110836

# AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA }
COUNTY OF CLARK } ss.

Marie F Lyman being first duly sworn, deposes and says that affiant is over the age of 65 years and competent to be a witness as to the matters hereinafter stated.

That affiant is Owner the person named as Marie F Lyman one of the grantees in that certain deed recorded First American Title Company Inc as Document No. 10768 in Book 75 Page 361 of Eureka County Records, in the office of the County Recorder of ~~Clark~~ Eureka County, State of Nevada.

That Alvin E. Lyman was one of the grantees named in said deed and was the identical person named as Alvin E. Lyman the decedent, in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof.

Marie F Lyman

Subscribed and sworn to before me this 10th day of August 1987

Notary Public in and for said County and State

BOOK 162 PAGE 029

THE COPY SHOP—60

Bureau of Oregon
ORE... STATE HEALTH DIV
Dep... of Human Resou...

# CERTIFICATE OF DEATH

Vital Records Unit

Type or Print in Permanent Black Ink. For Instructions See Handbook

Local File Number

State File Number

1. Decedent—Name: First: Alvin; Middle: Earl; Last: Lyman
2. Date of Death (Month, Day, Year): November 27, 1983
3. Race: White
4. Sex: Male
5a. Age—Last Birthday (Years): 70
5b. Under 1 Year: Months / Days
5c. Under 1 Day: Hours / Minutes
6. Date of Birth (Month, Day, Year): February 16, 1913
7a. City, Town or Location of Death: Portland
7b. Hospital or Other Institution—Name (If not in hospital, give street and number): Good Samaritan
7c. If Hosp or Inst'n, Dead On Arrival, Outpatient or Emergency, Inpatient
7d. County of Death: Multnomah
8a. State or Foreign Country of Birth in U.S.A.: Montana
8b. Citizen of What Country: U.S.A.
9. Married, Never Married, Widowed, Divorced (Specify): Married
10. Surviving Spouse (If wife, give maiden name): Marie
11. Was Decedent Ever in U.S. Armed Forces? (Specify Yes or No): No
12. Social Security Number: [redacted]
13a. Usual Occupation (Give kind of work done during most of working life, even if retired): Mechanic
13b. Kind of Business or Industry: Truck Accessory Mechanic
14a. Residence—State: Oregon
14b. County: Marion
14c. City, Town or Location: Salem
14d. Street and Number or R.F.D. No.: 4366 Scott Avenue SE
14e. Zip: 97302
14f. Inside City Limits (Specify Yes or No): No
15. Father—Name: Walter S Lyman
16. Mother—Maiden Name: Destinona Shuckart
17. Informant—Name and Relationship to Deceased: Marie F. Lyman - Wife

DISPOSITION

18a. Method of Disposition: Burial
18b. Cemetery or Crematory—Name: City View Cemetery
18c. Location—City or Town, State: Salem, Oregon
19. Signature and Address of Person Acting as Funeral Director: [signature]
20. Name and Address of Facility: Howell-Edwards-Doerksen 1350 Commerical St SE Salem Or. 97302

CERTIFIERS

21. To the Best of My Knowledge, Death Occurred at the Time, Date and Place and Due to the Cause(s) Stated: [signature]
22. Date Signed (Mo., Day, Yr.): 11/29/83
23. Hour of Death: 8:05 A.
24. Name and Address of Certifier (Type or Print): Peter A. Kovach, M.D., 2311 N.W. Northrup St., Portland, Oregon 97210
25. Name of Attending Physician If Other Than Certifier (Type or Print):

Conditions If Any Which Gave Rise to Immediate Cause Stating the Underlying Cause Last

CAUSE OF DEATH

26. Date Received by Registrar (Mo., Day, Yr.): DEC 0 2 1983
27. Registrar: [signature]
28. Immediate Cause (Enter only one cause per line for (a), (b), and (c).)
PART I (a) Small cell lung carcinoma — Interval between onset and death: 3 months
(b) Due to, or as a consequence of:
(c)
PART II Other significant conditions—Conditions contributing to death but not related to cause given in PART I (a): Autopsy (Specify Yes or No): Yes; Was Medical Examiner Notified (Specify Yes or No): No

29. Accident (Specify Yes or No)
30. Date of Injury (Mo., Day, Yr.)
31. Hour of Injury
32. Describe How Injury Occurred
33. Injury at Work (Specify Yes or No)
34. Place of Injury—At home, farm, street, factory, office building, etc. (Specify)
35. Location: Street or R.F.D. No.; City or Town; State

RESERVED FOR REGISTRAR'S USE

STATE OF OREGON, COUNTY OF MULTNOMAH)ss DATE ISSUED DECEMBER 2 1983

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS THE SAME APPEARS ON FILE IN THE VITAL RECORDS UNIT OF THE OREGON STATE HEALTH DIVISION AND IN MY OFFICIAL CARE AND CUSTODY.

Joseph D. Carney, State Registrar

SEAL Affixed

NOT VALID WITHOUT RAISED SEAL OF OREGON STATE HEALTH DIVISION

BOOK 162 PAGE 030

RECORDED AT REQUEST OF
Margaret M. Schatz
BOOK 162 PAGE 029

'87 AUG 24 A11 :10

OFFICIAL RECORDS
EUREKA COUNTY, NEVADA
MIN RESALE CORPORATION
FILE NO. 110836
FEE $ 7.00

BOOK 162 PAGE 031