

When Recorded Mail To:

Mr. Clesson Butler
Post Office Box 1938
Gardnerville, Nevada 89410

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
 : SS
COUNTY OF DOUGLAS)

CLESSON W. BUTLER, being first duly sworn, deposes and says:

That he is over the age of 21 years and competent to be a witness to the matters hereinafter set forth.

That the affiant is the person named as CLESSON W. BUTLER, joint tenant, one of the two grantees on that certain Joint Tenancy Deed recorded in the Office of the County Recorder of Douglas County, State of Nevada, on the 30th day of September, 1977, in Book 977, Page 1865, being document number 13547, wherein CLESSON W. BUTLER and KATHRYN J. BUTLER, husband and wife, as joint tenants, were named as grantees to all that real property described as follows:

Lot 50, Country Club Estates as shown on the official map recorded in the office of the County Recorder of Douglas County, Nevada, on July 17, 1967, in Book 1 of Maps, as Document No. 31747.

That KATHRYN J. BUTLER was one of the grantees named in said Joint Tenancy Deed and was the identical person named as KATHRYN JEAN BUTLER, the decedent, in that Death Certificate, a certified copy of which is annexed hereto as "Exhibit A" and made a part hereof, as if set forth in full, verbatim.

That your affiant is the surviving spouse of said decedent and that said decedent died on the 3rd day of September, 1988.


That your affiant makes this affidavit under penalty of perjury in accordance with the laws of the State of Nevada.

Clesson W. Butler
CLESSON W. BUTLER

SUBSCRIBED AND SWORN to before me

this 25 day of October 1988.

[Signature]
Notary Public

 JOANNE E. HUBBARD
Notary Public - State of Nevada
Appointment Recorded In Douglas County
MY APPOINTMENT EXPIRES MAY 26, 1991

C-2974
I.D. TAG NO.

197
Local File Number

OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES

Vital Records Unit
CERTIFICATE OF DEATH

136-

State File Number

1. DECEDENT'S NAME First: Kathryn Middle: Jean Last: BUTLER			2. SEX Fe.	3. DATE OF DEATH (Month, Day, Year) September 3, 1988		
4. SOCIAL SECURITY NUMBER -3927	5a. AGE - Last Birthday (Years) 67	5b. UNDER 1 YEAR Mos. Days	5c. UNDER 1 DAY Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Holland, Michigan		
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Other (Specify)				
9b. FACILITY NAME (If not institution, give street and number) Columbia Memorial Hospital			9c. CITY, TOWN, OR LOCATION OF DEATH Astoria		9d. COUNTY OF DEATH Clatsop	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker		10b. KIND OF BUSINESS/INDUSTRY Homemaking		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	12. SPOUSE (If Married, Widowed) Clesson Butler	
13a. RESIDENCE - STATE Nevada	13b. COUNTY Douglas	13c. CITY, TOWN, OR LOCATION Gardnerville		13d. STREET AND NUMBER 1553 Glenwood		
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE 89410	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE American Indian, Black, White, etc. (Specify) White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12	
17. FATHER - NAME first middle last Aart DeJongh		18. MOTHER - NAME first middle maiden Jeanette Zeimer		19. INFORMANT - NAME and relationship to deceased Clesson W. Butler - Husband		
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Greenwood Cemetery		20c. LOCATION - City or Town, State Astoria, Oregon		
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>James Caldwell</i>		21b. LICENSE NUMBER (Of Licensee) 3075		22. NAME, ADDRESS AND ZIP OF FACILITY Caldwell's Luce-Layton Mortuary 1165 Franklin Ave., Astoria, Ore. 97103		
23. TIME OF DEATH M 1403 hrs.			24. WAS MEDICAL EXAMINER NOTIFIED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
25. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. (Signature)			27a. TIME OF DEATH M 1403 hrs.			
26. DATE SIGNED (Month, Day, Year)			27b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) Sept. 3, 1988			
28. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) stated. (Signature) <i>Charles K. Linehan</i>			29. DATE SIGNED (Month, Day, Year) September 6, 1988			
30. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Charles K. Linehan, M.D., 515 15th Street, Astoria, Oregon 97103			COUNTY Clatsop			
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						
32. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.)						
PART I (a) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(b) Arteriosclerotic Heart Disease DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)					Interval between onset and death	
PART II 33. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					34. If YES were findings considered in determining cause of death?	
35. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined Manner		36a. DATE OF INJURY (Month, Day, Year)	36b. TIME OF INJURY M	36c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	36d. DESCRIBE HOW INJURY OCCURRED	
36e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			36f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
37. REGISTRAR'S SIGNATURE <i>Marjorie Larson</i>			38. DATE FILED (Month, Day, Year) September 7, 1988			
39. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			40. WAS GIFT MADE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A			
RESERVED FOR REGISTRAR'S USE						

ORIGINAL - VITAL STATISTICS COPY

45-2 REV. 1-88

STATE OF OREGON, COUNTY OF CLATSOP)ss

Date Issued Sept. 7, 1988

This certifies that the foregoing is a correct and complete copy of death on file with the Clatsop County Health Department.

SEAL

(SEAL)

Marjorie Larson
Registrar of Vital Statistics

NOT VALID WITHOUT RAISED SEAL OF
CLATSOP COUNTY HEALTH DEPARTMENT

189757

BOOK 1188 PAGE 071

EXHIBIT A

COPY

REQUESTED BY
James M. O'Reilly
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'88 NOV -1 P12:16

1030

SUZANNE BEAUDREAU
RECORDER

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BOOK 1188 PAGE 072