



KAREN ELLISON, RECORDER

Assessor's Parcel Number: 1220-16-115-003)
Name: Adele G Morris)
RETURN DOCUMENT TO AND SEND)
TAX STATEMENT TO:)
Wells Fargo Bank, N.A.)
P.O.Box 31557)
MAC B6955-013)
Billings, MT 59107-9900)

AFFIDAVIT OF DEATH OF JOINT TENANT

Adele G Morris, being duly sworn, deposes and says that she was the spouse of Ronald M Morris, the Decedent in the attached certified copy of the Certificate of Death; that the Decedent is the same person as Ronald M Morris, Sr., (decedent), names as one of the parties in that certain DEED OF TRUST (document) dated January 20, 2009, executed by Wells Fargo Bank, N.A. to Ronald M Morris, Sr. and Adele G Morris, husband and wife as joint tenants, recorded at Document No. 735976 in the Official Records of Douglas County, Nevada, on January 20, 2009; and that she is the party named Adele G Morris in the DEED OF TRUST (name of document) dated January 20, 2009, and recorded on January 20, 2009 as Document No. 735976 in the Official Records of Douglas County, Nevada.

The property subject to the above listed deed is commonly known as 1208 Sorensen Court, Gardnerville, NV 89640, County of Douglas, State of Nevada, and more particularly described as:

Lot 105 BLOCK F AS SHOWN ON THE FINAL MAP OF PLEASANTVIEW, PHASE 5, FINAL SUBDIVISION MAP NO. 1009-5, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON DECEMBER 6, 1995, IN BOOK 1295, AT PAGE 788, AS DOCUMENT NO. 376390

As recited in the attached Certificate of Death, Ronald M Morris died on the 22nd day of September 2016 in Carson City, County of Douglas, Nevada.

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS PURSUANT TO NRS 40.525(5) AND NRS 440.380(1)(a).

Adele G. Morris
Adele G. Morris

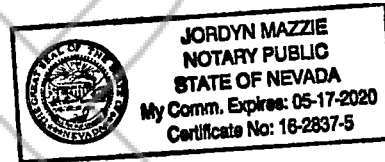
10/13/16
Date

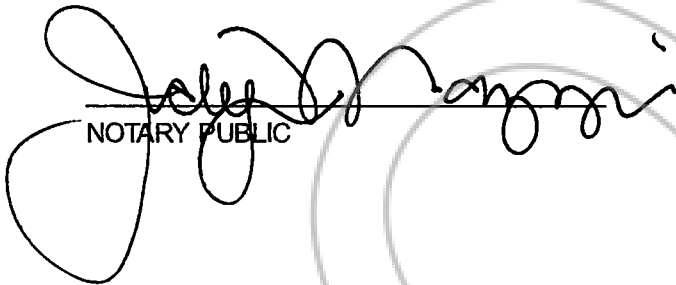
State of Nevada)
) ss.
County of Douglas)

Subscribed and sworn to on this 13th day of October, in the year 2016, before me,

Jordyn Mazzie, Notary Public, by Adelle Morris

On this 13th day of October in the year 2016, before me, Jordyn Mazzie, Notary Public, personally appeared Adelle Morris personally known to me on the basis of satisfactory evidence to the the person whose name is subscribed to this instrument and acknowledged that she executed it.




NOTARY PUBLIC

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 3916821

CERTIFICATE OF DEATH

2016017391
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION SEE
HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATH

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Ronald Merritt MORRIS		2. DATE OF DEATH (Mo/Day/Year) September 22, 2016		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Intensive Care Unit (ICU)	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 75		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) March 19, 1941		9a. STATE OF BIRTH (If not US/CA, name country) Oklahoma		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Adele Grace SUMMERS	
13. SOCIAL SECURITY NUMBER [REDACTED] 9769		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Supervisory Cartographer		14b. KIND OF BUSINESS OR INDUSTRY Department Of Defense	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1208 Sorensen Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Harry MORRIS	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Loretta TOWNSEND		18a. INFORMANT- NAME (Type or Print) Adele MORRIS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1208 Sorensen Court Gardnerville, Nevada 89460	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER		20b. FUNERAL DIRECTOR LICENSE NUMBER 823		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) KAMERON FERDOWSALI M.D.		21b. DATE SIGNED (Mo/Day/Yr) September 27, 2016		21c. HOUR OF DEATH 13:15	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) stated. (Signature & Title)		22b. DATE SIGNED (Mo/Day/Yr)	
22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Kameron Ferdowsali M.D. 1600 Medical Parkway Carson City, NV 89703		23b. LICENSE NUMBER 12745		24a. REGISTRAR (Signature) SHERRIE A CONNELL	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 27, 2016		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Cardiopulmonary Arrest	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) DUE TO, OR AS A CONSEQUENCE OF: (b) Respiratory Failure		Interval between onset and death		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (c) Acute On Chronic Heart Failure		Interval between onset and death		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (d) End Stage Renal Disease		Interval between onset and death		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. Bacterial Pneumonia; Normocytic Anemia; Unknown Etiology		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)	
28g. LOCATION		STREET OR R.F.D. No.		CITY OR TOWN	
STATE					

STATE REGISTRAR

3 3 5 0 4 3 7 3 4



CERTIFIED COPY OF VITAL RECORDS

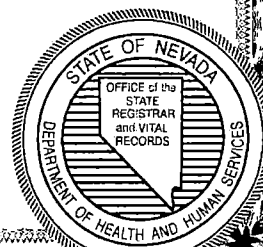
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 9/27/2016

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

Cody D. Phinney
STATE REGISTRAR
SIGNATURE AUTHENTICATED

RVS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE