

A.P.N. 001-102-13 and 001-076-02

R.P.T.T. \$0.00

Escrow No. 79072

Recording Requested By:

Cow County Title Co.

Mail Tax Statements To:

Same as below

When Recorded Mail To:

Hawkins, Folsom & Muir

Attn: Gordon R. Muir

679 Sierra Rose Drive, Suite A

Reno, NV 89511

EUREKA COUNTY, NV

2018-234750

Rec:\$35.00

\$35.00 Pgs=4

02/20/2018 09:29 AM

COW COUNTY TITLE CO.

LISA HOEHNE, RECORDER

AFFIDAVIT DEATH OF JOINT TENANT

Gordon R. Muir, being of legal age, being first duly sworn, deposes and says: ARCHIBALD CARLYLE HARRIS AND KATHERINE CAROLINE HARRIS, the decedents mentioned in the attached certified copies of Certificates of Death, are the same persons as A. C. HARRIS AND KATE C. HARRIS, named as two of the parties in that certain Grant, Bargain and Sale Deed executed by A. C. HARRIS AND KATE C. HARRIS recorded June 2, 1958 in Book 25 of Deeds, Page 232 as File No. 33649, Eureka County, Nevada records, covering the following described property situated in Eureka County, State of Nevada:

All that certain real property situate in the County of Eureka, State of Nevada, described as follows:

Lot 4 in Block 3 and Lot 16 in Block 22 of the Town of Eureka, County of Eureka, State of Nevada, according to the Official Map thereof, filed in the Office of the County Recorder, and as shown on the Record of Survey recorded June 20, 1989 as File No. 127447, Eureka County, Nevada records.

EXCEPTING THEREFROM all uranium, thorium, or any other materials which is or may be peculiarly essential to the production of fissionable materials, reserved by the United States of America in Patent recorded December 19, 1947 in Book 23 of Deeds, page 226, Eureka County, Nevada records.

ASSESSOR'S PARCEL NUMBER FOR 2017 - 2018: 001-102-13 and 001-076-02

Dated: February 16, 2018

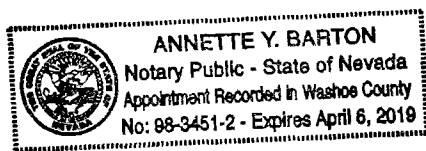
Gordon R. Muir
GORDON R. MUIR

State of NEVADA }

County of: WASHOE }

This instrument was acknowledged before me on February 14, 2018
by Gordon R. Muir.

Signature: Annette Y. Barton
Notary Public



CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

Roll B / Image 535

REGISTRAR'S NO. <u>111</u>		CERTIFICATE OF DEATH		STATE FILE NO. <u>1958-107</u>	
1. PLACE OF DEATH, STATE OF NEVADA A. COUNTY <u>Washoe</u>			2. USUAL RESIDENCE (If here, record Nevada; if institution, residence before admission) A. STATE <u>Nevada</u> B. COUNTY <u>Washoe</u>		
B. CITY, TOWN, OR LOCATION <u>Reno</u>		C. Length of stay <u>20 Years</u>	C. CITY, TOWN, OR LOCATION <u>Reno</u>		
D. NAME OF HOSPITAL OR INSTITUTION <u>1865 Palisade Drive</u>			D. STREET ADDRESS <u>1865 Palisade Drive</u>		
E. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			F. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> G. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or Print) (First) <u>AMORT BALD</u> (Middle) <u>CARLYLE</u> (Last) <u>HARRIS</u>			4. DATE OF DEATH (Month) <u>June</u> (Day) <u>24</u> (Year) <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 18, 1882</u>	9. AGE (In years, last birthday) <u>75</u>	IF UNDER 1 YEAR: Months <u> </u> Days <u> </u> IF UNDER 24 HRS: Hours <u> </u> Mins <u> </u>
10A. USUAL OCCUPATION (Live kind of work done during most of working life, even if retired) <u>Barber</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Barbering</u>		11. BIRTHPLACE (State or foreign country) <u>Eureka, Nevada</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13. FATHER'S NAME <u>William Harris</u>		
14. MOTHER'S MAIDEN NAME <u>Katherine Ryle</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>NO</u>		
16. SOCIAL SEC. NO. <u>NO RECORD</u>			17. INFORMANT <u>Albert J. Caton, Reno, Nevada</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <u>Abdominal + lung metastases</u> DUE TO (B) <u>Carcinoma of liver</u> DUE TO (C) <u> </u> Interval between onset and death: <u>4 months</u> <u>6-8 months</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A) <u>Arterio-sclerotic heart disease</u>					
20A. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20B. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)			
20C. TIME OF INJURY Hour <u> </u> a. m. <u> </u> p. m. Month, Day, Year <u> </u>		20D. INJURY OCCURRED: WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20E. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20F. CITY, TOWN, OR LOCATION. COUNTY. STATE			
21. I attended the deceased from <u>3-11-53</u> to <u>June 24 58</u> and last saw him <u>dying on June 24 58</u> Death occurred at <u>9:10 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22A. SIGNATURE <u>Fredrick A. Elliott MD</u>		22B. ADDRESS <u>RENO, NEVADA</u>		22C. DATE SIGNED <u>June 25, 1958</u>	
23A. BURIAL CREMATION: REMOVAL (Specify) <u>Burial</u>		23B. DATE <u>6-26-58</u>		23C. NAME OF CEMETERY OR CREMATORY <u>Mountain View</u>	
23D. LOCATION (City, town, or county) (State) <u>Reno, Nevada</u>		24. FUNERAL DIRECTOR. EMBALMER'S LIC. NO. ADDRESS <u>Walton Funeral Home 75 Reno</u>			
25. DATE REC'D BY LOCAL REG. <u>JUNE 26, 1958</u>		26. REGISTRAR'S SIGNATURE. <u>Berta Carlson, Deputy</u>			

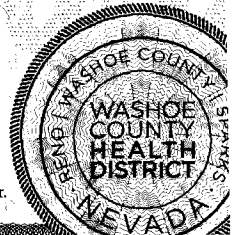
CERTIFIED COPY OF VITAL RECORDS

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.

DEPUTY REGISTRAR

DATE ISSUED: **FEB 15 2018**

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



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT
VITAL STATISTICS - RENO, NEVADA

Roll 15 Image 371

REGISTRAR'S NO. 602		CERTIFICATE OF DEATH		STATE FILE NO. 61-1827	
1. PLACE OF DEATH: STATE OF NEVADA A. COUNTY Washoe			2. USUAL RESIDENCE (If deceased lived. If institution: Residence before admission) A. STATE Nevada B. COUNTY Washoe		
B. CITY, TOWN, OR LOCATION Reno		C. Length of stay 22 yrs	C. CITY, TOWN, OR LOCATION Reno		
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 1865 Palisade Drive			D. STREET ADDRESS 1865 Palisade Drive		
E. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			F. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		G. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or Print) (First) KATHERINE (Middle) CAROLINE (Last) HARRIS			4. DATE (Month) (Day) (Year) OF DEATH Aug. 8 1961		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 23, 1886	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days Hours Mins.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Eureka, Nevada	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Luigi Rebaleati		
14. MOTHER'S MAIDEN NAME Mary Romano			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) no		
16. SOCIAL SEC. NO. none			17. INFORMANT ADDRESS Mrs. Ruth Caton, 1865 Palisade Drive		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Carcinoma of the colon					Interval between onset and death Two
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20A. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20B. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)			
20C. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20D. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20E. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20F. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1956 to 1961 and last saw him (her) alive on May 7, 1961 . Death occurred at 7:35 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22A. SIGNATURE Robert H. Anderson (Doctor or Title)		22B. ADDRESS 505 S. Arlington Ave. Reno		22C. DATE SIGNED Aug. 8, 1961	
23A. BURIAL OR CREMATION REMOVAL (Specify) Burial		23B. DATE 8/10/61		23C. NAME OF CEMETERY OR CREMATORY Mountain View	
23D. LOCATION (City, town, or county) Reno Nevada		23E. DATE REC'D BY LOCAL REG. Aug. 9, 1961			
24. FUNERAL DIRECTOR Walton Funeral Home		24A. EMBALMER'S LIC. NO. 111		24B. REGISTERED SIGNATURE Robert H. Anderson	

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