## AFFIDAVIT OF TERMINATION OF JOINT TENANCY

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STATE OF NEVADA ) COUNTY OF WASHOE )

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COMES NOW, WILLIAM B. McDANIEL, a resident of Reno, Washoe County, Nevada, who being duly sworn, deposes and says:

1. That he has been a resident of Washoe County, Nevada, for the past several years, and continuously, down to the present date, and is and remains at the present time a resident of said County and State; and that he is now more than 21 years of age.

2. That until the time of her death, he was married to Joanne E. McDaniel, who was also at the time of her death a resident of Washoe County, Nevada, and had been such a resident for several years prior to her death, continuously, down to the time of her death; that said Joanne E. McDaniel is the same person described in the certified copy of the Certificate of Death which is attached hereto, incorporated herein and made a part hereof.

3. That the person referred to in said death certificate is one and the same person designated as Joanne E. McDaniel in that certain Deed recorded in the Office of the County Recorder of Klamath County, Oregon, in Volume M80 at page 13531 thereof, Document No. 87176, of the official records of Klamath County, Oregon.

4. That affiant herein is designated jointly with said decedent in said deed as a joint tenant grantee, of the property covered thereby, which property is more particularly described as follows:

Block 52, Lot 7 of the 4th Addition to Nimrod River Park as shown on map in official records of said county, subject to all conditions, covenants, reservations restrictions, easements, rights and rights of way of record, official records of Klamath County, State of Oregon.

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SAMUEL B. FRANCOVICH ATTORNEY AT LAW

That affiant makes this affidavit for the purpose 5. of establishing the matters herein set forth, to the end that it may be determined therefrom that affiant is the sole person interested in the title to the real property above described by reason of the death of said Joanne E. McDaniel.

20 day of April, 1983.

CINDY M. JEFFERY

Notary Public - State of Nevada Appointment Recorded In Washoe County

MY APPOINTMENT EXPIRES MAY 3, 1986

SAMUEL B. FRANCOVICH ATTORNEY AT LAW

421 SOUTH CENTER STREET RENO, NEVADA 89501

B Me ame в.

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Subscribed and sworn to before me

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UEL B. FRANCOVICH

ATTORNEY AT LAW REND, NEVADA

14130 44074 Interval between onsal and death mervel between anset and dealth Intervel between onset and death 12:29 P.m. STATE ۲es Female ISURVIVING SPOUSE II MAR ONE MINICAN MARKEN FUER IN ISURVIVING SPOUSE II MAR ONE MINICAN NAMED FORCES NO IIM 1111 i all B. MC Dan i e1 112 Second St., Reno, Nevada 12:29 P.h 10.00 TINSIDE CITY LIMITS JATE RECEIVED BY RECUSTRAN (MO., DAY, YL) |DEATH DUE TO COMMUNICABLE DISEASE III Hosp of Inst. Indicate DOA. OP/Emer. Rm Inpatient (Specify) State CITY OR TOWN Washoe FRUNOUNCED DEAD IN Stradcetter Ē 89520 STATE FILE NUMBER JOUR OF DEATH Reno, Nevada 1245 Manhattan Sha City or Town Reno, Nevada 220. AT alter applier investigate July 2, 1935 Street of A F D No., City of Town, State, Zip) Yes 220 STREET OR R F. D. 140 AUTOPAY DATE OF HIRTH IMO . Day. YIT vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada March Pro 1983 VI Bagnature and take Day W/ Pero Date Signet Day W/ 1983 March 21, 1983 ģ Own Holle LOCATION KIND OF BUSINESS OR INDUGINY INSIDE CITY LIMITS DESCRIBE HOW NJURY OCCURRED a the time, date and play STREET AND NUMBER 2 March 17, 1983 DATE OF DEATH (Month, Day War) 1245 Manhattan Street, Ecolose Per LINE FOR FAIL 1983 ä, STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES Home, 875 W. DIVISION OF HEALTH - SECTION OF VITAL STATISTICS First Our Mother of Sorrows Celli. - UNDER 1 DAY 22d. ON VITAL RECORDS 164 Mary LOCATION HOSPIAL OR OTHER INSTITUTION - Name III not either, give street and number) MOTHER - MAIDEN NAME Corcner s Othice Perforation of the lower sigmoid colon M |28d ż ALME AND ADDRESS OF CERTIFIER (PHYSICIAN MEDICAL EXAMINER ON CORONER) (7,00-UNDER TYEAR Walton Funeral PLACE OF INJUITY-AI TOOR OF CORRECT LEGITORY OF CO PATE OF INJURY (NO. Day. 77 ) HOUR OF INJURY MAILING ADDRESS SUOV NAME AND ADDRESS OF FACILITY Ľ CEMETERY OR CHEMATORY -- NAME 1245 Manhattan Street NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (1400 or Print) at the time. date and place and Mangan â HOUR OF DEATH DUE TO. OR AS A CONSEQUENCE (IF HI DUE TO DR AS A CONSEQUENCE (IF Gastric ulcer didia McDaniel 퉍 ż peritonitis hee. Washoe BURIAL CREMATION, REMOVAL OTHER (Specify) liket Elizabeth Signature and Titlet V ... APE FOR Parson ACC. SUICIDE HOM. UNDET. 419 FETHNIC Y (Specify AT WORK INJURY AT WORK (Specify Yes or Not NNOO FORMANT-NAME IT NO OF PRHIL William B. e to the causela CITY. TOWN. OR LOCATION OF DEATH RACE-Ierg. White Black, American RACE-Ierg. etc) (Specify) 554-46-5445 965 25 IMMEDIATE LOCAL FILE MUMBER STATE OF BIRTH COUNTED SOCIAL SECURITY NUMBER 24a (Signatui PART REGISTRAR Burtat DIECIO George RESIDENCE-STATE Nevada PART IMAGE FATHER-NAME Reno \*\* White INERVI A g Joanne BIRTH VA Dareigno de Completente VAIDIZYHG DNIYAITA30 ģ ROLL 53 CONDITIONS for ERMANENT BLACK INK ECEDENT filed ş was received and OR PRIMI KLAMATH; SS TY C. the w of c] .oc 0 ument 3 within '83̈ n ins COUN at19 OREGON; pag D August on Jr ( 1 hereby ( record on and du]<sup>17</sup> STATE OF A tify CLERK cer of the Deputy TEHN duly recorded в in b 12.00 Ş. FEE