

**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

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### 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



COPY

**CERTIFICATION OF VITAL RECORD**

**WASHOE COUNTY HEALTH DISTRICT**  
VITAL STATISTICS - RENO, NEVADA

*Roll B / Image 535*

REGISTRAR'S NO. <i>111</i>		<b>CERTIFICATE OF DEATH</b>		STATE FILE NO. <i>1955-107</i>
1. PLACE OF DEATH, STATE OF NEVADA A. COUNTY <i>Washoe</i>		2. USUAL RESIDENCE (If here, record local; if institution, residence before admission) A. STATE <i>Nevada</i> B. COUNTY <i>Washoe</i>		
B. CITY, TOWN, OR LOCATION <i>Reno</i>		C. Length of stay <i>20 Years</i>	C. CITY, TOWN, OR LOCATION <i>Reno</i>	
D. NAME OF HOSPITAL OR INSTITUTION <i>1865 Palisade Drive</i>		D. STREET ADDRESS <i>1865 Palisade Drive</i>		
E. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		K. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		F. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <i>AMORTBALD CARLYLE HARRIS</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>June 24, 1958</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept. 18, 1882</i>	9. AGE (In years last birthday) <i>75</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Barber</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Barbering</i>	11. BIRTHPLACE (State or foreign country) <i>Eureka, Nevada</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>William Harris</i>		14. MOTHER'S MAIDEN NAME <i>Katherine Ryle</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <i>NO</i>	16. SOCIAL SEC. NO. <i>NO RECORD</i>	17. INFORMANT ADDRESS <i>Albert J. Caton, Reno, Nevada</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <i>Abdominal + lung metastases</i>				Interval between onset and death <i>4 months</i>
DUE TO (B) <i>Carcinoma of liver</i>				<i>6-8 months</i>
DUE TO (C) _____				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A) <i>Arterio-sclerotic heart disease</i>				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, Minute, Day, Year) a. m. p. m.				
20D. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <i>3-11-53</i> to <i>June 24 58</i> and last saw (him) <del>working in</del> <i>June 23 58</i> Death occurred at <i>9:10 a.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.				
22A. SIGNATURE <i>Fredrick A Elliott MD</i>		22B. ADDRESS <i>RENO, NEVADA</i>		22C. DATE SIGNED <i>June 25, 1958</i>
23A. BURIAL CREMATION: REMOVAL (Specify) <i>Burial</i>	23B. DATE <i>6-26-58</i>	23C. NAME OF CEMETERY OR CREMATORY <i>Mountain View</i>	23D. LOCATION (City, town, or county) (State) <i>Reno, Nevada</i>	
24. FUNERAL DIRECTOR <i>Walton Funeral Home</i>		25. DATE REC'D BY LOCAL REG. <i>JUNE 26, 1958</i>	26. REGISTRAR'S SIGNATURE <i>Berta Carlson, Deputy</i>	

DIVISION OF VITAL STATISTICS BIRTH NO. MEDICAL CERTIFICATION

NEVADA STATE DEPARTMENT OF HEALTH

**CERTIFIED COPY OF VITAL RECORDS**

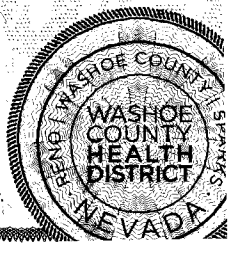
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DEPUTY REGISTRAR

*Berta Carlson*

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*

**61-1827**

REGISTRAR'S No. **602** CERTIFICATE OF DEATH STATE FILE No. **61-1827**

1. PLACE OF DEATH: STATE OF NEVADA A. COUNTY <b>Washoe</b>		2. USUAL RESIDENCE (If here deceased lived. If institution: Residence before admission) A. STATE <b>Nevada</b> B. COUNTY <b>Washoe</b>	
B. CITY, TOWN, OR LOCATION <b>Reno</b>		C. CITY, TOWN, OR LOCATION <b>Reno</b>	
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <b>1865 Palisade Drive</b>		D. STREET ADDRESS <b>1865 Palisade Drive</b>	
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) <b>KATHERINE CAROLINE HARRIS</b>		4. DATE (Month) (Day) (Year) <b>Aug. 8 1961</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 23, 1886</b>
9. AGE (In years last birthday) <b>75</b>		10. IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	11. IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (State or foreign country) <b>Eureka, Nevada</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13. FATHER'S NAME <b>Luigi Rebaleati</b>		14. MOTHER'S MAIDEN NAME <b>Mary Romano</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, unknown) <b>no</b>		16. SOCIAL SEC. NO. <b>none</b>	17. INFORMANT ADDRESS <b>Mrs. Ruth Caton, 1865 Palisade Drive</b>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <b>Carcinoma of the colon</b>		Interval between onset and death <b>Two</b>
DUE TO (a) _____		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR 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 _____ a. m. _____ p. m.	20D. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, etc.)	20E. 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.

22. SIGNATURE <b>Richard Gordon Long MD</b>	(Degree or Title)	22B. ADDRESS <b>505 S Arlington Ave Reno</b>	22C. DATE SIGNED <b>Aug 8, 1961</b>
23A. BURIAL OR CREMATION <b>Burial</b>	23B. DATE <b>8/10/61</b>	23C. NAME OF CEMETERY OR CREMATORY <b>Mountain View</b>	23D. LOCATION (City, town, or county) (State) <b>Reno Nevada</b>
24. FUNERAL DIRECTOR <b>Walton Funeral Home</b>	EMBALMER'S LIC. NO. <b>111</b>	ADDRESS <b>Reno</b>	25. DATE REC'D BY LOCAL REG. <b>Aug 9, 1961</b>
		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

**CERTIFIED COPY OF VITAL RECORDS**

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DEPUTY REGISTRAR

*[Signature]*

DATE ISSUED: **FEB 15 2018**

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