

DOUGLAS COUNTY, NV

2020-944156

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\$40.00 Pgs=3

03/31/2020 01:14 PM

TICOR TITLE - CC (NVTH3K)

KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:

Brigitte M. Morrison  
1450 E. Pebble Rd. #2105  
Las Vegas, NV 89123

MAIL TAX STATEMENTS TO:

SAME AS ABOVE

The undersigned hereby affirms that this document submitted for recording includes a death certificate which may contain a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 2000949-DC1  
APN No.: 1420-07-814-003

**AFFIDAVIT TERMINATING JOINT TENANCY**

STATE OF NEVADA  
COUNTY OF CARSON CITY

} ss:

Brigitte M. Morrison, of legal age and competent, to be a witness as to the matters stated herein, being duly sworn, deposes and says

That Frank Ernest Morrison the decedent mentioned in the attached copy of the Certificate of Death, is the same person as Frank E. Morrison and Brigitte M. Morrison, husband and wife as joint tenants with rights of survivorship named as one of the Grantees in that certain Deed from Phillip Bradley Williams a married man and Tracy Lynn Williams a married woman and spouse of the grantee to Frank E. Morrison and Brigitte M. Morrison recorded as Instrument No. 829748, on 8/29/2013 of Official Records of Douglas County, Nevada, covering the following described property.

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

Lot 53, in Block M, as set forth on Final Map No. 1001-9 of SUNRIDGE HEIGHTS, PHASES 6B, 7A AND 8B, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on January 30, 1996, Page 5112, as document No. 380052 and by Certificate of amendment recorded February 2, 1996, in Book 296, Page 251, as Document No. 380351.

APN: 1420-07-814-003

Dated: 3/20/2020

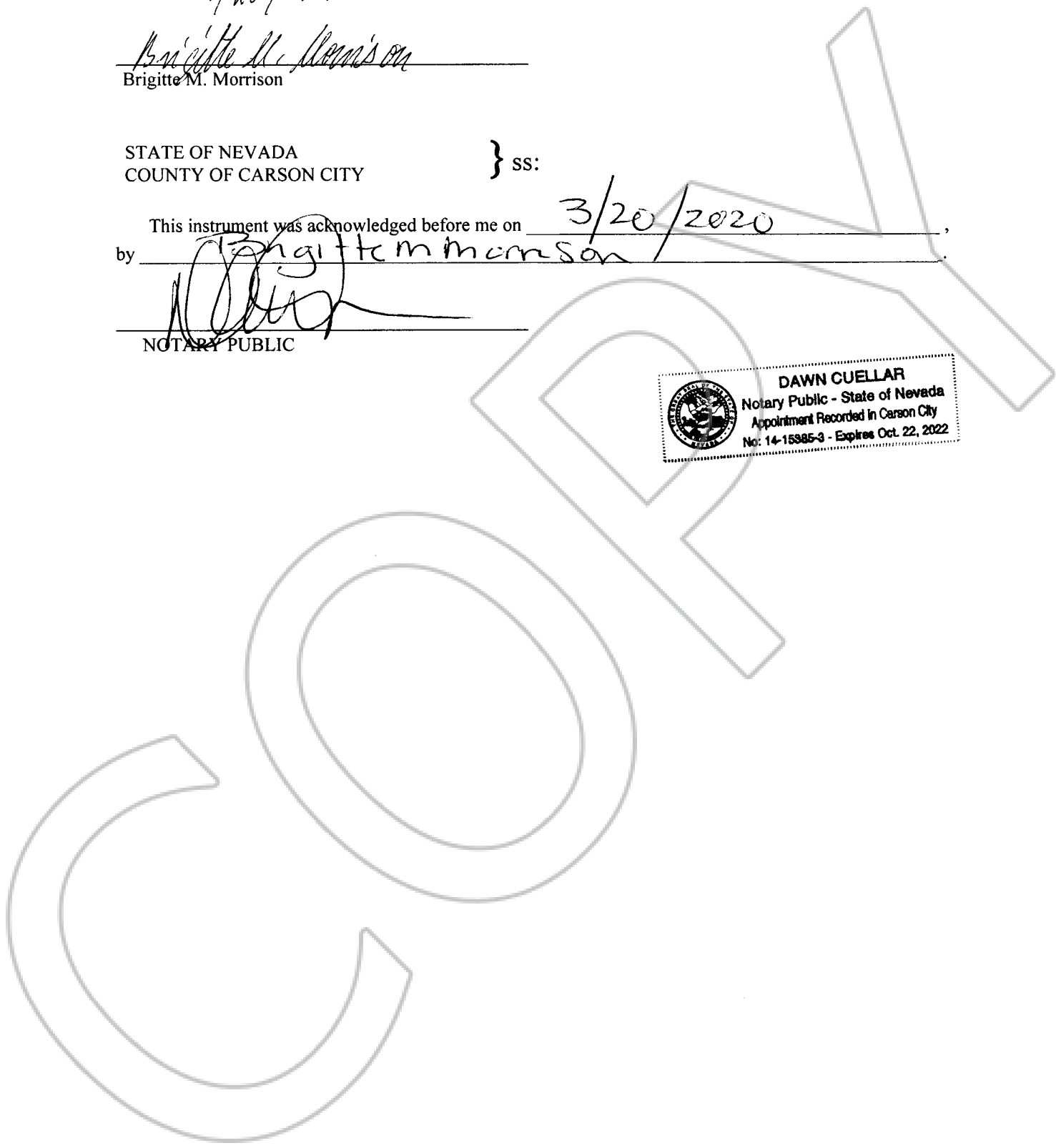
Brigitte M. Morrison  
Brigitte M. Morrison

STATE OF NEVADA }  
COUNTY OF CARSON CITY } ss:

This instrument was acknowledged before me on 3/20/2020,  
by Brigitte M. Morrison

[Signature]  
NOTARY PUBLIC

**DAWN CUELLAR**  
Notary Public - State of Nevada  
Appointment Recorded in Carson City  
No: 14-15385-3 - Expires Oct. 22, 2022



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

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

CASE FILE NO. 4107544

**CERTIFICATE OF DEATH**

2019020093  
 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

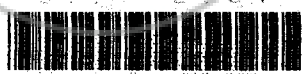
CERTIFIER

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) <b>Franklin Ernest MORRISON JR</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 08, 2019</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street number) <b>965 Hill Top Court</b>		3e. If Hosp. or Inst. Indicate DOA OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>85</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Florida</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
13. SOCIAL SECURITY NUMBER <b>-7956</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Appraiser</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>REAL ESTATE</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
15d. STREET AND NUMBER <b>965 Hill Top Court</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Brigitte CORNELIUS</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Franklin Ernest MORRISON SR</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Marian BURNES</b>		
18a. INFORMANT - NAME (Type or Print) <b>Brigitte MORRISON</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>965 Hill Top Court Carson City, Nevada 89705</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Minden Nevada 89423</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>LYLE P MEYER</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD854</b>		20c. NAME AND ADDRESS OF FACILITY <b>Eastside Memorial Park Funeral &amp; Cremations 1600 Buckeye Rd Minden NV 89423</b>	
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>JEFFREY W SANDERS MD</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>October 11, 2019</b>		21c. HOUR OF DEATH <b>07:20</b>			
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) <b>Jeffrey W Sanders MD 1200 Mountain Street Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>9437</b>	
24a. REGISTRAR (Signature) <b>BREECE D FLORES</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 14, 2019</b>		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) <b>Cardiac Arrest</b>				Immediate	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Myocardial Infarction</b>				Immediate	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Coronary Artery Disease</b>				Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) <b>Hyperlipidemia</b>				Years	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Melanoma, Hypertension</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, HON., 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	



**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: **10/21/2019**

*Jan J. [Signature]*  
**Administrator**  
 STATE REGISTRAR

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

