

APN# 1420-28-311-007

Recording Requested by/Mail to

Name Ernest E Adler, Esq

Address 412 N. Division

City/State/Zip Carson City, NV 89703

Mail Tax Statements to

Name Nancy Morton

Address 1238 Jackie Lane

City/State/Zip Minden, NV 89423



KAREN ELLISON, RECORDER

Affidavit of Surviving Joint Tenancy

Title of Document (required)

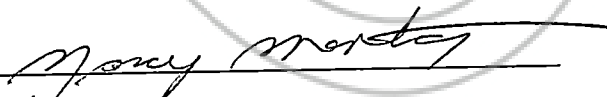
------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law (check applicable)

Affidavit of Death – NRS 440 380(1)(A) & NRS 40 525(5)

Judgment – NRS 17 150(4)

Military Discharge – NRS 419 020(2)


Signature

Nancy Morton
Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

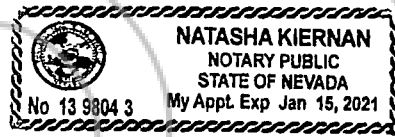
3 At the time of death of Ross Morton, title to the real property described in paragraph 2 above continued to be held by Ross Morton and Nancy Morton, husband and wife, as joint tenants As a result of the death of Ross Morton and the joint tenancy form of title, the real property described in paragraph 2 above is now owned by Nancy Morton, surviving joint tenant

Dated this 24th day of January, 2019

Nancy Morton
Nancy Morton, Surviving Joint Tenant

SUBSCRIBED and SWORN (or affirmed) to
before me by Nancy Morton, Surviving Joint Tenant
this 24th day of January, 2019

Natasha Kiernan
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 4055199

CERTIFICATE OF DEATH

2018023622

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) Ross Martin Joel MORTON		2. DATE OF DEATH (Mo/Day/Year) December 06, 2018		3a COUNTY OF DEATH Douglas	
3b CITY TOWN OR LOCATION OF DEATH Minden		3c HOSPITAL OR OTHER INSTITUTION Name (If not either give street and No - Non-Hispanic) 1238 Jackie Lane		4 SEX Male	
5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE Last birthday (Years) 84	
7b UNDER 1 YEAR 7 MOS 7 DAYS 7 HOURS 7 MINS		7c UNDER 1 DAY		8 DATE OF BIRTH (Mo/Day/Yr) July 31, 1934	
9a STATE OF BIRTH (If not US/CA name country) Ontario		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) Agnes MACKAY			
13 SOCIAL SECURITY NUMBER [REDACTED]-2565		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Physical Plant Director		14b KIND OF BUSINESS OR INDUSTRY Univ Of Pacific	
15a RESIDENCE STATE Nevada		15b COUNTY Douglas		15c CITY TOWN OR LOCATION Minden	
15d STREET AND NUMBER 1238 Jackie Lane		15e INSIDE CITY LIMITS (Specify Yes or No) Yes			
16 FATHER/PARENT - NAME (First Middle Last Suffix) Albert MORTON			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Margaret JOHNSON		
18a INFORMANT NAME (Type or Print) Karrn WALKER		18b MAILING ADDRESS (Street or RFD No, City or Town State Zip) 4220 Saddlehorn Place Reno, Nevada 89511			
19a BURIAL CREMATION REMOVAL OTHER (Specify) Crementation		19b CEMETERY OR CREMATORY NAME Autumn Crementation Services		19c LOCATION City or Town State Carson City Nevada 89701	
20a FUNERAL DIRECTOR SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER		20c NAME AND ADDRESS OF FACILITY Autumn Funerals & Crementations 1575 N Lomp Ln Carson City NV 89701	
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) SIGNATURE AUTHENTICATED NITA SCHWARTZ MD			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)		
2 b DATE SIGNED (Mo/Day/Yr) December 12, 2018		21c HOUR OF DEATH 22 27		22b DATE SIGNED (Mo/Day/Yr)	
2 d 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) Nita Schwartz MD 710 W Washington St Carson City NV 89703				23b LICENSE NUMBER 9114	
24a REGISTRAR (Signature) CATHERINE E SIMPSON SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 12, 2018		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) Emphysema DUE TO OR AS A CONSEQUENCE OF (b) DUE TO OR AS A CONSEQUENCE OF (c) DUE TO OR AS A CONSEQUENCE OF (d)				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				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 RFD No CITY OR TOWN STATE	

STATE REGISTRAR

000748385



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

DEC 17 2018

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

Julie Katchevan
STATE REGISTRAR

