

APN: 1420-28-312-025



SHAWNYNE GARREN, RECORDER

Recording Requested By/Return To:
HERITAGE LAW
1625 Highway 88, Suite 304
Minden, NV 89423

Mail Future Tax Statements To:
CYNTHIA MORGAN
2891 San Juan Circle
Minden, NV 89423

The undersigned hereby affirms that this document submitted for recording DOES contain personal information as required by law: NRS 440.380(1)(A) and NRS 40.525(5)

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

CYNTHIA MORGAN, being of legal age, and being of sound mind and body, hereby swears (or affirms) under penalty of perjury, that the following is true of her own personal knowledge:

That KENNETH M. MORGAN, the Decedent mentioned in the certified copy of Certificate of Death issued by the State of Nevada attached hereto as **Exhibit 1** and incorporated herein by reference, is the same person as KEN MORGAN, named in that certain *Grant, Bargain, and Sale Deed* recorded on December 19, 2003, as Document No. 0600113 of Official Records of Douglas County, State of Nevada, which Grantees took title as Husband and Wife as Joint Tenants with Rights of Survivorship, and which *Grant, Bargain, and Sale Deed* pertains to property situated at 2891 San Juan Circle, Minden, Douglas County, Nevada, and more precisely described as:

SEE LEGAL DESCRIPTION ATTACHED HERETO AS EXHIBIT "A"

Pursuant to NRS 111.312, the above legal description was previously recorded in that certain *Grant, Bargain, and Sale Deed* recorded as Document No. 0600113 of Official Records of Douglas County, State of Nevada, on December 19, 2003.

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This instrument was prepared without the benefit of a title search and the description of the property was furnished by the party(ies). The preparer of this instrument assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.


I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.


Dated: July 24, 2023.


CYNTHIA MORGAN, Surviving Grantee and
Surviving Joint Tenant

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On July 24, 2023, before me, a Notary Public, personally appeared CYNTHIA MORGAN, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument and acknowledged that she executed it.


Notary Public

 MICHELLE ANDRA GIBBONS
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 21-1975-05 - Expires January 4, 2025

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**EXHIBIT "A"
LEGAL DESCRIPTION**

Lot 202 in Block E, as shown on the Final Map #PD99-02-06 for SARTOGA SPRINGS ESTATES UNIT 6, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 28, 2002 in Book 602, at Page 10142, as Document No. 546028.

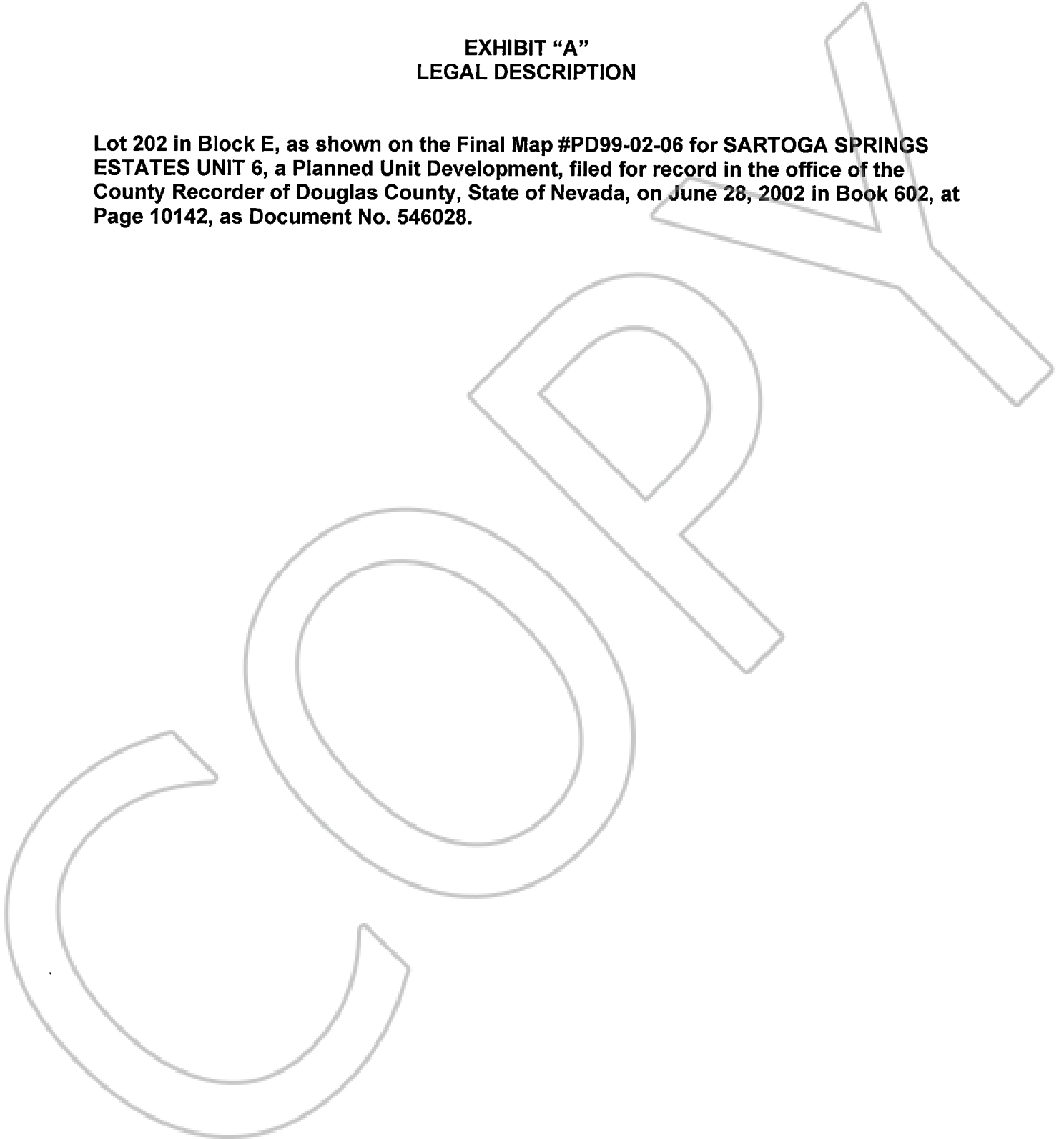




EXHIBIT 1

APN: 1420-28-312-025

*Certified Copy of Certificate of Death, State of Nevada,
Kenneth M. Morgan, Deceased*

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3942508

CERTIFICATE OF DEATH

2017004023
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) Kenneth Martin MORGAN		2. DATE OF DEATH (Mo/Day/Year) February 22, 2017		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or Carson Valley Medical Center Inpatient(Specify) Emergency Room / Outpatient		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 54	7b. UNDER 1 YEAR MOS DAYS HOURS MINS	7c. UNDER 1 DAY
8a. STATE OF BIRTH (If not USCA, 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) Cynthia BEYER
13. SOCIAL SECURITY NUMBER 9051		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Courier		14b. KIND OF BUSINESS OR INDUSTRY Fed Ex	Ever in US Armed Forces? No
15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Minden	15d. STREET AND NUMBER 2891 San Juan Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) No
16. FATHER/PARENT - NAME (First Middle Last Suffix) Thomas Edward MORGAN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Agnes Carolyn MATTFIELD		
18a. INFORMANT - NAME (Type or Print) Cynthia MORGAN		18b. MAILING ADDRESS (Street or R F D. No. City or Town, State, Zip) 2891 San Juan Circle 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 846	20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1814 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) TAYLOR BROOKE MYATT 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) February 28, 2017		21c. HOUR OF DEATH 09:48		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) Taylor Brooke Myatt MD 1107 US 395 Gardnerville, NV 89410					23b. LICENSE NUMBER 14834
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 06, 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))					Interval between onset and death
PART I (a) Septic Shock Causing Cardiac Arrest					3 Days
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(b) Unknown Underlying Cause of Sepsis					Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(c) 					Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(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 1 Obesity, Congenital Adrenal Hyperplasia, Stroke One Year Ago, Medication Non-compliance					26. AUTOPSY (Specify Yes or No) No
26a. ACC, SUICIDE, HON, UNDET OR PENDING INVEST. (Specify)	26b. DATE OF INJURY (Mo/Day/Yr)	26c. HOUR OF INJURY	26d. DESCRIBE HOW INJURY OCCURRED		
26e. INJURY AT WORK (Specify Yes or No)	26f. PLACE OF INJURY- At home, farm, street, factory, office building, etc (Specify)	26g. LOCATION	STREET OR R F D. No	CITY OR TOWN	STATE

STATE REGISTRAR



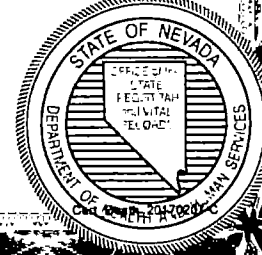
CERTIFIED COPY OF VITAL RECORDS

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: **3/9/2017**

Cody L. Prineas
SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE