DEC-11-1998 14:58 WESTERN TITLE CO. MINDEN WHEN RECORDED MATE TO: VIRGINIA A. DICKSON C/O PATRICIA HOWARD 333 SUNSET AVENUE

702 782 9736 P.05

Escrow No. M77718DC

## AFFIDAVIT -- DEATH OF JOINT TENANT

STATE OF NEVADA

PALM BEACH, CA 33480

) ss.

County of Douglas

VIRGINIA A. DICKSON first duly sworn, , of legal age, being deposes and says:

the decedent mentioned in the at-That RUSSELL C. DICKSON tached certified copy of Certificate of Death, is the same person as , named as one of the parties in that certain Joint RUSSELL C. DICKSON

Tenancy Deed

, executed by DONALD BENTLY, AN UNMARRIED MAN dated /4/1/88

RUSSELL C. DICKSON and VIRGINIA A. DICKSON, husband and wife as joint

as joint tenants, recorded as Instrument No. 175850 , on April 1, 1988 in Book 488 , Page 903 , of Official Records of Douglas , County, Nevada covering the following described property situate in the County of Douglas , State of Nevada:

Lot 2, as shown on the map of KINGSLANE UNIT NO. 1, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 26, 1968, in Book 64, Page 82, as Document No. 43243.

A.P.N. 1220-04-111-002

Dated December 💁.

STATE OF N

)SS.

County of Palm Beach

I – INI – FACT. VIRGINÍA A. DICKSON BY PATRICIA H. ROLLAND, ATTORNEY-INF-FACT

Virginia A. Duber My Atticia N. Rowland

This instrument was acknowledged before me on thinking 4,1998

FOR RECORDER'S USE

0456835

BK 1298 PG 4364

DECEDENT

REGISTRAR -

OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION

CENTER FOR HEALTH STATISTICS (136-

Local File Number		State File Number
1. DECEDENTS First NAME Russell	Middle Lasi Clifford DICKSON	2. SEX 3. DATE OF DEATH (Month, Day, Year) Male August 17, 1998
4. SOCIAL SECURITY NUMBER 5a. AGE-Last Birthda (Years) 89	y 55. Under 1 Year 5c. Under 1 Day 6: BIRTI Mos. Daya Hours Mins. M1	HPLACE (City and State or Foreign 7. DATE OF BIRTH (Month. Day. Year) Ltchell, SD November 18, 1908
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? HOSPITAL Inpatient	9a PLACE OF DEATH ☐ ER/Outpatient ☐ DOA ☐ ☐ ☐ ☐ Nursing H	lome Decedent's Home D Other (Specify)
9b. FACILITY NAME (If not institution, give street and nu	imber) 9c. CITY, TOWN, C	OR LOCATION OF DEATH 9d. COUNTY OF DEATH
Crestview convalesce	nt Center	Portland Multnomah
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)		11. MARITAL STATUS - Married   12. SPOUSE (If Married, Widowed)   Never Married   Virginia Dickson   Virginia Dickson
Director, A.B.C.	State of California	
13a. RESIDENCE - STATE 13b. COUNTY Oregon Clackamas	13c CITY, TOWN OR LOCATION  Lake Oswego	130 STREET AND NUMBER 6 Da Vinci
LIMITS? (Specify)	DECEDENT OF HISPANIC ORIGIN? 15 RAC No or Yes - If yes, specify Cuban, Puerto Rican, etc.) ∑ No ☐ Yes	#E Antinican Indian White, etc. (Specify Control of Specify Control of
17. FATHER-NAME first middle last Clifford Dickson	18. MOTHER - NAME list middle maiden Ethel Cox	19. INFORMANT NAME and relationship to deceased Patricia H. Rowland-Daughter
20a. METHOD OF DISPOSITION   Mausoleum   Burlal   Cremation   Removal from State   Donation   Other (Specify)	20b. PLACE OF DISPOSITION (Name of commercy, cremother place)  Riverview Abbey: Crematon	
TIL SIGNATURE OF OREGON FUNERAL SERVICE LICE PERSON ACTING AS SUCH	(Ol Ucenspe)	AME ADDRESS AND ZIP OF FACILITY: Riverview Abbey Funeral Home 0319 S.W. Taylors Ferry Road Portland, Oregon 97219-4668
£1. DATE FILED (Month, Day, Year)	AUG 2.6 1998	GISTRATE SIGNATURE CHES WOOD OF THE

RESERVED FOR REGISTRAR'S USE

TO BE COMPLETED BY CERTIFYING PHYSICIAN	TE COMPLETE TONCY BY MEDICALEXAMINE FALLS
27. TIME OF DEATH 28. WAS MEDICAL EXAMINER NOTIFIED? 31a. TIME C	F DEATH 31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
0745 M □ Yes Xi No	M
	basis of examination and/or investigation, in my opinion death occurre me, date, place and due to the cause(s) and manner stated.
due priffeçause(s) and manner stated.  (Signature)  Graphyre)	
30. DATE SIGNED (Month, Day, Year) 33. DATE S	IGNED (Month, Day, Year) COUNTY
8(9/98	
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print)	
Eric Wall, M.D., 4411 S.W. Vermont, Portland, Orego	n 97219
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
36 HURAN TO REVENUE VALUE AND SERVICE STORY	ing e o Calmar of Pesphalopy alrests Interval between onsel
PART (a) INQUINONIA	X week
DUE TO OR AS A CONSEQUENCE OF:	Interval between onset

8	(b) D(PA)	as a conseque	ICE OF:				11. 12.	7. E.	Interval between onset and death
Ĺ	DUE TO (OR	AS A CONSEQUE	NCE OF:				IV-		Interval between oriset and death
PART	Conditions co	IFICANT CONDITION INTO THE PROPERTY OF THE PRO	out not resulting in the und	derlying cause given in PAF	πi.	Oid tobacco use contribution the death?  ☐ Yes ☐ Probab. ☐ No ☐ Unknow	ע	8. AUTOPSY 39 in	If YES were findings considered determining cause of death?
40. N	IANNER OF DE Natural Accident Suicide	ATH Pending Investigation Undetermined	41a. DATE OF INJURY ( (Month, Day, Year)	INJURY AT	JURY 41d	DESCRIBE HOW INJU	PRY OCCURA	ED	
	☐ Homicide ☐ Other	nicide Legal	41e. PLACE OF INJURY building, etc. (Specif	- At home, farm, street, lacto (y)	ry, office 411.	LOCATION (Street and	Number or Ru	ural Route Numb	or, City or Town, State)

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DATE ISSUED

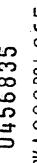
## ORIGINAL-VITAL STATISTICS COPY

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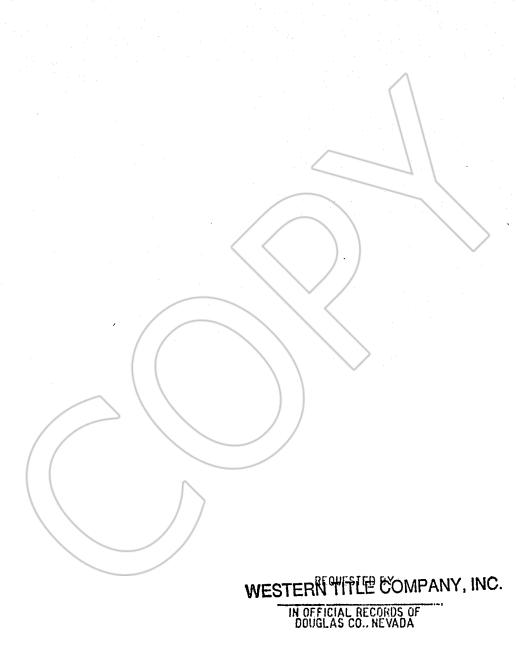
THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE MULTNOMAH COUNTY REGISTRAR.

AUG 27 1998

HILDA CHASKI ADAMS, MPH COUNTY REGISTRAR MULTNOMAH COUNTY, OREGON NOMAH COUNTY, S.







0456835 BK 1298PG4366 LINDA SLATER
ORECORDER
PAID DEPU

DEC 17 PI2:34

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