

AFFIDAVIT OF TERMINATION OF JOINT TENANCY

STATE OF UTAH)
) ss:
COUNTY OF CACHE)

Florence E. Wolcott being duly sworn, deposes and says:

That Warren G. Wolcott, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Warren G. Wolcott named as one of the parties in that certain QuitClaim Deed dated May 14, 1980, executed by Earl G. Brooks and Mary Brooks, Husband and Wife, naming as grantees Warren G. Wolcott and Florence E. Wolcott, husband and wife, as joint tenants, with full rights of survivorship, and not as tenants in common, recorded in Volume M-81 Page 15774 of the official records of Klamath County, State of Oregon concerning real property situated in the County of Klamath, State of and described as follows:

Lot 13, Block 33, First Addition to Klamath Forst Estates, as recorded in Klamath County, Oregon.

As a consequence of the death of Warren G. Wolcott and by operation of law the joint tenancy of Warren G. Wolcott and Florence E. Wolcott has been terminated and title in the subject property is now vested in the survivor Florence E. Wolcott.

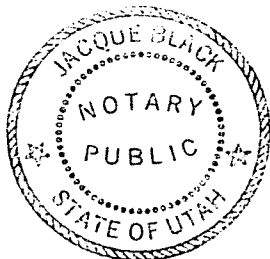
The undersigned has read the foregoing affidavit, knows the contents thereof and states the same to be true.

22476

DATED this 2nd day of October, 1990.

Florence E. Wolcott

SUBSCRIBED AND SWORN to before me this 2nd day of October,
1990.



Jacques Black
Notary Public

Residing at

Smithfield Ut

Commission expires: 11-6-1991

probate\wolcott2.aff

STATE OF UTAH - DEPARTMENT OF HEALTH

22477

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Access to information on
this form is limited under
the Utah Statistics Act
and Rules.

LOCAL FILE NUMBER 03-313

STATE FILE NUMBER

DECEASED	1. NAME OF DECEASED FIRST Warren		MIDDLE G.	LAST WOLCOTT	2. SEX Male	3a. DATE OF DEATH (Mo, Day, Yr) December 28, 1989	3b. TIME OF DEATH (24 hr. clock) 0310
	4. DATE OF BIRTH (Mo, Day, Yr) Sept. 14, 1927		5. AGE (Last birthday) 62	6. BIRTHPLACE (City & State or Foreign Country) Los Angeles, California	7. SOCIAL SECURITY NUMBER 563-40-9087		
	8. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER-Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other Logan Regional Hospital				9. SURVIVING SPOUSE (If wife, give maiden name) Florence Edith Bell		
	10. WAS DECEASED EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11. MARITAL STATUS <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) Plumbing		12b. KIND OF BUSINESS OR INDUSTRY Contractor
PARENTS	13a. RESIDENCE - STREET AND NUMBER 244 North 600 West				13b. CITY, TOWN, OR COMMUNITY Logan	13c. COUNTY Cache	13d. STATE Utah
	13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 84321		14. WAS DECEASED OF HISPANIC ORIGIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, specify) <input type="checkbox"/> Mexican <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other (Specify)		
	15. RACE - Black, White, Am. Indian (Indicate race or races) White				16. EDUCATION (Specify only highest degree completed) Elementary or Secondary (9-12) College (13-16 or 17+) 12		
	17. FATHER'S NAME (First, Middle, Last) Guy Edward Wolcott				18. MOTHER'S NAME (First, Middle, Last) Wilhelmina Ann Curran		
INFORMANT	19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Florence Wolcott, wife, 224 North 600 West, Logan, Utah 84321						
	20. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input type="checkbox"/> Donation <input type="checkbox"/> Other		21a. DATE OF DISPOSITION Dec. 30, 1989		21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Logan Cemetery		21c. LOCATION - City or Town, State Logan, Utah
	22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Charles R. Cullen</i>		23. LICENSEE NUMBER 58508068		24. FUNERAL HOME (Name, address and license number) Allen-Hall Mortuary #179 34 East Center Logan, Utah 84321		
	25. ONCE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN? Dec 27 1989		26. If not certified by medical examiner, was death reported to M.E.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, enter the date and hour reported. M.E. Case No.				
CERTIFIER	27a. CERTIFIER <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner as stated.						
	27b. SIGNATURE AND TITLE OF CERTIFIER <i>K. Pulver</i>		27c. LICENSE NUMBER 8911		27d. DATE SIGNED (Mo., Day, Yr) Dec 29, 1989		
	28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (Type print) KERRY PULVER, M.D. 550 East 1400 North, Logan, Utah 84321						
	29. REGISTRAR'S SIGNATURE <i>John C. Bailey M.D.</i>						
CAUSE OF DEATH	30. PART I. ENTER THE DISEASE, INJURY, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) Pneumonia Metastatic Prostate Cancer Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST. Due to (or as a consequence of): Due to (or as a consequence of):						
	31. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.						
	32. IN YOUR OPINION, TOBACCO USE BY THE DECEASED <input type="checkbox"/> Probably contributed to the cause of death <input type="checkbox"/> Was the underlying cause of death <input checked="" type="checkbox"/> Did not contribute to the cause of death <input type="checkbox"/> Not known in relation to the cause of death		33a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending investigation		35a. DATE OF INJURY (Month, Day, Year)		35b. TIME OF INJURY (24 Hour Clock)		35c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
35d. PLACE OF INJURY (At home, farm, street, factory, office, building, etc. (Specify))							
35e. LOCATION (Street or rural route number, city or town, county and state)							
35f. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD)							

This is to certify that the above is a true and correct copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-26 of the Utah Code Annotated, 1953 As Amended.

Date Issued JAN - 3 1990

County BEAR RIVER DISTRICT HEALTH DEPT.
JOHN C. BAILEY, M.D.
Registrar

John E. Brockert
DIRECTOR OF VITAL STATISTICS
By *Steve Larson*



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WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Jenkins & Burbank the 9th day of Nov. A.D., 19 90 at 11:48 o'clock A.M., and duly recorded in Vol. M90, of Deeds on Page 22475.

Evelyn Biehn County Clerk

By *Pauline M. Mendenhall*

FEE \$18.00