AFFIDAVIT-TERMINATION OF JOINT TENANT

Death of a Joint Tenant

Lila P. Robertson,t	he Affiant, being of legal age, and being first duly sworn, deposes
and says:	
	Grand hall Dahambaan the Dagedont
	Campbell Robertson , the Decedent
Tarria C. Bohortson	of Death, is the same person as (Deceased Name as shown on named as one of
the parties in that certain (type of document) Grant, Barga	
on the <u>3rd day of December</u> 1991	, and executed by
Robert Hammond and Grace E	E. Hammond , known as Grantor(s),
to Lewis C. Robertson and Lil	La P. Robertson , known as Grantees, as joint tenants,
and recorded as instrument number 267763	, on the 26th day of
December, 1991 , 20 , in E	
	covering the following described property situated in the City of
Zephyr Cove	, County of
of Nevada. (Set forth legal description and commonly known street address, if known)	
	map of Skyland Subdivision No. 3,
filed in the Office of the	e County Recorder of Douglas County,
State of Nevada, on Februa	ary 24, 1960, Document #15653; AP#05-042-05
In Witness Whereof, I/We have hereunto set my/o	our hand(s) this 6th day of June ,20 01
U Ω Ω	
Bila P. Kobertson	
Signature	Signature
Lila P. Robertson	
Print or Type Name Here	Print or Type Name Here
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OTATE OF MEMADA OPECON	
STATE OF NEWADA OREGON)	RECORDING REQUESTED BY AND MAIL TO Name: Lila P. Robertson
COUNTY OF Lake	Address: P.O. Box 1269
COUNTY OF	Talagriana OD 07620
On this 6th day of June .2001	City/State/Zip: Lakeview, OR 9/630
personally appeared before me, a Notary Public	IF APPLICABLE MAIL TAX STATEMENTS TO
Lila P. Robertson	Nama
	Address: P.O. Box 1269
	City/State/Zip: Lakeview, OR 97630
personally known to me to be the person(s) whose name(s) is	SPACE BELOW FOR RECORDS USE ONLY
subscribed to the above instrument who acknowledged that	
S he executed this instrument. Witness my hand and official seal	
Cinche Monagen	
Notary Public	
(Notary Stamp)	
OFFICIAL SEAL	
AFF111 CINDY L. CREAGER	
Nevada Legal Forms and Charles of 1002) 870-8307 ARY PUBLIC-OREGON	0516200

BK 0601PG2590

CERTIFICATION OF VITAL RECORD

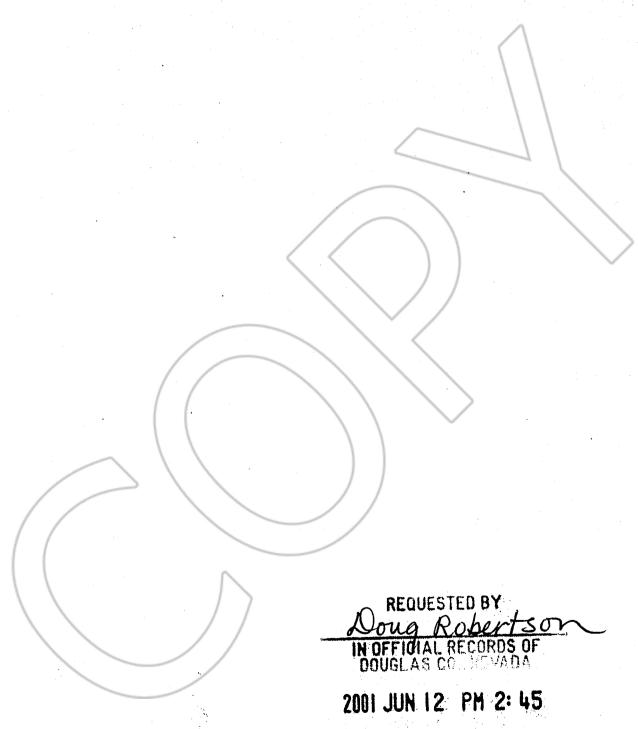
Local File Number 1. DECEDENTS First NAME		Middle	TE OF DEATH	2. SE)	State File Numb	DEATH (Month.
Lewis	Sa. AGE-Last Birthday	Campbell St. Under 1 Year		NATHPLACE (City and State		1, 2001 BIRTH (Month, I
-9074 8. WAS DECEDENT EVER IN	86	Mos. Days	K	Cunby) Lamath Falls TH (Check only one)	OR April	1, 191
OS. ARMED FORCES? OX ves O No Army 9b. FACILITY NAME (If not institu	The second second second second second second	en in transmistration, begrandere betreve to a re-	OTHER ON Nursia	ng Home Decedent's Hor	me Dother (Specify)_	9d. COUNTY O
Lake District	Long Term Ca	raen erre billion i varena.	Lakevi	.ew		Lake
(Give kind of work done durin Do <u>not</u> use retired.)	g most of working life.			11. MARITAL STATUS Never Married, Wid Divorced (Specify)		(If Married, Wid
Physician 13a. RESIDENCE - STATE 13b	. COUNTY	Health Car		Married 13d. STREET AND NU		Roberts
Oregon 13e. INSIDE CITY 13f. ZIP CO	Lake	Lakeview	anicina - Lie	744 South RACE American Indian, ck; White, etc. (Specify)	5th Street	ENT'S FOUCAT
Na Pres □ No 976	Mexican, Pu Specify:	or Yes - If yes, specify Cul erto Rican, etc.) No	O Yes	white	(Specify only in Elementary/Secondary	(0-12) Collec
17. FATHER - NAME first		18. MOTHER - NAME	lint middle maid	97 19. INF	ORMANT - NAME and re	
20a. METHOD OF DISPOSITION	Mausoleum		TION (Name of cometery.	crematory, or 20c. LO	a Robertson CATION - City or Town,	State /
Donation Other (Specify)		Pyramid Cr Sunset Cem	etery///	Lak	math Falls, Leview, OR	OR′
21a. SIGNATURE OF OREGON FÜR PERSON ACTING AS SUCH	NERAL SERVICE LICENSE		of Licensee)	2. NAME, ADORESS AND ZIP DESERT 1 1705	OFFACILITY. ROSE FUNERAL C North 4th Stre	HAPEL eet
23. DATE FILED (Month), Day, Year	1 SY 1 LO	n l	3636		eview, OR 9763	
May 14, 200 RESERVED FOR REGISTRAR'S U	The state of the s		estimati e processo acc	MALL THE	CNY WON	<u> </u>
					Nº N	
The state of the s	ETED BY CERTIE	with the little of the little			1.1	
27. TIME OF DEATH 28.	WAS MEDICAL EXAMIN	ER NOTIFIED?	318.	TIME OF DEATH 31b. DA	TE PRONOUNCED DEA	D (Month, Day,
29. To the best of my knowledge due to the cause(s) and man		me, date, place and		on the basis of examination I the time, date, place and Signature)	and/or investigation, in due to the cause(s) an	n my opinion de d manner state
30. DATE SIGNED, (Month, Day	Year		证明置 《	ATE SIGNED (Month, Day,	Year)	COUNT
- 5 M	o 1 - 12.	Supplementary of the supplemen				
— 34. NAME, TITLE, ADDRESS AI Dr. Timothy A			MINE - 1.69 - 25	reet Lakev	view, OR 976	530
ONS 35. NAME OF ATTENDING PH	YSICIAN IF OTHER THA	N CÉRTIFIER (Type or	Prince of the state of the stat	The state of the s	L.	
TE PART (a)	R ONLY ONE CAUSE P	ER LINE FOR (a). (b), A	ND (c).) Do not enter moo	is of dying, e.g. Cardiac or F	Respiratory Arrest.	interval bet
THE DUE TO, OR AS A CONS	EQUENCE OF:		震馬馬			Interval be
DUE TO, OR AS A CONS						Interval be
PART OTHER SIGNIFICANT CO		the underlying cause gi		. Did tobacco use contribute to the death?	38. AUTOPSY	39, If YES were find determining cause
				☐ Yes ☐ Probably No ☐ Unknown	□ Yes 🐧 No	☐ Yes ☐ N
40. MANNER OF DEATH Natural Pending Investige	(Month, Day.	LIURY 41b. TIME OF INJURY	41c, INJURY AT WORK?	d. DESCRIBE HOW INJURY	OCCURRED	
☐ Accident ☐ Undeten	mined	NJURY - At home, farm,	M ☐ Yes ☐ No	I. LOCATION (Street and Nu	mber or Rural Route Nun	nber, City or Tow
DEATH CONS RESERVED FOR REGISTRAR'S U	tion building, etc					
E SIDE						

DATE ISSUED

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

MAY 1 4 2001 BK 0601 PG 2591

KATHIE ELLIOTT, R.N. COUNTY REGISTRAR LAKE COUNTY, OREGON



0516200 BK0601PG2592 LINDA SLATER RECORDER

\$900 PAID BL DEPUTY