

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)

IVY M. JACKSON, being first duly sworn, deposes and says:

That she is the surviving wife of Orville Jackson, Deceased. That they were married at Reno, Nevada, February, 10th., 1940.

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

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

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

All of block Forty-Seven (47) in the town of Eureka County of Eureka, State of Nevada, according to the Official map of said townsite of Eureka, approved by the United States General Land Office on November 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 - AFFIANT

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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. Rapiano
NOTARY PUBLIC

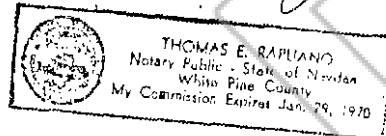
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MY COMMISSION EXPIRES: January 29, 1970

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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.

FORM VS-2

LOCAL REGISTRAR'S NUMBER		STANDARD CERTIFICATE OF DEATH		STATE OF OREGON BOARD OF HEALTH - PORTLAND PUBLIC HEALTH SERVICE		STATE FILE NO.		DATE RECEIVED	
1. NAME OF DECEASED (Type or print all entries in black ink)		Orville		JACKSON		Last		Jackson	
2. PLACE OF DEATH A. COUNTY Multnomah		3. USUAL RESIDENCE (If Institution, give residency before admission)		A. STATE Oregon		B. COUNTY Yamhill			
B. CITY, TOWN, III (outside corporate limits, so specify) LOCATION Portland		C. LENGTH OF STAY IN 28 OR LOCATION 12 days		C. CITY, TOWN (If outside corporate limits, so specify) 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		7. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married			
8. SOCIAL SECURITY NO.		9. 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.		IF UNDER 1 YEAR Months Days		IF UNDER 24 HOURS Hours Minutes			
14. BIRTHPLACE (State or Foreign Country) California		15. WAS DECEASED A CITIZEN OF <input checked="" type="checkbox"/> U.S. <input type="checkbox"/> 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. INFORMANT'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):		Clear ill				Interval Between Onset and Death (Years, days, hours, etc.)		5 months	
Conditions, if any, which gave rise to: above cause (B): stating the under: (lying cause) (C):		DUE TO (B):							
PART II: Other Significant Conditions Contributing to Death but not related to the terminal disease or condition given in Part I (a):									
23. WAS DEATH RESULT OF <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		24. IF ACCIDENT, DISCUSS Cause of death		25. PLACE OF INJURY (Such as Farm, Home, Forest, etc.)		26. City County State			
26. TIME OF INJURY				27. DESCRIBE HOW INJURY OCCURRED.					
28. CERTIFICATE, (If not a physician, state the date of the death of the decedent from or to the cause of death stated above.) H.D. Paxton, M.D. -- 3181 SW Sam Jackson Park Road--Portl									
29. RESERVED FOR REGISTRAR'S USE									
30A. DECEASED WILL BE <input checked="" type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Removed <input type="checkbox"/> Other		30B. DATE 9/22/1966		30C. NAME OF CREMATORY OR CEMETERY Friends Cemetery		30D. LOCATION (City or Town) Newberg, Oregon		30E. STATE OREGON	
31. DATE RECEIVED BY LOCAL REGISTRAR SEP 23 1966		32. REGISTRAR'S SIGNATURE Thos. L. Madson, M.D.		33. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS WILSTAD FUNERAL HOME SEP 23 1966					

STATE OF OREGON)
County of Multnomah) ss

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
at 45 minutes past 11 A.M.
in Book 19 of OFFICIAL RECORDS (SEAL)
Page 289-291 Record of
EURKA COUNTY, NEVADA
Recorder
Fee \$ 2.75



Thos. L. Madson, M.D.
Registrar of Vital Statistics

By Mayo St. Hewitt
Date SEP 23 1966

BOOK 19 PAGE 291