

Attibabit-Termination of Joint Tenancy  
(Death of a Joint Tenant)

170166

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

That ELAINE FAWN WENNER (Deceased Name as shown on Death Certificate) the decedent

mentioned in the attached certified copy Certificate of Death, is the same person as

ELAINE WENNER (Deceased Name as shown on Deed)

named as one of the parties in that certain LAST WILL AND TESTAMENT (Type of Document)

dated on the 22nd day of APRIL, 19 86, and executed by D.A.H. HOOTS

ELAINE FAWN WENNER, known as "Grantor(s)"

to REX STUART WENNER, known

as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 9703413CV on the

12th day of AUGUST, 19 97, in book CIRCUIT COURT OREGON STATE OF OREGON

Records of KLAMATH County, OREGON County, EUREKA County of EUREKA, State of Nevada.

(Set forth legal description and commonly known street address, if known.)

TOWNSHIP 30 NORTH, RANGE 48 EAST, M.D., B. & M. SECTION 27; SE 1/4 SW 1/4 NW 1/4

ASSASSOR'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/We have hereunto set my hand/our hands this

\_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

(Signature) [Signature]

(Signature) [Signature]

REX STUART WENNER (Print or type name here)

CHERYL ELAINE MAXWELL (Print or type name here)

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.

(Notary Public)

[Signature]

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 • AFR 111 G  
C 1991 • # 930512 • 14 • 20 pk CAUTION: If the ink on this form is BROWN it is an original.  
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Consult an attorney if you doubt the forms fitness for your purpose.

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

RECORDING REQUESTED BY AND MAIL TO  
NAME REX STUART WENNER  
ADDRESS 706 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

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CERTIFICATION OF VITAL RECORD

41234 Vol. M97 Page 22651

H-07228 ID TAG NO

357 Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES HEALTH DIVISION CENTER FOR HEALTH STATISTICS 136

State File Number

1 DECEASED'S NAME First Middle Last Elaine Fawn WENNER	2 SEX Female	3 DATE OF DEATH (Month, Day, Year) July 8, 1997
4 SOCIAL SECURITY NUMBER 5a AGE-Last Birthday 80 (Years) 5b Under 1 Year 5c Under 1 Day	6 BIRTHPLACE (City and State or Foreign) Payette, Idaho	7 DATE OF BIRTH (Month, Day, Year) January 7, 1917
8 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	9a FACILITY NAME (If not institution, give street and number) Merle West Medical Center HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/>	9b CITY, TOWN, OR LOCATION OF DEATH Klamath
10a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) owner/operator Beauty Shop	11 MARRITAL STATUS - Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> (Specify)	12 SPOUSE (If Married, Widowed) Harvey
13a RESIDENCE - STATE Oregon	13b CITY, TOWN OR LOCATION Klamath Falls	13c STREET AND NUMBER 840 Upham
14 WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	15 RACE White	16 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) College (14 or 5+) 12
17 FATHER - NAME first middle last Grover - Stuart	18 MOTHER - NAME first middle maiden Fawn -	19 INFORMANT - NAME and relationship to deceased Rex Wenner - son
20a METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Simonsen Crematory	20c LOCATION - City or Town, State Ashland, Oregon
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>	21b LICENSE NUMBER 3607	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) JUL 14 1997	24 REGISTRAR'S SIGNATURE <i>[Signature]</i>	25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

26 TO BE COMPLETED BY CERTIFYING PHYSICIAN 27 TIME OF DEATH 18:55 28 WAS MEDICAL EXAMINER NOTIFIED? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	29 To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated, and manner stated. <i>[Signature]</i> July 11, 1997	30 DATE SIGNED (Month, Day, Year)
31a TIME OF DEATH 31b DATE PRONOUNCED DEAD (Month, Day, Year, Hour)	32 On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. <i>[Signature]</i>	33 DATE SIGNED (Month, Day, Year)

34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFYING MEDICAL EXAMINER (Type or Print) Charles D. Bury, MD 2300 Clairmont, Klamath Falls, OR 97601	35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
36 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. PART (a) <i>Medical Information</i> PART (b) <i>CHF</i> PART (c) DUE TO, OR AS A CONSEQUENCE OF: (b) <i>CHF</i> (c) <i>CHF</i>	37 Did tobacco use contribute to the death? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Probably <input type="checkbox"/> Unknown <input type="checkbox"/>
38 AUTOPSY 39 If YES were findings considered in determining cause of death?	40 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Other <input type="checkbox"/>
41a DATE OF INJURY (Month, Day, Year) 41b TIME OF INJURY 41c INJURY AT WORK? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>	41d DESCRIBE HOW INJURY OCCURRED
41e PLACE OF INJURY - At home, farm, street, factory, office, building etc. (Specify)	41f LOCATION (Street and Number or Rural Route Number, City or Town, State)

42 TO BE COMPLETED ONLY BY MEDICAL EXAMINER 43a TIME OF DEATH 43b DATE PRONOUNCED DEAD (Month, Day, Year, Hour)	44 TO BE COMPLETED BY CERTIFYING PHYSICIAN 45 TIME OF DEATH 46 DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
47 Did tobacco use contribute to the death? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Probably <input type="checkbox"/> Unknown <input type="checkbox"/>	48 AUTOPSY 49 If YES were findings considered in determining cause of death?
49 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Other <input type="checkbox"/>	50 TO BE COMPLETED BY CERTIFYING PHYSICIAN 51 TIME OF DEATH 52 DATE PRONOUNCED DEAD (Month, Day, Year, Hour)
53a TIME OF DEATH 53b DATE PRONOUNCED DEAD (Month, Day, Year, Hour)	54 TO BE COMPLETED BY CERTIFYING PHYSICIAN 55 TIME OF DEATH 56 DATE PRONOUNCED DEAD (Month, Day, Year, Hour)

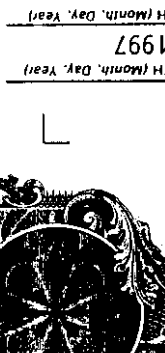
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 MARLENE BLEVINS  
 CLERK OF THE CLAMATH COUNTY REGISTERARS  
 CLAMATH COUNTY, OREGON

DATE ISSUED: JUL 14 1997

STATE OF OREGON: COUNTY OF KLAMATH : ss.  
 Rex S. Wenner  
 Filed for record at request of  
 Rex S. Wenner  
 the 17th day  
 of July  
 A.D., 19 97 at 3:03 o'clock  
 P. M., and duly recorded in Vol. M97  
 of Deeds  
 on Page 22651  
 Return: Rex S. Wenner  
 706 Brinkby Av. #1402  
 Reno, NV. 89509

INDEXED  
 Bernetha G. Lisch, County Clerk

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97 JUL 17 9:30:5

CAUSE OF DEATH

CERTIFIER

REGISTRAR

DISPOSITION

PARENTS

DECEASED

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025282

COPY

BOOK 319 PAGE 281  
RECORDED AT THE REQUEST OF  
*R. Williams*  
98 JUN -2 PM 1:18  
EUREKA COUNTY HEVADA  
M.N. REBALATI. RECORDER  
FILE NO. 170166  
FEES 9.00