

DOUGLAS COUNTY, NV

2020-946620

Rec:\$40.00

\$40.00

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05/26/2020 02:34 PM

FIRST CENTENNIAL - RENO (MAIN OFFICE)

KAREN ELLISON, RECORDER

APN No.: 1420-07-110-014

Escrow No.: 20002133-ES

Recording Requested By:  
First Centennial Title Company of Nevada  
896 W Nye Ln., Suite 104  
Carson City, NV 89703

When Recorded Return to:  
First Centennial Title Company of Nevada  
896 W Nye Ln., Suite 104  
Carson City, NV 89703

Mail Tax Statements to:  
Kelly L. Killian  
315 Brande Way  
Washoe Valley, NV 89704

SPACE ABOVE FOR RECORDERS USE

**AFFIDAVIT DEATH OF TRUSTEE**

(Title of Document)

**Please complete Affirmation Statement below:**

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 440.380 (state specific law).

*Liz Svanningasen*  
SIGNATURE

*Escrow Officer*  
TITLE

Liz Svanningasen  
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

SPACE BELOW FOR RECORDER

APN: 1420-07-110-014  
Escrow No. 20002133 ES

When Recorded Return to:

SPACE ABOVE FOR RECORDERS USE

**AFFIDAVIT - DEATH OF TRUSTEE**

STATE OF WA } ss:  
COUNTY OF WYATCOM

DEBORAH GLENN, of legal age, being duly sworn, deposes and says

That MARILYN J. MORRIS the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as MARILYN J. MORRIS named as one of the parties in that certain GRANT, BARGAIN, SALE DEED dated AUG. 18, 2003 executed by JACK H. MORRIS AND MARILYN J. MORRIS, TRUSTEES OF THE MORRIS FAMILY TRUST DATED NOV. 2, 1992 to JACK H. MORRIS OR MARILYN J. MORRIS, TRUSTEES OF THE MORRIS FAMILY TRUST DATED NOV. 2, 1992 recorded as Instrument No. 0594547, on OCT. 23, 2003 in Book 1003 Page 725 of Official Records of DOUGLAS County, Nevada, covering the following described property.

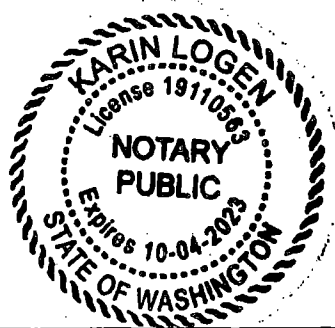
See Exhibit A attached hereto and made a part hereof.

Dated: 5-13-2020

  
DEBORAH GLENN

SUBSCRIBED AND SWORN TO before me on this 13 day of MAY 2020.

  
NOTARY PUBLIC



SPACE BELOW FOR RECORDER

## EXHIBIT A

Description of all that Lot, Piece or Parcel of land being known as Adjusted Lot 19, reflecting a Boundary Line Adjustment between Lots 19 and 20 of the Valley View Subdivision, recorded as Plat No. 231, Douglas County, Nevada. Said Lot being a portion of the N 1/2 of the NW 1/4, Section 7, Township 14 North, Range 20 East, M.D.B.&M., Douglas County, Nevada, and being more particularly described as follows:

Commencing at the NE corner of said Lot 20, thence S 00°,06',30" E 633.55 feet to the True Point of Beginning, thence S 00°, 06',30" E 201.45 feet; thence N 89°,49',15" W 245.29 feet; thence N 00°,10',45" E 244.00 feet; thence N 86°, 44',30" E 138.33 feet; thence S 64°,14',14" E 117.74 feet to the True Point of Beginning.

Containing 58,459 square feet, more or less.

Basis of Bearings: The South line of Lot 20, per a Plat Map for Valley View Subdivision by Johnstone Engineers, filed as Plat No. 231, Douglas County records. (N 89°,49'15" W)

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH  
VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

20030016449

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

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

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE OR UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last 1. Marilyn J. MORRIS		DATE OF DEATH (Month, Day, Year) 2. November 29, 2003	STATE FILE NUMBER 3a. Douglas
CITY, TOWN OR LOCATION OF DEATH 3b. Carson City		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 3559 Shawnee Drive		If Hosp. or Inst. indicate DOA, OP, Emer. Pm. Inpatient (Specify) 3e.	SEX 4. Female
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 73	UNDER 1-YEAR MOS : DAYS 7b.	UNDER 1 DAY HOURS : MINS 7c.
STATE OF BIRTH (If not U.S.A., name country) 9a. California		CITIZEN OF WHAT COUNTRY 9b. USA	Decedent's Education. Specify highest grade completed. 10. 13	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	SURVIVING SPOUSE (If wife, give maiden name) 12. Jack Morris
SOCIAL SECURITY NUMBER -2486		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Principal Account Clerk 937		KIND OF BUSINESS OR INDUSTRY 14b. Nevada State Division of Forestry	
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Carson City		STREET AND NUMBER 15d. 3559 Shawnee Dr.	
INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes		FATHER—NAME First Middle Last 16. Kenneth H. Green		MOTHER—MAIDEN NAME First Middle Last 17. Daveta Pampel	
INFORMANT—NAME (Type or Print) 18a. Jack H. Morris			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 3559 Shawnee Drive, Carson City, Nevada 89705		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Walton's Sierra Crematory		LOCATION City or Town State 19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such) 20a. Jimmy Beine		FUNERAL DIRECTOR LICENSE NUMBER 20b. 09	NAME AND ADDRESS OF FACILITY 20c. 1281 N. Roop St., Carson City, Nevada 89706 02		
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 21b. 12/20/03		21c. HOUR OF DEATH 0645		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) and manner stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. PRONOUNCED DEAD (Mo., Day, Yr.)		22c. PRONOUNCED DEAD (Hour)	
21d.		22d. ON		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Christopher Forman, M.D., 2874 N. Carson St., #200, Carson, NV					LICENSE NUMBER 23b. 5528
REGISTRAR 24a. (Signature) Lisa R. Kucharski		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. December 3, 2003		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART (a) metastatic colon carcinoma Interval between onset and death : 2.5 years DUE TO, OR AS A CONSEQUENCE OF: PART (b) Interval between onset and death : DUE TO, OR AS A CONSEQUENCE OF: PART (c) Interval between onset and death : OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. PART II 26. NO 27. NO					
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.	
INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		LOCATION. 28g.	STREET OR R.F.D. No. CITY OR TOWN STATE

STATE REGISTRAR

No. 246934

35775

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 28 2004

*Lisa R. Kucharski*  
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

