX	
83		F	
7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)	
09/12/2008		1015	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
MASSACHUSETTS		7050	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		WIDOWED	
13. EDUCATION - (Highest Level/Degree (see worksheet on back))		14. DECEDENT'S RACE - (Up to 3 races may be Reled (see worksheet on back))	
HS GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
HOMEMAKER		OWN HOME	
19. YEARS IN OCCUPATION		67	
20. DECEDENT'S RESIDENCE (Street and number or location)			
4376 HAYMAN AVENUE			
21. CITY		22. COUNTY/PROVINCE	
LA CANADA		LOS ANGELES	
23. ZIP CODE		24. YEARS IN COUNTY	
91011		66	
25. STATE/FOREIGN COUNTRY			
CALIFORNIA			
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number or next route number, city or town, state, ZIP)	
DONALD EVERETT MORGAN, GRANDSON		4376 HAYMAN AVENUE, LA CANADA, CA 91011	
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE	
GEORGE		EVERETT	
30. LAST (Maiden Name)		31. BIRTH STATE	
BEDEL		N. JERSEY	
32. NAME OF FATHER - FIRST		33. MIDDLE	
MEBEL		IRENE	
34. LAST (Maiden)		35. BIRTH STATE	
HEATHERINGTON		CANADA	
36. NAME OF MOTHER - FIRST		37. LAST (Maiden)	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION	
09/18/2008		FOREST LAWN MEMORIAL - PARKS AND MORTUARIES 1712 S. GLENDALE AVENUE, GLENDALE, CA 91205	
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER	
BU		JOHN RILEY	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT	
EMB5641		FOREST LAWN MEM PARKS & MTY	
45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
FD656		JONATHAN FIELDING, MD	
47. DATE mm/dd/yyyy		48. SIGNATURE OF LOCAL REGISTRAR	
09/17/2008		JONATHAN FIELDING, MD	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
RESIDENCE		<input type="checkbox"/> HOSPITAL <input type="checkbox"/> ENDOP <input type="checkbox"/> DOA <input type="checkbox"/> HOME <input checked="" type="checkbox"/> HOME	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	
LOS ANGELES		4376 HAYMAN AVENUE	
106. CITY		107. CAUSE OF DEATH	
LA CANADA		Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or venous thrombosis without showing the etiology. DO NOT ABBREVIATE.	
108. DEATH REPORTED TO CORONER?		109. BIOPSY PERFORMED?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED?		111. USED IN DETERMINING CAUSE?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107			
DEMENTIA, HYPERTENSION, CORONARY ARTERY DISEASE			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)			
NO			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.			
Decedent Attended Since		Decedent Last Seen Alive	
09/05/2008		09/12/2008	
115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
JAIME A. ALTAMIRANO M.D.		A68701	
117. DATE mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
09/17/2008		JAIME A. ALTAMIRANO M.D. 16830 VENTURA BOULEVARD SUITE 315, ENCINO, CA 91436	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK?	
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. INJURY DATE mm/dd/yyyy	
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		124. HOUR (24 Hours)	
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		126. SIGNATURE OF CORONER / DEPUTY CORONER	
127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
129. STATE REGISTRAR		130. FAX AUTH #	
A B C D E		CENSUS TRAC # H 0 1 3 3 6 5 1 4 *	

BK 0614
PG 1434
6/6/2014

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Jonathan E. Fielding MD DATE ISSUED

Director of Public Health and Registrar

SEP 18 2008

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE