

AND WHEN RECORDED MAIL TO

Name
Street
Address
City
State
Zip

BLANCHE E MORRILL
6222 SEWAN AVE
SACRAMENTO, CALIF, 95841.

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT DEATH OF JOINT TENANT

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

THAT HAROLD E MORRILL of legal age, being first duly sworn, deposes and says:
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/Sheet 10,

Page/Image 429, of Official Records in the Office of the County Recorder of EUREKA County, State of NEVADA

describing the following real property in the EUREKA County of NEVADA

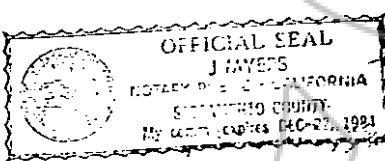
A parcel of land located in the NE 1/4 of section 13, T.27 N; R.51E., MDB & M, more particulaly described as follows:
Commencing at the East 1/4 corner of said Section 13, thence West a distance of 2158.95 feet along the 1/4 Section line to a point on the NW 1/4 Right-of-way line of Nevada State Highway 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, 1981
Blanche E Morrill
BLANCHE E MORRILL

SUBSCRIBED AND SWORN TO BEFORE ME

Form No. 21
Revised 9-67



this 6th day of March, 1981
Notary's Signature: *J. Myers*

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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

3400

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST Harold		1E. MIDDLE Elmer	1C. LAST Morrill		2A. DATE OF DEATH (MONTH, DAY, YEAR) November 12, 1980
3. SEX Male		4. RACE White	5. ETHNICITY American	6. DATE OF BIRTH April 27, 1901	7. AGE 79
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) IA		9. NAME AND BIRTHPLACE OF FATHER Horrace Morrill, IL		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Mae Bowen, Unk.	
11. CITIZEN OF BIRTH 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		14. NAME OF SURVIVING SPOUSE, IF WIFE, ENTER BIRTH NAME Blanche Galvin
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 6222 Sewan Avenue			19B.	18. KIND OF INDUSTRY OR BUSINESS Construction	
19D. COUNTY Sacramento			19E. STATE CA	19C. CITY OR TOWN Sacramento	
21A. PLACE OF DEATH Eskaton Manzanita Menor		21B. COUNTY Sacramento		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Blanche Morrill (Wife) 6222 Sewan Avenue Sacramento, Ca. 95841	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 5318 Manzanita Avenue		21D. CITY OR TOWN Carmichael			
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE			24. WAS DEATH REPORTED TO CORONER?		25. WAS BICEST PERFORMED?
(A) Cardio-respiratory failure			Immed		Yes
(B) Congestive heart failure			1 yr		No
(C) Atherosclerosis			8 yrs		No
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH			27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		26. WAS AUTOPSY PERFORMED?
			No		No
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. (I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO., DA., YR.) 08/27/80		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. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK	32A. DATE OF INJURY—MONTH, DAY, YEAR
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS RECEIVED BY LAW I HAVE HELD AN (INQUEST-INVIGATION)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED	
36. SUPERVISOR		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OF CREMATOR	
Burial		Nov. 17, 1980		East Lawn Sierra Hills Memorial Park	
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) East Lawn Mortuary		41. LOCAL REGISTRAR—SIGNATURE <i>Joseph C. ...</i>		39. REGISTRAR'S LICENSE NUMBER AND SIGNATURE 5893 <i>Joseph C. ...</i>	
STATE REGISTRAR		42. DATE ACCEPTED BY LOCAL REGISTRAR NOV 14 1980			

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

BY *Joseph C. ...* REGISTRAR
Wendy DeBevoise DEPUTY

NOV 18 1980

Registrar of Vital Statistics
Sacramento County, California

RECEIVED AT REQUEST OF
Angela Evans
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OFFICIAL RECORDS
ESSEX COUNTY, NEVADA
WILLIS A. DEWITT, RECORDER
FILE NO. **79898**
PCE **4.00**