

After recording, please return to: )  
 Name: Robert Morley )  
 Address: P.O. Box 2036 )  
 City, State, Zip: Carlin NV. 89822 )  
 Phone: \_\_\_\_\_ )  
 Assessor's )  
 Parcel Number 00415155 )

LINCOLN COUNTY, NV **2022-163065**  
 Rec:\$37.00  
 Total:\$37.00 **09/22/2022 03:44 PM**  
 ROBERT MORLEY Pgs=3 KC



OFFICIAL RECORD  
 AMY ELMER, RECORDER

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**AFFIDAVIT TERMINATING JOINT TENANCY**  
 Pursuant to NRS 40.525(5) and NRS 111.365

Robert G. Morley, being first duly sworn, deposes and states:

- I, the undersigned Affiant, am over the age of 21 years and competent to be a witness as to the matter hereinafter stated. I declare that I have knowledge of the facts stated herein.
- I am Robert G. Morley, the same person named as one of the Grantees named in that certain Joint Tenancy Deed recorded on January 23, 2001, as Document No. 115879, in Book 153, Page(s) 41, of the Official Records in the Office of the County Recorder in Lincoln County, Nevada.
- The property described in the above-referenced deed is located in Lincoln County, Nevada commonly known as \_\_\_\_\_, and described as follows: That Robert G. Morley and Tammy B. Morley, for and in consideration of \$0, and other good and valuable consideration the receipt of which is hereby acknowledged, do hereby Grant, Bargain, and Sell and convey its interest to Robert H. Morley & Lois F. Morley and Robert G. Morley & Tammy B. Morley, as joint tenants, with the right of survivorship, and to their heirs and assigns forever, all of those certain parcels of land situated within the Town of Poche, County of Lincoln, State of Nevada, bounded and described as follows  
A portion of  
APN 004-151-18  
A parcel of land situated within Section 5, Township 7 South, Range 61 East M.D.M. being more particularly described as follows:  
Parcel 15-4(B) of Parcel Maps as recorded in Book Plat B Page 354 in the official records of the Lincoln County Recorder.  
Containing 0.29 Acres.  
Subject To: Any encumbrances, easements, right of ways, restrictions conditions and covenants of record.

4. Robert H. Morley, (the Decedent) was one of the Grantees named in said Deed, and is the Decedent in the attached certified Death Certificate. The date and place of the Decedent's death are set forth in the death certificate and incorporated herein by this reference.
5. The Decedent was my Father.
6. This affidavit is made for the purpose of terminating the joint tenancy between myself and the Decedent in the described property, said title now vesting in me Robert G. Morley and Tammy B. Morley, as sole owner.  
as joint Tenants.

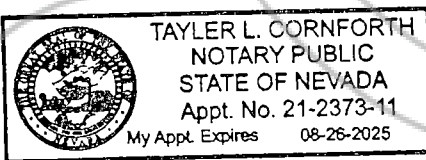
DATED this 22<sup>nd</sup> day of September, 20 22.

Robert H. Morley  
Affiant

State of Nevada)  
County of Lincoln)

Subscribed and Sworn to before me on this  
22<sup>nd</sup> day of September, 20 22 by  
Robert Morley

Taylor L. Cornforth  
Notary Public



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**

CASE FILE NO. 4215547

**CERTIFICATE OF DEATH**

2021012928  
STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

DECEDENT

IF DEATH  
OCCURRED IN  
INSTITUTION SEE  
HANDBOOK  
REGARDING  
COMPLETION OF  
RESIDENCE  
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF  
DEATH

CONDITIONS IF  
ANY WHICH  
GAVE RISE TO  
IMMEDIATE  
CAUSE  
STAYING THE  
UNDERLYING  
CAUSE LAST

1a. DECEASED-NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>Robert Harkness MORLEY</b>		2. DATE OF DEATH (Mo/Day/Year) <b>May 26, 2021</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Alamo</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street number) <b>541 Cottonwood Street</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE - Last birthday (Years) <b>88</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>	
7d. UNDER 1 DAY <b>MIN</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>April 13, 1933</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Utah</b>	
9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Widowed</b>	
12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Inspector</b>	
14b. KIND OF BUSINESS OR INDUSTRY <b>MINING</b>		14c. Ever in US Armed Forces? <b>Yes</b>		15a. RESIDENCE - STATE <b>Nevada</b>	
15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Alamo</b>		15d. STREET AND NUMBER <b>541 Cottonwood Street</b>	
15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Ross MORLEY</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Nellie HARKNESS</b>	
18a. INFORMANT - NAME (Type or Print) <b>Robert Guy MORLEY</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>P.O. Box 2036 Carlin, Nevada 89822</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Funeral Smith</b>		19c. LOCATION City or Town State <b>Henderson Nevada 89011</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BENJAMIN V REBMAN</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD945</b>		20c. NAME AND ADDRESS OF FACILITY <b>Moapa Valley Mortuary 5090 N Moapa Valley Blvd Logandale, NV 89021</b>	
20d. SIGNATURE AUTHENTICATED					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>CLARENCE RAY</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>May 27, 2021</b>		21c. HOUR OF DEATH <b>11:19</b>			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: (Type or Print)					
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>CLARENCE RAY</b>		22b. DATE SIGNED (Mo/Day/Yr) <b>May 27, 2021</b>			
22c. HOUR OF DEATH <b>11:19</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>May 26, 2021</b>		22e. PRONOUNCED DEAD AT (Hour) <b>11:19</b>	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Clarence Ray, 1050 SR 322 Pioche, NV, 89043</b>				23b. LICENSE NUMBER <b>059</b>	
24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 01, 2021</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
24d. SIGNATURE AUTHENTICATED					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) <b>Mechanical Asphyxia</b>				Interval between onset and death <b>Minutes</b>	
(b) <b>Hanging</b>				Interval between onset and death <b>Minutes</b>	
(c)				Interval between onset and death	
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>					
28a. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) <b>Suicide</b>		28b. DATE OF INJURY (Mo/Day/Yr) <b>May 26, 2021</b>		28c. HOUR OF INJURY <b>0600</b>	
28d. DESCRIBE HOW INJURY OCCURRED <b>Self Applied Ligature Around The Neck Followed by Sitting Down Causing Ligature To Tighten. Around The Neck Cutting Off Blood And Oxygen Flow To The Brain.</b>					
28e. INJURY AT WORK (Specify Yes or No) <b>No</b>		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) <b>Home</b>		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE <b>541 Cottonwood Street Alamo Nevada</b>	

000873912



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.

DATE ISSUED: 6/4/2021

STATE REGISTRAR

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

