

AFFIDAVIT IN RE RICHARD F. MORGAN, DECEASED  
TERMINATION OF JOINT TENANCY (N.R.S. 111.365)

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STATE OF California, )  
 : ss.  
County of San Bernardino )

MILDRED M. MORGAN, being first duly sworn, deposes and says:

That Affiant is the widow, of RICHARD F. MORGAN, Deceased. That Decedent died on the 19th day of October, 1987. That a certified copy of the Death Certificate is attached hereto as Exhibit "A".

That during the lifetime of said Decedent, certain real property was acquired in joint tenancy wherein RICHARD F. MORGAN and MILDRED M. MORGAN, husband and wife, were Grantees. That under the laws of the State of Nevada, upon the death of RICHARD F. MORGAN, the title and ownership of said real property became vested in MILDRED M. MORGAN as the surviving joint tenant. That said real property was acquired by a Deed dated July 13, 1972, wherein FIRST AMERICAN TITLE COMPANY OF NEVADA, formerly known as Nevada Title Guaranty Company, a Nevada Corporation was Grantor, and RICHARD F. MORGAN and MILDRED M. MORGAN, husband and wife were the Grantees.

That said Deed was recorded in Book 42, Page 421, Eureka County Records.

That the real property conveyed therein, in joint tenancy, is more particularly described as follows, to-wit:

The South Half (S-1/2) of the Southwest Quarter (SW-1/4) and The Southwest Quarter (SW-1/4) of the Southeast Quarter (SE-1/4) of Section 17, Township 30 North, Range 48 East, M.D.B. & N.

That by reason of the foregoing, affiant hereby declares that the title and interest of RICHARD F. MORGAN, Deceased, in the above described real property has vested in MILDRED M. MORGAN, in fee simple, and that MILDRED M. MORGAN is the sole and absolute owner

LAW OFFICES  
GARY D. FAIRMAN  
A PROFESSIONAL CORPORATION  
791 HUNTERS CANYON DRIVE  
ELY, NEVADA 89301  
(702) 899-4422

1 thereof, together with the tenements, hereditaments, and  
2 appurtenances, thereunto belonging or appertaining, and the  
3 reversion and reversions, remainder and remainders, rents, issues  
4 and profits thereof.

5  
6 *Mildred M. Morgan*  
MILDRED M. MORGAN

7  
8 SUBSCRIBED and SWORN to before me  
9 this 24th day of February, 1989.

10 *Vicky K. Smith*  
11 \_\_\_\_\_  
NOTARY PUBLIC

Vicky K. Smith



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LAW OFFICES  
GARY D. FAIRMAN  
A PROFESSIONAL CORPORATION  
787 AVENUE G, P. O. BOX 8  
ELY, NEVADA 89301  
(702) 289-6422

**CERTIFICATE OF DEATH** 3500

STATE FILE NUMBER		STATE OF CALIFORNIA		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A NAME OF DECEDENT—FIRST 1B MIDDLE		1C LAST		1D DATE OF DEATH—MONTH, DAY, YEAR	
Richard Francis Morgan		1012		October 19, 1987	
2 SEX	3 RACE/ETHNICITY	4 SPANISH ORIGIN	5 DATE OF BIRTH	6 AGE	7 NUMBER OF YEARS IN UNITED STATES (MONTHS, DAYS)
Male	White	2	July 14, 1907	80	20
8 BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9 NAME AND BIRTHPLACE OF FATHER		10 BIRTH NAME AND BIRTHPLACE OF MOTHER	
Wyoming		John Morgan - MO		Mary McGrath - NB	
11A CITIZENSHIP (STATE OR FOREIGN COUNTRY)	11B IF DECEASED WAS EVER IN MILITARY SERVICE (DATE)	12 SOCIAL SECURITY NUMBER	13 MARITAL STATUS	14 NAME (OR SURVIVOR'S SPOUSE OR WIFE) (WHICH IS MARRIED)	
USA	19 4 1 TO 19 4 5		Married	Mildred Wernstad	
15 PRIMARY OCCUPATION		16 NUMBER OF YEARS THIS OCCUPATION	17 INDUSTRY OR BUSINESS EMPLOYED (IF APPLICABLE)		18 HOW IN INDUSTRY OR BUSINESS
Long Shoreman		40	Pac. Maritime Association		Shipping
19A USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)			19B	19C CITY OR TOWN	
8845 Orange Avenue			1002	Victorville	
100. COUNTY		101. STATE		20 NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
San Bernardino		California		Mildred Morgan - Wife P. O. Box 1091 Hesperia, CA 92345	
21A. PLACE OF DEATH		21B. COUNTY		21C. CITY OR TOWN	
Victor Valley Comm. Hospital		San Bernardino		Victorville	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN		21E. STATE	
15248 Eleventh Street		Victorville		California	
22. DEATH WAS CAUSED BY IMMEDIATE CAUSE		23. OTHER CAUSE (IF ANY) (CONSIDER THIS TO BE A SECOND CAUSE GIVEN IN 22A)		24. WAS DEATH REPORTED TO CORONER?	
(A) Acute Pulmonary Embolism		Chronic Lymphocytic Leukemia, sick sinus Syndrome.		Yes 87-10-35221M	
(B) Deep Thrombophlebitis				No	
(C) Due to OR AS A CONSEQUENCE OF				No	
(D) Due to OR AS A CONSEQUENCE OF				No	
25. TYPE OF OPERATION		26. DATE DIED (DD) (PHYSICIAN'S SIGNATURE AND NUMBER)		27. DATE DIED (DD) (PHYSICIAN'S SIGNATURE AND NUMBER)	
Bone marrow Biopsy		7-21-1985		10-20-1987 G-24170	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED		28B. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED		28C. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED	
11-29-1979		10-5-1987		Michael Corman, MD 17450 Main Street, Hesperia, CA	
29. SPECIFY ACCIDENT, INJURY, ETC.		30. PLACE OF INJURY		31. OCCASION AT WORK	
32. LOCATION—STREET AND NUMBER OR LOCATION AND CITY OR TOWN		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
34A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW, I HAVE MADE AN INQUIRY INTO INVESTIGATION		34B. CORONER—SIGNATURE AND DESIGN OR TITLE		34C. DATE SIGNED	
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	
Cremation		10-21-1987		Riverside National Cemetery—Riverside, CA Not Embalmed	
39A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		39B. LICENSE NUMBER		40. LOCAL REGISTRAR—SIGNATURE	
Kern Hesperia Mortuary		1342		G. R. Pettersen MD by/	
41. STATE REGISTRAR		42. DATE RECEIVED BY LOCAL REGISTRAR		43. SIGNATURE OF LOCAL REGISTRAR	
AS-10-27		October 20, 1987		351	

This must be in red to be a "CERTIFIED COPY"

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE ON FILE IN THE SAN BERNARDINO COUNTY HEALTH DEPARTMENT, IF THE WORDS CERTIFIED COPY ARE IN .

RED,  
  
 GEORGE R. PETERSEN, M.D., M.P.H.  
 DIRECTOR OF PUBLIC HEALTH



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