

DOUGLAS COUNTY, NV

2021-977663

Rec:\$40.00

\$40.00

Pgs=4

11/29/2021 08:43 AM

STEWART TITLE COMPANY - NV

KAREN ELLISON, RECORDER

A.P.N. No.:	1420-34-201-012
File No.:	1478946 SA
Recording Requested By:	
Stewart Title Company	
When Recorded Mail To:	
Terril Morris	
2707 Kayne Avenue	
Minden, NV 89423	

(for recorders use only)

**Affidavit of Death of Joint Tenant
(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 not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

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

Sherry Ackermann
Signature

Escrow Officer
Title

Sherry Ackermann
Print Signature

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

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

A.P.N. No.:	1420-34-201-012
File No.:	1478946
Recording Requested By:	
Stewart Title Company	
Mail Tax Statements To:	<i>Same as below</i>
When Recorded Mail To:	
Terril Morris	
2707 Kayne Ave.	
Minden, NV 89423	

AFFIDAVIT - DEATH OF JOINT TENANT

State of Nevada)
) ss
 County of Douglas)

Terril Morris, of legal age, being first duly sworn, deposes and says: That Emily Ann Morris, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Emily Morris named as one of the parties in that certain Grant Bargain and Sale Deed dated September 11, 2014 executed by Terril Morris, Successor Trustee of the Laverne Robinson 1998 Trust dated June 15, 1998 to Terril Morris and Emily Morris, husband and wife as joint tenants as joint tenants, recorded as Document No. 849663, on September 19, 2014 in Book 914, Page 3601 of Official Records of Douglas County Nevada, covering the following described property situated in Douglas County, State of Nevada.

The land referred to herein is situated in the State of Nevada, County of Douglas, described as follows:

A portion of the Southwest 1/4 of the Northwest 1/4 or Section 34 in Township 14 North, Range 20 East, M.D. & M. more particularly described as

Commencing at the 1/4 corner common to Sections 33 and 34 in Township 14;
 thence North 89°55'20" East 661.70 feet;
 thence North 0°02'47" East 170.80 feet to the true point of beginning;
 thence North 0°02'47" East 140.80 feet;
 thence North 89°55'20" East 330 feet;
 thence South 0°02'47" West 140.80 feet;
 thence South 89°55'20" West 330 feet to the true point of beginning;

Granting and Reserving therefrom for each party hereto and their heirs and assigns an easement for road purposes along the West 20 feet and an easement for utility purposes along the East 5 feet.

NOTE: The above metes and bounds description appeared previously in that certain Grant Bargain Sale Deed recorded in the office of the County Recorder of Douglas County, Nevada on September 19, 2014, as Document No. 849663 of Official Records.

Dated: November 22, 2021.

Terril Morris
Terril
Morris

State of Nevada)
County of Douglas) ss

This instrument was acknowledged before me on the 22nd day of November, 2021
By: Terril Morris

Signature: Lisa Voelka
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. 4236623

CERTIFICATE OF DEATH

2021023708
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

POSITION

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) Emily Ann MORRIS		2. DATE OF DEATH (Mo/Day/Yr) September 14, 2021		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION (Name (if not either, give street or number) 2707 Kayne Ave		3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birth day (Years) 77	
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) September 14, 1944	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Terri David MORRIS			
13. SOCIAL SECURITY NUMBER [REDACTED]-1099		14a. USUAL OCCUPATION (Give Kind or Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY MANUFACTURING	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2707 Kayne Ave		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Adrian James BUTLER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Margaret Marion STEADMAN		
18a. INFORMANT - NAME (Type or Print) Terri David MORRIS		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 2707 Kayne Ave 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) CARLEN THOMAS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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 JEFFREY BASA 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)		
21b. DATE SIGNED (Mo/Day/Yr) September 19, 2021		21c. HOUR OF DEATH 16:35		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Dr. Jeffrey Basa MD 2874 N. Carson Street, Ste 200 Carson City, NV 89706			
23b. LICENSE NUMBER 8079		24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 29, 2021		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) Hypernephroma		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b) Unknown Etiology		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c)		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., UNDEF. 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	



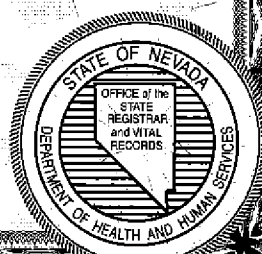
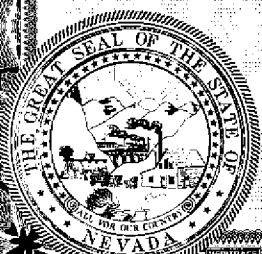
CERTIFIED COPY OF VITAL RECORDS

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: 9/29/2021

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

Blaise Satariano
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE