

AND WHEN RECORDED MAIL TO

Name: **BLANCHE E MORRILL**
 Street Address: **6222 SEWAN AVE**
 City, State: **SACRAMENTO, CALIF., 95841.**
 Zip:

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT DEATH OF JOINT TENANT

STATE OF **NEVADA** }
 COUNTY OF **EUREKA** } ss. (Escrow No. _____)

BLANCHE E MORRILL, of _____ age, being first duly sworn, deposes and says:
 THAT **HAROLD E MORRILL**, the decedent mentioned in the attached certified copy of
 Certificate of Death, is the same person as **HAROLD E MORRILL**, named as one of the parties in that
 certain **GRANT DEED**, dated **APRIL 22, 1966**, executed by **HAROLE E MORRILL**,
BLANCHE E MORRILL, HAROLE E MORRILL, BLANCHE E MORRILL, WARREN SNELL,
 as joint tenants, recorded as Instrument No. **41985** on **MAY 2, 1966**, in Book **429**,
 Page/**Image** **429**, of Official Records in the Office of the County Recorder of **EUREKA**,
 describing the following real property in the County of **EUREKA**,
 State of **NEVADA**.

A parcel of land located in the NE 1/4 of section 13, T.27 N; R.51 E., MDB & M, more particularly described as follows:

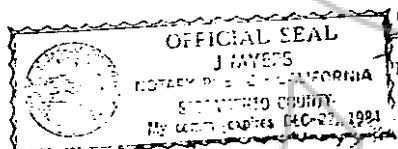
Commencing at the East 1/4 corner of said Section 13, thence West a distance of 2138.97 feet along the 1/4 Section line to a point on the North Right-of-Way line of Nevada State Highway No 20, thence N. 34 deg. 50' E., along said Right-of Way line, 639.60 feet to corner No. 1, the point of beginning, thence continuing N. 34 deg. 50' E. 539.70 feet to corner No. 2, thence west 1137.23 feet to corner No. 3, a point on the North-South 1/4 Section line of said Section, thence South along said 1/4 Section line 443.00 feet to corner No. 4, thence East 828.96 feet to corner No. 1, the point of beginning, containing 10.0 acres, more or less.

THAT the total assets of the deceased at the time of death did not then exceed in value the sum of \$ _____.

Dated this **6** day of **March**, 19**81**

Blanche E. Morrill
BLANCHE E MORRILL

SUBSCRIBED AND SWORN TO BEFORE ME



this **6** day of **March**, 19**81**

J. Myers
Notary's Signature

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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3600

STATE FILE NUMBER				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
DECEASED PERSONAL DATA		1A. NAME OF DECEASED—FIRST Harold	1B. MIDDLE Elmer	1C. LAST Morrill	2A. DATE OF DEATH (MONTH, DAY, YEAR) November 12, 1980	2B. HOUR 1610	
		3. SEX Male	4. RACE White	5. ETHNICITY American	6. DATE OF BIRTH April 27, 1901	7. AGE 79	8. IF UNDER 5 YEARS MONTHS YEARS
		8. BIRTHPLACE OF DECEASED (STATE OR FOREIGN COUNTRY) TA		9. NAME AND BIRTHPLACE OF FATHER Horrace Morrill, IL		10. IF UNDER 24 MONTHS WEEKS MONTHS	
		11. CITIZEN OF WHAT COUNTRY U.S.A.		12. SOCIAL SECURITY NUMBER [REDACTED]		13. MARITAL STATUS Married	
		15. PRIMARY OCCUPATION Carpenter		16. NUMBER OF YEARS THIS OCCUPATION 30	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Union Local #1147	18. KIND OF INDUSTRY OR BUSINESS Construction	
USUAL RESIDENCE		19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATIONS) 6222 Sewan Avenue		19B.		19C. CITY OR TOWN Sacramento	
		19D. COUNTY Sacramento		19E. STATE CA		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Blerche Morrill (Wife)	
PLACE OF DEATH		21A. PLACE OF DEATH Eskaton Manzanita Manor		21B. COUNTY Sacramento		21C. CITY OR TOWN Carmichael	
CAUSE OF DEATH		22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE ORDER (SEE CROSS-REFERENCED LINE BELOW)		(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) Cardio-respiratory failure DUE TO, OR AS A CONSEQUENCE OF (B) Congestive heart failure DUE TO, OR AS A CONSEQUENCE OF (C) Atherosclerosis		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH	24. WAS DEATH REPORTED TO CORONER Yes
PHYSICIAN'S CERTIFICATION		28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEASED SINCE [REDACTED] LEST SENT DECEASED ALIVE (ENTER NO. OF L. YRS.) [REDACTED]		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE <i>Craig Pearson, M.D.</i>		28C. DATE SIGNED 11/14/80	28D. PHYSICIAN'S LICENSE NUMBER A-29117
		29. SPECIFIC ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURIES AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR
INJURY INFORMATION CORONER'S USE ONLY		33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH PRECEDED INJURIES)		32B. HOUR	
		35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN INQUEST/INVESTIGATION		35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED NOV 14 1980	
40. NAME OF FUNERAL DIRECTOR (FOR PERSON ACTING AS SUCH)		37. DATE—MONTH, DAY, YEAR Nov. 17, 1980		38. NAME AND ADDRESS OF CEMETERY OR CREMATORIUM East Lawn Sierra Hills Memorial Park		39. FUNERAL DIRECTOR'S LICENSE NUMBER AND SIGNATURE 5891 <i>[Signature]</i>	
STATE REGISTRAR		41. LOCAL REGISTRAR—SIGNATURE Joseph (John) M. J.		42. LOCAL REGISTRAR—SIGNATURE Angela Evans		43. DATE ACCEPTED BY LOCAL REGISTRAR NOV 14 1980	

VS-11 (10-76)

THIS IS A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE IN THE
SACRAMENTO COUNTY DEPARTMENT OF PUBLIC HEALTH, SACRAMENTO, CALIFORNIA.

Joseph (John) M. J.
BY *Vivian DeBevoise*

Registrar of Vital Statistics
Sacramento County, California

REGISTRAR

DEPUTY

NOV 18 1980

RECORDED AT REQUEST OF
Angela Evans
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OFFICIAL RECORDS
EUREKA COUNTY, NEVADA
WILLIS A. REED, CLERK RECORDER
1 LEV. 79838
FEE 4.00

81 MAR 12 A 8:09

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