

APN: 01-073-12

Recording Requested by:

Kurt A. Smith, Esq.

AND WHEN RECORDED MAIL THIS TO

Kurt A. Smith, Esq.

1701 N. Green Valley Pkwy, Ste. 8E

Henderson, Nevada 89074

Mail tax statements to:

Otta Rae Morrison

698 South Racetrack Rd.

Henderson, Nevada 89015



00014442202401672720040044

OFFICIAL RECORD
AMY ELMER, RECORDER

AFFIDAVIT OF DEATH OF JOINT TENANT

Otta Rae Morrison, of legal age, being first duly sworn, deposes and says:

1. Edward L. Morrison is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person named as Joint Tenant in the Grant, Bargain, Sale Deed, executed by Edward L. Morrison and Otta Rae Morrison as Joint Tenants.
2. At the time of decedent's death, decedent was the owner, as Joint Tenant, of certain real property acquired by a deed recorded on April 12, 1990, as Instrument No. 093869, in Official Records of Lincoln County, Nevada, describing the following real property:

SEE EXHIBIT 'A'

3. I am the surviving Joint Tenant under which said decedent held title as Joint Tenant pursuant to the deed described above.

WITNESS my hand this 8 day of July 2024, in the City of Henderson, County of Clark, State of Nevada.

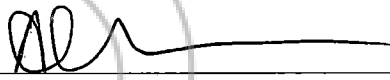
Otta Rae Morrison

NOTARY SUBSCRIPTION

STATE OF NEVADA)
 : ss.
COUNTY OF CLARK)

On this day of July 8, 2024, before me, the undersigned Notary, personally appeared Otta Rae Morrison, who is personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged that she executed it. I declare under penalty of perjury that the person whose name is ascribed to this instrument appears to be of sound mind and under no duress, fraud, or undue influence.

NOTARY SEAL:

Notary: 

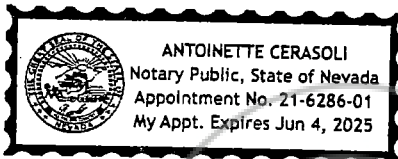


EXHIBIT "A"

LOT SIX (6) in BLOCK THIRTY-THREE (33) of PIOCHE, COUNTY
OF LINCOLN, STATE OF NEVADA.

TAX ID/APN #: 01-073-12

COPY

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

| | | | | | |
|---|--|--|--|---|-------------------|
| LOCAL FILE NUMBER | | DECEASED—NAME—First Middle Last | | DATE OF DEATH (Month, Day, Year) | STATE FILE NUMBER |
| 1 Edward Leroy MORRISON | | 2 October 16, 1995 | | 3a Lincoln | |
| CITY, TOWN, OR LOCATION OF DEATH | | HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) | | 3b Lincoln | |
| 3b Pioche | | 328 McCannon Street | | 3c Male | |
| RACE—(e.g., White, Black, American Indian, etc.) (Specify) | | Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no. If yes, specify Mexican, Cuban, Puerto Rican, etc. | | AGE—Last Birthday (Years) | |
| 5 White | | 6 | | 7a 61 | |
| STATE OF BIRTH (If not U.S.A., name country) | | CITIZEN OF WHAT COUNTRY | | DECEDENT'S EDUCATION—Specify highest grade completed | |
| 9a Arizona | | 9b U.S.A. | | 10 9 | |
| SOCIAL SECURITY NUMBER | | USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) | | MARRIED—NEVER MARRIED, WIDOWED, DIVORCED (Specify) | |
| 13 | | 14a Electrician | | 11 Married | |
| RESIDENCE—STATE | | CITY, TOWN, OR LOCATION | | DATE OF BIRTH (Mo., Day, Yr.) | |
| 15a Nevada | | 15b Lincoln | | 15c Pioche | |
| FATHER—NAME—First Middle Last | | MOTHER—MAIDEN NAME—First Middle Last | | DATE OF BIRTH (Mo., Day, Yr.) | |
| 16 Leroy Morrison | | 17 Mildred Ferguson | | 18 62-14-1934 | |
| INFORMANT—NAME (Type or Print) | | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) | | SURVIVING SPOUSE (If wife, give maiden name) | |
| 18a Otta Rae Morrison | | 18b P.O. Box 565 Pioche, Nevada 89043 | | 19 Otta Rae McEwen | |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify) | | CEMETERY OR CREMATORY—NAME | | LOCATION—City or Town State | |
| 19a Burial | | 19b Palm Memorial Park | | 19c Henderson, Nevada | |
| FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) | | FUNERAL DIRECTOR LICENSE NUMBER | | NAME AND ADDRESS OF FACILITY | |
| 20a | | 20b 15 | | 20c P.O. Box 994 Caliente, Nevada 89008 | |
| 21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. | | 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) and manner stated. | | 21b | |
| (Signature and Title) | | (Signature and Title) | | 21c | |
| DATE SIGNED (Mo., Day, Yr.) | | HOUR OF DEATH | | 22b | |
| 21d | | 21e | | 22c | |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | PRONOUNCED DEAD (Mo., Day, Yr.) | | PRONOUNCED DEAD (Hour) | |
| 21d | | 22d ON 10-16-95 | | 22e AT 1040 PM | |
| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) | | LICENSE NUMBER | | 23b | |
| 23a Richard Triplett PO Box 570 Pioche, Nevada 89043 | | 23b | | 23c | |
| REGISTRAR | | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) | | DEATH DUE TO COMMUNICABLE DISEASE | |
| 24a (Signature) | | 24b 10-17-95 | | 24c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) | | Interval between onset and death | | 26 | |
| PART (a) Non-Small Cell Bronchogenic Carcinoma | | Months | | 27 | |
| DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death | | 28 | |
| (b) | | Interval between onset and death | | 29 | |
| DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death | | 30 | |
| (c) | | Interval between onset and death | | 31 | |
| DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death | | 32 | |
| OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I | | AUTOPSY (Specify Yes or No) | | WAS CASE REFERRED TO CORONER (Specify Yes or No) | |
| PART II | | 26 No | | 27 Yes | |
| ACC.—SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) | | DATE OF INJURY (Mo., Day, Yr.) | | HEAVY C—INJURY | |
| 28a | | 28b | | 28c | |
| INJURY AT WORK (Specify Yes or No) | | PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) | | DESCRIBE HOW INJURY OCCURRED | |
| 28e | | 28f | | 28d | |
| 28g | | 28h | | 28i | |

No. 74588

I, *Gyonna Sylva*,
Deputy Registrar

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: **OCT 23 1995**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.

