

AFFIDAVIT OF SURVIVORSHIP

STATE OF NEVADA )  
 ) ss.  
 CARSON CITY )

Sharon A. O'Hara, being first duly sworn, deposes and says:

That I am a joint tenant with right of survivorship and not as tenants in common, in that certain parcel of land situated in the County of Klamath, State of Oregon, said Indenture being recorded in the official records of the Recorder of Klamath County, Oregon, No. 4499, recorded March 28, 1983 at 9:59 a.m., in Volume M83 of Deeds; that attached hereto is a certificate of death, showing that Dorothy L. Yates passed away on September 8, 1984, and that said Sharon A. O'Hara is a surviving Joint Tenant and as such is the sole owner of the above designated deed, the said property being located in Klamath County, Oregon, and described as follows:

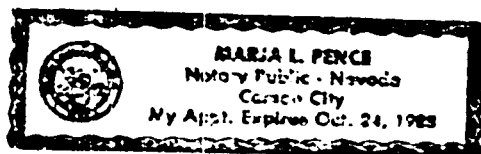
Block 66. Lot 105, 5th Addition to Nimrod River Park.

Subject to all conditions, covenants, restrictions, reservations, easements, rights and rights of way of record, official records of Klamath County, State of Oregon.

Sharon A. O'Hara  
 Sharon A. O'Hara

Subscribed and sworn to before me  
 this 19<sup>th</sup> day of November, 1984.

Maria L. Pence  
 NOTARY PUBLIC



Return: Sharon O'Hara  
 314 N. Nevada St.  
 Carson City, NV 89701

## STATE OF NEVADA

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

1. NAME OF DECEASED: Dorothy Louise Hamer YATSO  
 2. DATE OF DEATH: Sept. 8, 1984  
 3. PLACE OF DEATH: Carson City  
 4. ADDRESS: 314 N. Nevada  
 5. RACE: White  
 6. ETHNIC ORIGIN: English  
 7. SEX: Female  
 8. DATE OF BIRTH: Sept. 8, 1921  
 9. PLACE OF BIRTH: Nevada  
 10. U.S.A. YES  
 11. MARRITAL STATUS: Widowed  
 12. SOCIAL SECURITY NUMBER: 530-18-3213  
 13. OCCUPATION: Accountant  
 14. EMPLOYER: State Government  
 15. RESIDENCE STATE: Nevada  
 16. RESIDENCE CITY: Carson City  
 17. RESIDENCE ADDRESS: 314 N. Nevada  
 18. FATHER'S NAME: E. Hamer  
 19. MOTHER'S NAME: Lucille Muldoon  
 20. INFORMANT NAME: Sharon O'Hara  
 21. ADDRESS: 314 N. Nevada Carson City, Nevada 89701  
 22. BURIAL: Lone Mountain Cemetery Carson City Nevada  
 23. FUNERAL HOME: Walton's Funeral Home Box 1056 Carson City, NV 89702  
 24. SIGNATURE OF DECEASED: [Signature]  
 25. DATE SIGNED: [Date]  
 26. NAME OF ATTENDING PHYSICIAN: A.L. Richardson  
 27. ADDRESS: Dep. Coroner 901 E. Musser Carson City, NV. 89701  
 28. DATE SIGNED: Sept. 12, 1984  
 29. CAUSE OF DEATH: Terminal Cancer  
 30. DUE TO OR AS A CONSEQUENCE OF: [X]  
 31. OTHER SIGNIFICANT CONDITIONS: [X]  
 32. PLACE OF INJURY: [X]  
 33. DATE OF INJURY: [X]  
 34. PLACE OF INJURY: [X]  
 35. DATE OF INJURY: [X]

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

Date Issued SEP 12 1984

By:

No. 46315



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

STATE OF OREGON: COUNTY OF KLAMATH:cs

I hereby certify that the within instrument was received and filed for  
 record on the 7th day of December A.D., 1984 at 1:18 o'clock P.M.,  
 and duly recorded in Vol. 17, of 1984 on page 262.

EVELYN BIEHN, COUNTY CLERK

by: Pam Smith, Deputy

Fee: \$ 9.00