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'99 APR -1 P2:27



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099-38

**AFFIDAVIT  
(DEATH OF JOINT TENANT)**

I, George G. Ward, being first duly sworn on oath depose and say

That I am a citizen of the United States of America, over the age of 21 years, and a resident of Mantua County of Box Elder, State of Utah.

That I was well and personally acquainted with Cathryn M. Ward one of the grantees in that certain Deed recorded June 24, 1982 in Book M82, at Page 8014, records of the Recorder of Klamath County, Oregon

That I know of my own knowledge that Cathryn M. Ward in the said deed and Cathryn M. McCurry Ward mentioned in the attached Certified copy of Certificate of Death was one and the same person.

This affidavit is intended to terminate the joint tenancy of said George G. Ward and Cathryn M. McCurry Ward, in the following described property:

Lot 1 in Block 50, First Addition to Klamath Forest Estates, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

*Return: 1st American Title  
11 West Forest, Brigham City, UT 84302*

*George G. Ward*  
\_\_\_\_\_  
George G. Ward

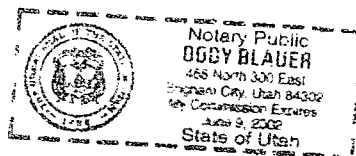
STATE OF OREGON)

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COUNTY OF KLAMATH)

On this day personally appeared before me George G. Ward to me known to be the individual, or individuals described in and who executed the within and foregoing instrument, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned. Given under my hand and official seal this 27 day of March, 1999.

*Dody Blauer*  
\_\_\_\_\_  
NOTARY PUBLIC



Residing at: Brigham City, UT

Commission Expires: 6-9-02

35

# STATE OF UTAH - DEPARTMENT OF HEALTH

## STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

11748

ROADS TO REGISTRATION  
726-8881 - 4 hours urgent  
801 West State St. Salt  
Lake City, UT 84143

1. COY. FILE NUMBER <b>02-004</b>		STATE FILE NUMBER <b>11748</b>	
2. NAME OF DECEDENT <b>Cathryn M. McCurry Ward</b>		3. SEX <b>Female</b>	
4. DATE OF BIRTH (MO DAY YR) <b>Mar 13, 1924</b>		5. DATE OF DEATH (MO DAY YR) <b>January 11, 1999</b>	
6. PLACE OF BIRTH (MO DAY YR) <b>74</b>		7. SOCIAL SECURITY NUMBER <b>314-20-9642</b>	
8. PLACE OF DEATH (OTHER THAN HOME) <b>Mantua</b>		9. NAME OF HOSPITAL, NURSING HOME, OR OTHER FACILITY (IF APPLICABLE) <b>299 Willard Peak Road</b>	
10. TOWN OR LOCATION OF DEATH <b>Mantua</b>		11. COUNTY OF DEATH <b>Box Elder</b>	
12. MARITAL STATUS <input type="checkbox"/> 1. Single <input type="checkbox"/> 2. Widowed <input type="checkbox"/> 3. Married <input type="checkbox"/> 4. Divorced <b>2. Married</b>		13. OCCUPATION <b>Time Keeper</b>	
14. RESIDENCE STREET AND NUMBER <b>299 Willard Peak Road</b>		15. CITY, TOWN OR VILLAGE <b>Mantua</b>	
16. INSIDE CITY LIMITS <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		17. ZIP CODE <b>84324</b>	
18. RACE <input checked="" type="checkbox"/> 1. White <input type="checkbox"/> 2. Black <input type="checkbox"/> 3. Chinese <input type="checkbox"/> 4. Other		19. ETHNIC ORIGIN <b>White</b>	
20. FATHER'S NAME (First Middle Last) <b>Robert McCurry</b>		21. MOTHER'S NAME (First Middle Last) <b>Zimra Crayson</b>	
22. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT <b>George G. Ward (Husband) 289 Willard Peak Road, Mantua, UT 84324</b>			
23. METHOD OF DEPOSITION <input type="checkbox"/> 1. Autopsy <input type="checkbox"/> 2. Coroner <input type="checkbox"/> 3. Other <input checked="" type="checkbox"/> 4. Family <b>Jan 14, 1999</b>			
24. SIGNATURE OF REGISTRAR <i>Barry E. Nangle</i>			
25. DATE OF DEATH WAS LAST ATTESTED BY A PHYSICIAN <b>1/10/99</b>			
26. CERTIFIER <input checked="" type="checkbox"/> 1. Physician <input type="checkbox"/> 2. Medical Examiner <input type="checkbox"/> 3. Lay Examiner <b>John R. Markeson M.D.</b>			
27. REGISTRAR <i>Barry E. Nangle</i>			
28. PART I: ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH IN ORDER OF CAUSE OF DEATH. LIST ONLY ONE CAUSE ON EACH LINE. <b>Lung Cancer</b>			
29. PART II: CHOOSE THE UNDERLYING CAUSE OF DEATH FROM THE LIST OF CAUSES OF DEATH. THIS IS THE CAUSE OF DEATH AS REPORTED TO THE REGISTRAR. <b>Lung Cancer</b>			
30. MANNER OF DEATH <input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Undetermined <input type="checkbox"/> 6. Pending Investigation			

This is to certify that this is a true copy of this certificate on file in this office. This certificate copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued: **JAN 15 1999**

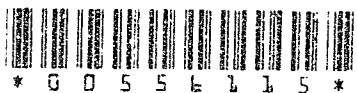
*Barry E. Nangle*  
Barry E. Nangle

County: **RIVER HEALTH DEPT**  
**JOHN C. BAILEY, M.D.**  
Registrar

By *Loye Person*  
Loye Person



LL 556115



STATE OF OREGON - COUNTY OF KLAMATH

Filed for record at request of **First American Title** the **1st** of **April** A.D. **1999** at **2:27** o'clock **P.** M. and duly recorded in vol **M99** of **Deeds** on Page **11747**.

FEE **\$35.00** Linda Smith County Clerk

By *Kathleen Rose*