

TERMINATION OF JOINT TENANCY

1 IN THE RELATION OF)
 2)
 3 ORVILLE JACKSON and IVY M. JACKSON) AFFIDAVIT OF SURVIVOR
 4 Husband and Wife , JOINT TENANTS)

5 STATE OF NEVADA)
 6) SS
 7 COUNTY OF WHITE PINE)

8 IVY M. JACKSON, being first duly sworn, deposes and says:
 9 That she is the surviving wife of Orville Jackson, Deceased. That they
 10 were married at Reno, Nevada, February, 10th., 1940.

11 That as of the 24th day of June, 1950 she and her husband, Orville Jack-
 12 son, as Joint Tenants, purchased the hereinafter described property from THOMAS M.
 13 CAHILL, by Joint Tenancy Deed as recorded in Volume 24 of Deeds at page 73, in the
 14 office of the county recorder of Eureka County, Nevada; By which deed certain property
 15 in Eureka, Nevada was conveyed described as:

16 Lots One (1), Two (2), Three (3), Four (4) and Five (5)
 17 Block Twenty-Nine (29) in the town of Eureka, County of
 18 Eureka, State of Nevada, according to the official map
 19 of said townsite of Eureka, approved by the United States
 20 General Land Office on November 19, 1937, on file in
 21 the Office of the Recorder of said Eureka County. (Also
 22 known as Richmond Auto Court)

23 That on the 13th day of March, '957, she , the said IVY M. JACKSON,
 24 and her husband ORVILLE JACKSON, as Joint Tenants purchased the hereinafter describ-
 25 ed property, by Joint Tenancy Deed, with right of survivorship, same being recorded
 26 in the Office of the Recorder of Eureka County in Book 25 of Deeds at page 114: by which
 27 deed certain property in Eureka, Nevada was conveyed being described as:

28 All of block Forty-Seven (47) in the town of Eureka
 29 County of Eureka, State of Nevada, according to the
 30 Official map of said townsite of Eureka, approved
 by the United States General Land Office on Novem-
 ber 19, 1937 on file in the Office of the Recorder of
 said Eureka County.

That the said Orville Jackson, husband of Affiant, and Grantee in said
 deed, died September 19, 1966, at portland , Oregon, as appears by death certificate
 a certified copy of which is attached hereto ; thereby terminating the Joint Tenancy, and

1 vesting the property in the said Ivy M. Jackson.

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Ivy M. Jackson
IVY M. JACKSON - AFFILIANT

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SUBSCRIBED AND SWORN TO BEFORE ME

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THIS 23rd DAY OF JUNE, 1967

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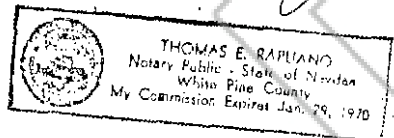
Thomas E. Rapliano
NOTARY PUBLIC

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MY COMMISSION EXPIRES: January 29, 1970

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STANDARD CERTIFICATE OF DEATH

LOCAL REGISTRAR'S NUMBER

STATE OF OREGON BOARD OF HEALTH - PORTLAND PUBLIC HEALTH SERVICE

STATE FILE NO. DATE RECEIVED

1. NAME OF DECEASED (Type or print all names in black ink) Orville Jackson		2. PLACE OF DEATH A. COUNTY Multnomah		3. USUAL RESIDENCE (If Institution, give residence before admission) A. STATE Oregon B. COUNTY Yamhill	
B. CITY, TOWN, OR LOCATION Portland		C. LENGTH OF STAY IN 28 12 days		C. CITY, TOWN, OR LOCATION Newberg X	
D. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Good Samaritan		D. STREET ADDRESS, RURAL ROUTE, ETC. Route 1, Box 239			
4. DATE OF DEATH Month Day Year September 19 1966		5. SEX Male		6. COLOR OR RACE White	
9. SOCIAL SECURITY NO.		8. USUAL OCCUPATION (Kind of work done during week of death) Rancher		10. KIND OF BUSINESS OR INDUSTRY Orchard	
11. NAME OF SPOUSE Ivy		12. DATE OF BIRTH Month Day Year January 22 1913		13. AGE LAST BIRTHDAY 53 Yrs.	
14. BIRTHPLACE (State or Foreign Country) California		15. WAS DECEASED A CITIZEN OF U.S. Foreign Country		16. IF DECEASED WAS A VETERAN, WHAT WAR? * * * * *	
17. NAME OF FATHER Grover C. Jackson		18. MAIDEN NAME OF MOTHER Sylvia Finley		19. INFORMATION'S NAME AND RELATIONSHIP TO DECEASED Ivy Jackson, Wife	
20. CAUSE OF DEATH (Enter only one cause per line in (a), (b), and (c).) PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A): <i>Clear ill</i>					Interval Between Onset and Death (Years, days, hours, etc.) 5 months
PART II: Other Significant Conditions Contributing to Death but not related to the terminal disease or condition gives in Part I (a):					21. If deceased was Female, was there a pregnancy in the past (3 months)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
22. WAS DEATH RESULT OF <input type="checkbox"/> Accidents <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		24. IF ACCIDENT, DISCUSS OCCASION		23. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)	
25. TIME OF INJURY		27. DESCRIBE HOW INJURY OCCURRED.			
26. CERTIFICATE, I certify that I (we) investigated the death of the decedent from or to <u>19 Sept 66</u> and that the death occurred on <u>6:25A</u> from the cause <u>ill</u> on the date stated above. <u>H.D. Paxton, M.D.</u> (Physician) <u>3181 SW Sam Jackson Park Road--Portl</u> (Address) (State) <u>Ore</u>					
29. RESERVED FOR REGISTRAR'S USE					
30A. DECEASED WILL BE <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Reinterred <input type="checkbox"/> Other		30B. DATE 9/22/1966		30C. NAME OF CREMATORY OR CEMETERY Friends Cemetery	
31. DATE RECEIVED BY LOCAL REGISTRAR SEP 23 1966		32. REGISTRAR'S SIGNATURE <u>Thos. H. Meador, M.D.</u>		33. VITALS DIRECTOR'S SIGNATURE AND ADDRESS <u>WILSTAD FUNERAL HOME</u>	

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

MEDICAL CERTIFICATION

OFFICIAL CERTIFIED COPY
BEARING THE SIGNATURE OF THE REGISTRAR
VOID IN OTHER STATES

STATE OF OREGON)
) ss
County of Multnomah)

This is to certify that the foregoing is a reproduction of the original record which was filed in the Vital Statistics Section in the City of Portland, Bureau of Health.

File No. 44782
RECORDED AT THE REQUEST OF HARRY M. WATSON
June 28 1967 A.D. 19 11 A. M.
at 45 minutes past
in Book 19 of OFFICIAL RECORDS (SEAL)
Page 289-291 Record of
EUREKA COUNTY, NEVADA
W. A. ...
Recorder
Fee \$ 2.75



Thos. H. Meador, M.D.
Registrar of Vital Statistics

By Mayo St. Hewitt
Date SEP 23 1966

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