

**Attibait-Termination of Joint Tenancy  
(Death of a Joint Tenant)**

**170165**

I, REX STUART WENNER, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That HARVEY WENNER (Deceased Name as shown on Death Certificate) the decedent mentioned in the attached certified copy Certificate of Death, is the same person as

HARVEY WENNER

named as one of the parties in that certain JOINT TENANCY DEED (Deceased Name as shown on Deed)

JOINT TENANCY DEED (Type of Document)

CATTLEMENS TITLE dated on the 15 day of JANUARY, 19 79, and executed by GUARANTEE CO.

HARVEY WENNER, known as "Grantor(s)", to ELAINE WENNER, known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 67528, on the 22 day of JANUARY, 19 79, in book 68 of Official EUREKA County, Nevada, covering the following described property situated in the City of EUREKA, County of EUREKA, State of Nevada.

TOWNSHIP 30 NORTH, RANGE 48 EAST, M.D.B. & M.

SECTION 27; SE 1/4 SW 1/4 NW 1/4

ASSESSOR'S PARCEL NO. (APN#) 005-230-31

That value of all real property owned by decedent at date of death, including the full value of the property above described, did not exceed the sum of \$ 990.00

In Witness Whereof, I have hereunto set my hand/our hands this

[Signature] (Signature)

REX STUART WENNER (Print or type name here)

CHERYL ELAINE MAXWELL (Print or type name here)

[Signature] (Signature)  
day of \_\_\_\_\_, 19 \_\_\_\_\_

RECORDING REQUESTED BY AND MAIL TO

NAME REX STUART WENNER  
ADDRESS 06 BRINKBY AVE. #1403  
CITY/ST/ZIP RENO NEVADA 89509

If applicable mail tax statements to

NAME REX STUART WENNER  
ADDRESS 706 BRINKBY AVE #1403  
CITY/ST/ZIP RENO NEVADA 89509

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

BOOK 819 PAGE 278

STATE OF NEVADA

COUNTY OF \_\_\_\_\_

On this 29 day of May, 19 98

personally appeared before me, a Notary Public

REX STUART WENNER

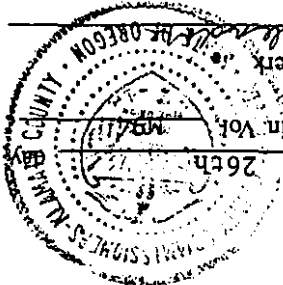
Cheryl Elaine Maxwell

personally known to me to be the person whose name(s) is subscribed to the above instrument who acknowledged that he executed the instrument.

Debbie M. Youngberg (Notary Public)

**DEBBIE M. YOUNGBERG**  
Notary Public - State of Nevada  
Appointment Recorded in Washoe County  
No: 96-4129-2 - EXPIRES APR. 29, 2000

Nevada Legal Forms, Inc. (702) 870-8977 • Affidavit/Death of Joint Tenant • APF 111 G  
C 1991 • 14 • 20 pt. CAUTION: If the ink on this form is BROWN it is an original.  
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Consult an attorney if you doubt this form fitness for your purpose.



JANET BAILEY  
COUNTY REGISTRAR  
KLAMATH COUNTY, OREGON

*Janet Bailey*

OCT 25 1994

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

45-2 Rev 11-82

ORIGINAL-VITAL STATISTICS COPY

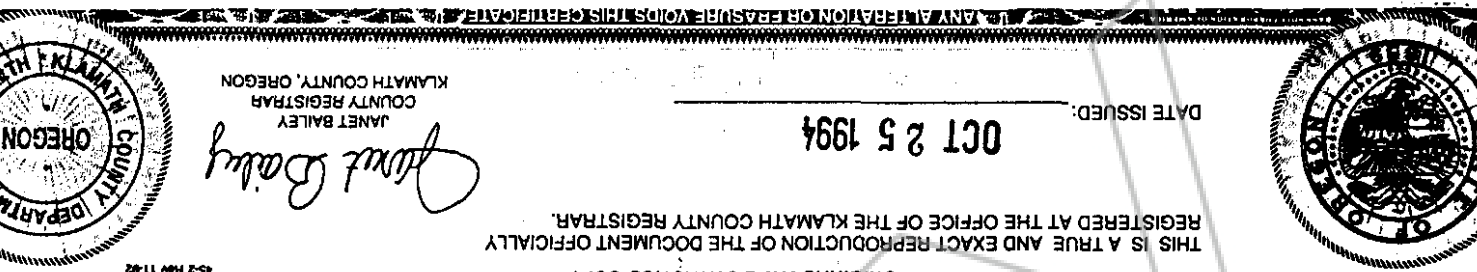
1. DECEASENTS: First Name: **Harvey**, Middle: **Vernon**, Last: **WENNER**  
 2. DATE OF DEATH (Month, Day, Year): **Oct. 23, 1994**  
 3. SEX: **Male**  
 4. SOCIAL SECURITY NUMBER: **97601**  
 5. AGE LAST BIRTHDAY: **79** (Years, Months, Days)  
 6. BIRTHPLACE, COUNTY AND STATE OR FOREIGN COUNTRY: **Yachats, OR**  
 7. DATE OF BIRTH (Month, Day, Year): **Sept. 15, 1915**  
 8. WAS DECENT EVER IN U.S. ARMED FORCES? **No**  
 9. FACILITY NAME (If not institution, give street and number): **840 Upham Street, Klamath Falls**  
 10. DECEASENT'S USUAL OCCUPATION (Record of work done during most of working life): **Car Inspector**  
 11. MARRITAL STATUS: **Married**  
 12. SPOUSE (If married, widowed, divorced, separated): **Elaïne**  
 13. RESIDENCE - STATE, COUNTY, CITY, TOWN OR LOCATION: **Oregon, Klamath, Klamath Falls**  
 14. WAS RECEIPT OF INSURANCE (Contract, policy, or certificate) issued? **No**  
 15. RACE: American Indian, Black, White, etc. (Specify): **White**  
 16. DECEASENT'S EDUCATION (Specify only highest grade completed): **12**  
 17. FATHER - NAME, first, middle, last: **Hans Heinrich Wenner**  
 18. MOTHER - NAME, first, middle, last: **Nina - Hayes**  
 19. INFORMANT - NAME and relationship to decedent: **Elaïne Wenner / wife**  
 20. METHOD OF DISPOSITION: **Burial**  
 21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: *[Signature]*  
 22. NAME, ADDRESS AND ZIP OF FACILITY: **Ward's Klamath Funeral Home, Inc., 1945 Main / Klamath Falls, OR. / 97601**  
 23. DATE FILED (Month, Day, Year): **OCT 24 1994**  
 24. REGISTRAR'S SIGNATURE: *[Signature]*  
 25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? **No**  
 26. WAS GIFT MADE? **No**  
 27. TIME OF DEATH: **13:45**  
 28. WAS MEDICAL EXAMINER NOTIFIED? **No**  
 29. TO BE COMPLETED BY CENTRING PHYSICIAN: **No**  
 30. DATE SIGNED (Month, Day, Year): **October 24 1994**  
 31. TIME OF DEATH: **13:45**  
 32. TO BE COMPLETED ONLY BY MEDICAL EXAMINER: **No**  
 33. NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING PHYSICIAN (Type or Print): **Charles D. Bury, MD / 2300 Clairmont / Klamath Falls, Oregon / 97601**  
 34. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest, Interval between onset and death): **Natural cause unknown**  
 35. PART I: **Due to, or as a consequence of:**  
 36. PART II: **OTHER SIGNIFICANT CONDITIONS:**  
 37. DID TOBACCO USE CONTRIBUTE TO THE DEATH? **No**  
 38. DID ALCOHOL USE CONTRIBUTE TO THE DEATH? **No**  
 39. DID OTHER DRUGS CONTRIBUTE TO THE DEATH? **No**  
 40. MANNER OF DEATH: **Natural**  
 41. DATE OF INJURY AND TIME OF DEATH: **None**  
 42. PLACE OF INJURY: **None**  
 43. LOCATION (Street, In, or, Office, Building, etc. (Specify)): **None**

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OCCIDENT  
PARENTS  
DISPOSITION  
REGISTRAR  
CERTIFIER  
CAUSE OF DEATH

1. ID. TAG NO. **464**  
2. OREGON DEPARTMENT OF HUMAN RESOURCES  
3. HEALTH DIVISION  
4. CENTER FOR HEALTH STATISTICS  
5. CERTIFICATE OF DEATH  
6. State File Number

10-26-94A10:52 RVD  
VOLUME 94 Page 33245

Filed for record at request of **Elaïne Wenner** the **26th** day of **Oct** **A.D. 19 94** at **10:52** o'clock **A.M.**, and duly recorded in Vol. **33245** on Page **33245** of **Deeds** INDEXED  
By **Evelyn Biehn** County Clerk  
Return: **Elaïne Wenner, 840 Upham, Klamath Falls, 97601**  
FEE \$10.00



COPY

170165

EUREKA COUNTY NEVADA  
M.M. REBALATI, RECORDER  
FILE NO. FEES 9.00

98 JUN - 2 PM 1:16

RECORDED AT THE REQUEST OF  
OFFICIAL RECORDS  
*Rex Walker*

BOOK 319 PAGE 278