

1 Thomas Miller Beckwith
and Betty Beckwith

) File No. 34863

) Affidavit of Termination
) of Joint Tenancy

4 STATE OF WASHINGTON

) ss.

5 COUNTY OF KING

6 The undersigned, being first duly sworn, on oath deposes and
7 says:

8 That I, Cheryl Knox, am not related to the deceased joint
9 tenant, Betty Beckwith.

10 That the instrument which created the joint tenancy with
11 right of survivorship was a grant deed from Thomas Miller
12 Beckwith to Thomas Miller Beckwith and Betty A. Beckwith.

13 That the property subject to the joint tenancy with right of
14 survivorship is real property located in the county of Eureka,
15 state of Nevada, which has the following property description:

16 The southwest 1/4 (SW1/4) of the Southwest one-fourth
17 (SW1/4) of section 1, Township 30 North, Range 48 East,
18 M.D.B & M in Crescent Valley, in the county of Eureka state
19 of Nevada.

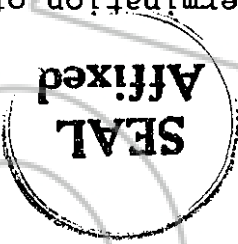
20 That Betty A. Beckwith, the deceased joint tenant, died on
21 October 19, 1994, in Des Moines, Washington.

22 That attached to this affidavit is a certified copy of the
23 death certificate of Betty A. Beckwith.

24 Cheryl Knox

25 SUBSCRIBED AND SWORN to before me this 5th day of
26 July, 1995.

27 *[Signature]*
28 Amy Quinn
29 NOTARY PUBLIC in and
30 for the state of Washington
31 residing at Bethell, WA. My commission
32 expires 3/29/99.



33 Affidavit of Termination of - 1
34 Joint Tenancy

35 APR 05-170-19

36 Lifetime Advocacy Plus
37 1100 Lake City Way NE, Ste. 401
38 Seattle, WA 98125-2076
39 (206) 367-8055

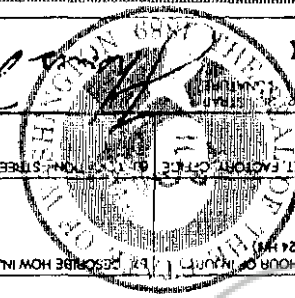
STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFIED COPY OF DEATH CERTIFICATE

9833 LOCAL FILE NUMBER

146 STATE FILE NUMBER

1 NAME	Betty	2 SEX (M / F)	Female	3 DEATH DATE (Mo, Day, Yr)	October 19, 1994
4 AGE LAST BIRTH	80	5 UNDER 1 YEAR		6 UNDER 1 DAY	
7 BIRTHDATE (Mo, Day, Yr)	Jan 6, 1914	8 BIRTHPLACE (City, State or Foreign Country)	Bronx, NY	9 IN U.S. ARMED FORCES?	NO
10 COUNTY OF DEATH	King	11 CITY, TOWN OR LOCATION OF DEATH	Des Moines	12 PLACE OF DEATH—NO BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME	Monarch Care Center
13 SMOKING IN LAST 15 YEARS? (Yes / No)	NO	14 MARRITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)	Married	15 SURVIVING SPOUSE (If wife, give maiden name)	Thomas Beckwith
16 SOCIAL SECURITY NO.		17 DECEDENT'S EDUCATION	Elementary/Secondary (0-12) 12th	18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	Homemaker
19 KIND OF BUSINESS OR INDUSTRY	Own Home	20 Was Decedent of Hispanic origin or descent? (Ancestry) (Specify)	White	21 RACE (Specify)	
22 RESIDENCE—NUMBER AND STREET	2148 Pacific Hwy S.	23 CITY/TOWN, OR LOCATION	Seattle	24 INSIDE CITY LIMITS? (Yes / No)	NO
25 RES. IN CO.	WA	26 STATE	WA	27 ZIP CODE	98198
28 FATHER'S NAME—FIRST, MIDDLE, LAST	Arthur Gordon	29 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME	Virginia Ghougassian	30 INFORMANT—NAME	Arthur Gordon
31 MAILING ADDRESS	1711 23rd Ave S. #314	32 CEMETERY/CREMATORY—NAME	Seattle	33 DATE (Mo, Day, Yr)	1994
34 CREMATION REMOVAL (Specify)	Oct. 28, 1994	35 FURNERAL DIRECTOR SIGNATURE	Unservice Crematory	36 FURNERAL HOME	2201
37 NAME OF FACILITY	Unservice Crematory	38 ADDRESS OF FACILITY	Seattle, WA	39 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED	James T. Beckwith
40 DATE SIGNED (Mo, Day, Yr)	10/20/94	41 HOUR OF DEATH (24 Hr.)	1145	42 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	James T. Beckwith
43 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.		44 DATE SIGNED (Mo, Day, Yr)		45 HOUR OF DEATH (24 Hr.)	
46 PRONOUNCED DEAD (Mo, Day, Yr)		47 HOUR PRONOUNCED DEAD (24 Hr.)		48 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)	James Clements, MD., 16110 8th Ave. SW #A-2, Seattle, WA 98166
49 MECORONER FILE NUMBER		50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:		51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE	
52 AUTOPSY? (Yes / No)	NO	53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)	NO	54 ACC SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)	
55 INJURY DATE (Mo, Day, Yr)		56 HOUR OF INJURY (24 Hr.)		57 DESCRIBE HOW INJURY OCCURRED:	Car involved in accident
58 PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)		59 INJURY AT WORK? (Yes / No)		60 RECORD AMENDMENT (For registrar use only)	
61 ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62 DATE RECEIVED (Mo, Day, Yr)	Oct 27 1994	63 DATE RECEIVED (Mo, Day, Yr)	Oct 27 1994



BOOK 284 PAGE 203

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH THE CENTER FOR HEALTH STATISTICS. COPIES MUST BE MADE FROM THE OFFICIAL SEAL.

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:

THE RECORD NOW SHOWS:

THE TRUE FACT IS:

I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY

PHONE NUMBER:

DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.

SIGNATURE _____

DATE _____

ADDRESS _____

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order.

Birth Certificates

1. Only a parent, legal guardian or the adult (18 or older) may change the birth certificate.
2. All changes must be established by documentary proof submitted with the affidavit.
3. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe, Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
4. The proof(s) for names must be five (or more) years old, while proof(s) for dates, places, or ages must have been established within five years of birth.

Examples of acceptable documents of proof:

- Baptismal Certificate
- U.S. Census Record
- Hospital Records
- Insurance Records
- Marriage Record
- Medical Record
- Military Record
- Your child's Birth Record
- School Record
- Voter's Registration Card (if it bears an effective date)

6. Surname changes require a certified copy of a court ordered name change, except that minor spelling changes may be made with an affidavit and documentary proof.
7. Parent(s) may change their child's given name with only their signature until the child's 18th birthday.

Death Certificate

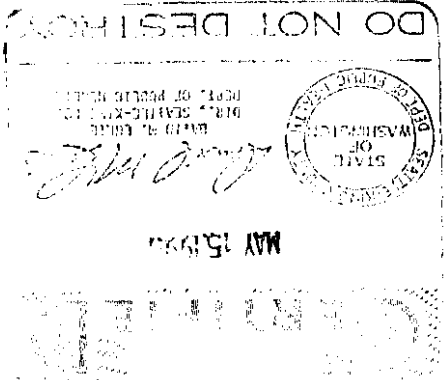
1. Only the informant, the funeral director, or executor/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.
3. Routine changes will normally be made only during the first year after death. Other changes will be made only for legally important reasons (property, inheritance, etc.) and must be approved by the State Registrar.

Marriage/Dissolution (Divorce) Certificates

1. Personal fact (minor spelling changes in name, date of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit. Please send the proof(s) and this form/certificate to:

Aimee Corrections
 Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709

BOOK 284 PAGE 202
 OFFICIAL RECORDS
 RECORDED AT THE REQUEST OF
William Adrean O'Neil
 95 JUL 24 AM 11:17
 EUREKA COUNTY NEVADA
 M.N. REBALVATI, RECORDER
 FEE\$ 200



CC282569

7 0 239W 7 8 2 X1006
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