

*This document includes a certified death certificate as required by NRS 40.525 (5) which contains a social security number as required by NRS 440.380(1)(a).*



Anderson, Dorn & Rader, Ltd.

**APN: 1220-16-115-003**

**RECORDING REQUESTED BY:**

Bryce L. Rader, Esq.  
Anderson, Dorn & Rader, Ltd.  
500 Damonte Ranch Parkway, Suite 860  
Reno, Nevada 89521

**WHEN RECORDED MAIL TO:**

Anderson, Dorn & Rader, Ltd.  
500 Damonte Ranch Parkway #860  
Reno, Nevada 89521

**MAIL TAX STATEMENTS TO:**

Adele G. Morris  
1208 Sorensen Court  
Gardnerville, NV 89460

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**AFFIDAVIT OF DEATH OF JOINT TENANT**

I, ADELE G. MORRIS, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) That I am the spouse and sole surviving joint tenant of RONALD M. MORRIS.
- (2) That by Deed dated June 20, 2007, a joint tenancy was created between RONALD M. MORRIS and ADELE G. MORRIS, husband and wife as joint tenants with right of survivorship, recorded as Document No. 0703411 on June 20, 2007, in the Official Records of Douglas County, Nevada.
- (3) That the property subject to joint tenancy is described in Exhibit "A" attached.

(4) That RONALD M. MORRIS deceased on September 22, 2016, in Carson City, Nevada. A certified copy of the death certificate is attached hereto.

Executed on this 10th day of October, 2016, at Reno, Nevada.

Adele G. Morris  
ADELE G. MORRIS

STATE OF NEVADA        )  
  ss:  
COUNTY OF WASHOE    )

SUBSCRIBED AND SWORN TO before me by ADELE G. MORRIS this 10th day of October, 2016.

Julie Schield  
Notary Public



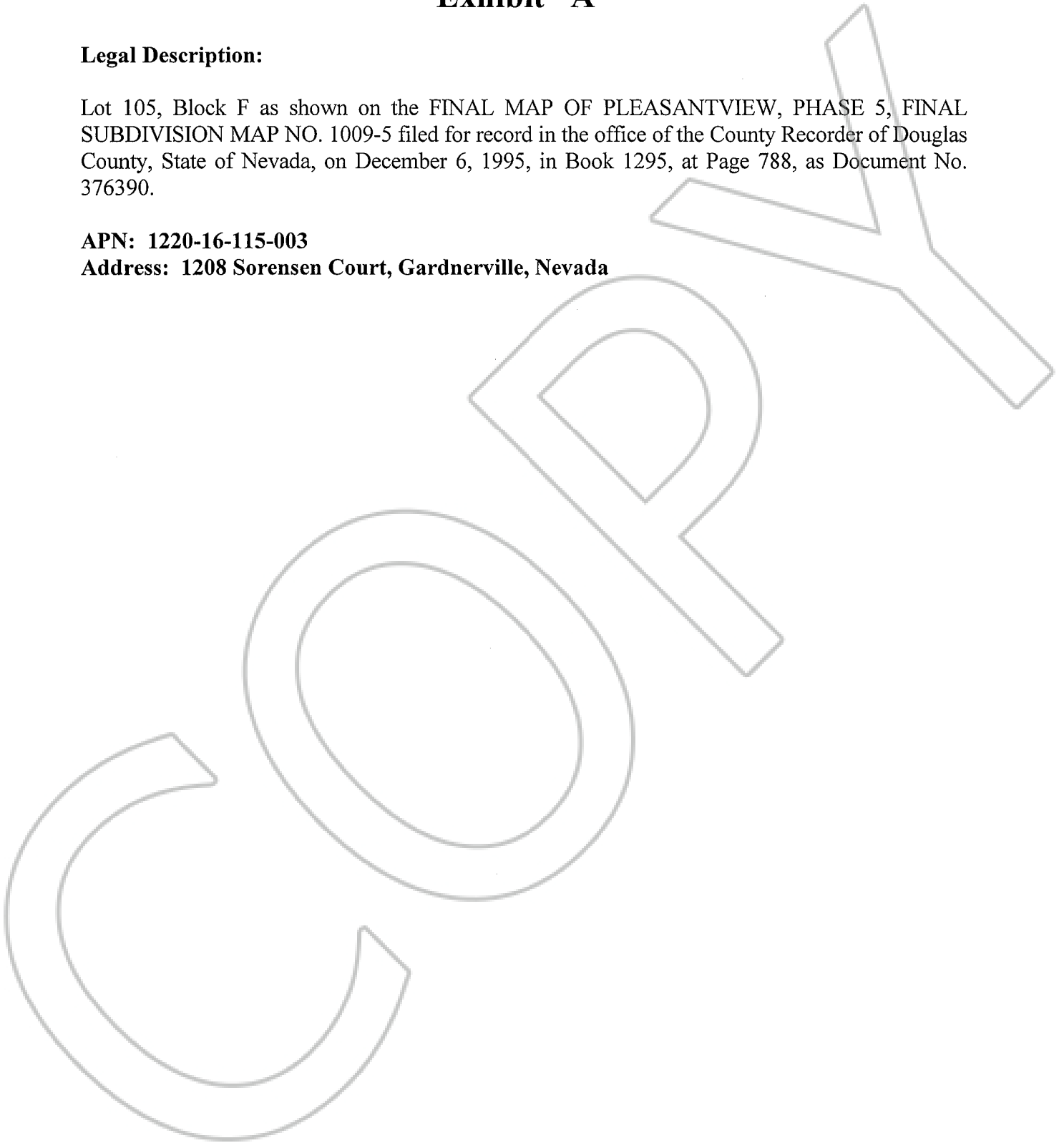
## Exhibit "A"

### Legal Description:

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.

**APN: 1220-16-115-003**

**Address: 1208 Sorensen Court, Gardnerville, Nevada**



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

**CERTIFICATE OF DEATH**

**2016017391**  
STATE FILE NUMBER

CASE FILE NO. 3916821

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

000643749



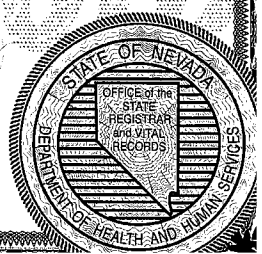
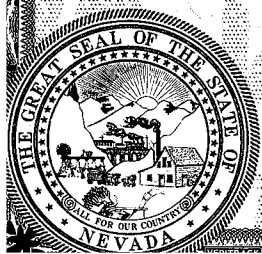
CERTIFIED COPY OF VITAL RECORDS

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 Phinney*  
SIGNATURE AUTHENTICATED



VRS-Rev-20120523a