

APN: ~~21-110-48-1~~ 1420-33-610-047



KAREN ELLISON, RECORDER

Grantee (surviving joint tenant):

Jacqueline T. Morrison

When recorded return to:

Jacqueline T. Morrison
1384 Downs Drive,
Minden, Nevada 89423

THE UNDERSIGNED AFFIRMS THAT
THIS DOCUMENT CONTAINS A
SOCIAL SECURITY NUMBER DUE
TO THE REQUIREMENTS OF NRS 440.380

**AFFIDAVIT OF DEATH OF JOINT TENANT
(NRS 111.365)**

STATE OF NEVADA)
 :
COUNTY OF DOUGLAS)

I, Jacqueline T. Morrison, being first duly sworn under penalty of perjury, depose and say:

1. That I am the widow of Donald L. Morrison, and am his surviving joint tenant pursuant to an instrument recorded in the Official Records of Douglas County, Nevada, on May 25, 1984 as Document No. 101351, Book 584, Page 2278.
2. Donald L. Morrison died on July 2, 2017. A certified copy of his certificate of death is attached to this affidavit.
3. The real property owned by Donald L. Morrison and me as joint tenants on the date of his death consists of the following:
 Lot 22, Block 4, as set forth on the map of MOUNTAIN VIEW ESTATES NO. 2, filed for record October 24, 1979, as Document No. 38123, in the Official Records of Douglas County, State of Nevada.

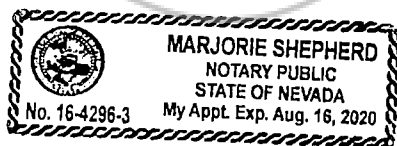
WITNESSETH my hand this 13 day of November, 2017.

Jacqueline T. Morrison
Jacqueline T. Morrison

(JURAT)

STATE OF NEVADA
COUNTY OF CLATSOP

The foregoing instrument was acknowledged before me this 13 day of Nov, 2017 by Jacqueline T. Morrison
Marjorie Shepherd Marjorie Shepherd
Notary Public's Signature Notary Name
Personally Known _____ OR
Type of Identification Produced NVDZ



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3965220

2017012451
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) Donald L MORRISON			2. DATE OF DEATH (Mo/Day/Year) July 02, 2017		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 city) Carson Tahoe Regional Medical Center		3a. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient		4. SEX Male
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 70	7b. UNDER 1 YEAR MOS	7c. UNDER 1 DAY HOURS	7d. UNDER 1 MIN MINS
9a. STATE OF BIRTH (If not US/CA, name country) South Dakota		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 18	11. MARITAL STATUS (Specify) Married	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Jacqueline TAMMEN
13. SOCIAL SECURITY NUMBER ██████-0897		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Therapist		14b. KIND OF BUSINESS OR INDUSTRY State Of Nevada		Ever in US Armed Forces? Yes
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Minden	15d. STREET AND NUMBER 1384 Downs Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No
16. FATHER/PARENT - NAME (First Middle Last Suffix) Vyrl MORRISON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Rosella SCHROEDER			
18a. INFORMANT - NAME (Type or Print) Jacqueline MORRISON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1384 Downs Drive Minden, Nevada 89423				
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) DARREN K HILL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD884	20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703			
TRADE CALL - NAME AND ADDRESS						
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) RICARDO ALMAGUER MD SIGNATURE AUTHENTICATED			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) July 05, 2017		21c. HOUR OF DEATH 14:55		22b. DATE SIGNED (Mo/Day/Yr)		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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) Ricardo Almaguer MD 1600 Medical Parkway Carson City, NV 89703					23b. LICENSE NUMBER 925	
24a. REGISTRAR (Signature) SHERRIE A CONNELL SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 05, 2017	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					Interval between onset and death	
(a) Cardiopulmonary Arrest					Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(b) Debility					Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(c) End Stage Liver Disease					Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(d) Alcoholic Cirrhosis					Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Unknown Etiology					26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No						
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

VRV-Rev-20120523a



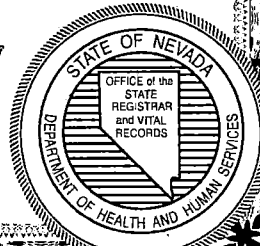
CERTIFIED COPY OF VITAL RECORDS

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: **JUL 07 2017**

Cody A. Phinney
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE