

After recording, please return to:)
 Name: Robert Morley)
 Address: P.O. Box 2036)
 City, State, Zip: Carlin NV. 89825)
 Phone: 775)
 Assessor's)
 Parcel Number 00415155)

LINCOLN COUNTY, NV **2022-163066**
 Rec:\$37.00
 Total:\$37.00 **09/22/2022 03:45 PM**
 ROBERT MORLEY Pgs=3 KC



OFFICIAL RECORD
 AMY ELMER, RECORDER

----Above This Line Reserved For Official Use Only----

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 \$0.00, 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 Pioche, 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 1E1 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, rights-of-way, restrictions, conditions of record,

4. Lois F. 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 Mother.
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

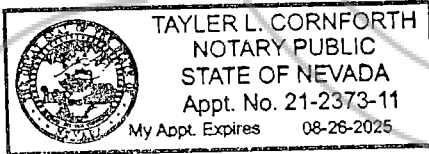
DATED this 22nd day of September, 2022.

Robert G. Morley
Affiant

State of Nevada)
County of Lincoln)

Subscribed and Sworn to before me on this
22nd day of September, 2022 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
CERTIFICATE OF DEATH

CASE FILE NO. 3884386

201600495
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
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Lois Fay Sidwell MORLEY		2. DATE OF DEATH (Mo/Day/Year) March 16, 2016		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Caliente		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and Grover C Dils Medical Center		3e. If Hosp. or Inst.: Indicate DOA, OP, Emer. Rm. Hospice Facility (HFS) Inpatient (Specify)	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 86		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MIN	
8. DATE OF BIRTH (Mo/Day/Yr) June 09, 1929		9a. STATE OF BIRTH (if not US/CA, name country) Oklahoma		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Robert Harkness MORLEY	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Alamo	
15d. STREET AND NUMBER 541 Cottonwood		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Guy SIDWELL			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Edna DODSON		
18a. INFORMANT - NAME (Type or Print) Robert Harkness MORLEY			18b. MAILING ADDRESS (Street or R.F.D.; No., City or Town, State, Zip) PO Box 434 Alamo, Nevada 89001		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Southern Utah Crematory		19c. LOCATION City or Town State Cedar City Utah 84720	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) R WILLIAM KATSCHKE M.D. SIGNATURE AUTHENTICATED			22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		
21b. DATE SIGNED (Mo/Day/Yr) March 22, 2016		21c. HOUR OF DEATH 03:00		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) R William Katschke M.D. P.O. Box 1010 Caliente, NV 89008	
23b. LICENSE NUMBER 10509		24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 22, 2016	
24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I			
(a) Cardiac Arrest		Interval between onset and death			
(b) Acute Respiratory Failure		Interval between onset and death		Days	
(c) Chronic obstructive pulmonary disease		Interval between onset and death		Years	
(d) Tobacco Abuse		Interval between onset and death		Years	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Multiple Right Sided Rib Fractures After Fall.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)			
28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

VRS-Rev-20120523a

620956

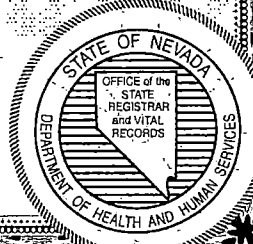
CERTIFIED COPY OF VITAL RECORDS

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: 3/29/2016

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

SIGNATURE AUTHENTICATED



Cody D. Thirney
SIGNATURE AUTHENTICATED