

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

ASSESSOR'S PARCEL NO. (APN#): 5-500-02

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Dewayne A. Erickson

Address: 6032 E. French Gulch Rd

City/State/Zip: Coeur d'Alene, ID 83814

BOOK 392 PAGE 343-344  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
Dewayne A. Erickson  
2004 AUG 30 PM 1:54

EUREKA COUNTY, NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. FEES 15.00

**191835**

I, Dewayne A. Erickson, the Affiant, being of legal age, and being first duly sworn,  
deposes and says:

That Delores Yvonne Erickson, the decedent mentioned in the  
(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as Delores Y. Erickson  
(Deceased Name as shown on Deed)

named as one of the parties in that certain Grant Deed

(Type of Document)  
dated on the 29<sup>th</sup> day of June, April, 1965, and executed by  
Dale N. Hansen, known as "Grantor(s)" to Dewayne A. & Delores Y. Erickson,  
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 41006, on the  
29<sup>th</sup> day of June, 1965, in book 7 13556, of Official Records of  
Eureka County, Nevada, covering the following described property situated in the City of  
Eureka, County of Eureka, State of Nevada.  
(Set forth legal description and commonly known street address, if known)

The NE 1/4 of the SW 1/4 of the NW 1/4 of Section 7, also described as  
NE 1/4 of Lot #1 of the NW 1/4 of Section 7, Township 29-North,  
Range 49 East, M. D. B. & M. as per Gov't Survey

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 \$ 1000

In witness Whereof, I/We have hereunto set my hand/our hands this 23<sup>rd</sup> day of August, 2004

Dewayne A. Erickson  
(Signature)

Dewayne A. Erickson  
(Print or type name here)

(Signature)

(Print or type name here)

STATE OF NEVADA IDAHO )

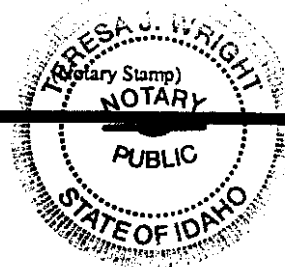
COUNTY OF EUREKA Kootenai )

This instrument was acknowledged before me on (date) August 23, 2004

By (person(s) appearing before notary public) Teresa J. Wright

Teresa J. Wright  
(Notary Public)

My Commission expires: 8-10-2006



BOOK 392 PAGE 343

# CERTIFICATE OF VITAL RECORD

## STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE  
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

DATE FILED BY STATE REGISTRAR:

### State of Idaho CERTIFICATE OF DEATH

STATE FILE NO.

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE  
RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THE DEATH UNDER §26-2101 AND §26-214, IDAHO CODE

Local Reg. No.

**I-418**

<b>DECEDENT</b>	* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) <b>Delores Yvonne Erickson</b>				2. SEX <b>Female</b>		3. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	
	4a. AGE-Last Birthday <b>68</b> (Years)		4b. UNDER 1 YEAR Months _____ Days _____		4c. UNDER 1 DAY Hours _____ Minutes _____		5. DATE OF BIRTH (Mo/Day/Yr) <b>February 09, 1936</b>	
<b>PARENTS</b>	7a. RESIDENCE - STATE OR FOREIGN COUNTRY <b>Idaho</b>				7b. COUNTY <b>Kootenai</b>		6. BIRTHPLACE (City and State, Territory, or Foreign Country) <b>Cayuga, North Dakota</b>	
	7d. STREET AND NUMBER <b>6032 East French Gulch Road</b>				7e. APT. NO. <b>83814</b>		7f. ZIP CODE <b>83814</b>	
<b>INFORMANT</b>	8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown				9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) <b>DeWayne Erickson</b>			
	10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				11a. FATHER'S NAME (First, Middle, Last, Suffix) <b>Guy James Kadoun</b>			
<b>DISPOSITION</b>	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) <b>Lydia Mary Ochaila</b>				11b. BIRTHPLACE (State, Territory, or Foreign Country) <b>North Dakota</b>			
	13a. INFORMANT'S NAME (Type or print) <b>DeWayne Erickson</b>				13b. RELATIONSHIP TO DECEDENT <b>Husband</b>			
<b>PLACE OF DEATH</b>	* 14. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)				15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) <b>Riverview Cemetery Coeur d'Alene, Idaho 83814</b>			
	* 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>				* 17b. LICENSE NUMBER (Of licensee) <b>11-813</b>			
<b>DATE OF DEATH</b>	* 19a. IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)				* 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY <b>Yates Funeral Home 744 North 4th Street Coeur d'Alene, Idaho 83814</b>			
	* 20. FACILITY NAME (If not facility, give street and number) <b>6032 East French Gulch Road</b>				* 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE <b>Coeur d'Alene, 83814</b>			
<b>CAUSE OF DEATH</b>	* 23. DATE OF DEATH (Mo/Day/Yr) (Spell month) <b>June 14, 2004</b>				24. TIME OF DEATH <b>UNDET</b> (24hr)			
	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) <b>JUNE 14, 2004</b>				26. TIME PRONOUNCED DEAD <b>0854</b> (24hr)			
<p style="text-align: center;"><b>27. CAUSE OF DEATH</b></p> <p>PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line:</p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>PROBABLE MYOCARDIAL INFARCTION</b></p> <p>b. <b>HYPERTENSIVE CORONARY ARTERY DISEASE</b></p> <p>Sequitely list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE LAST (disease or injury that initiated the events resulting in death)</p> <p>c. _____</p> <p>d. _____</p> <p>PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I</p>								
<p>28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>								
<p>29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Unknown</p> <p>30. IF FEMALE (Aged 10-54): <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year</p>								
<p>31. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined</p>								
<p>32. DATE OF INJURY (Mo/Day/Yr) (Spell month) _____</p> <p>33. TIME OF INJURY _____ (24hr)</p> <p>34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) _____</p> <p>35. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>								
<p>36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____</p> <p>Street and Number or Location _____ Apartment Number _____</p>								
<p>37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable</p>								
<p>TRANSPORTATION 38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____</p> <p>38b. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY? <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown</p>								
<p>39a. CERTIFIER (Check only one, based on official capacity for this certificate) <input type="checkbox"/> PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated. <input checked="" type="checkbox"/> CORONER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.</p> <p>Signature and Title of Certifier: <i>[Signature]</i> <b>Dr. Robert S. West - Coroner, 7315 North Government Way, Coeur d'Alene, Idaho 83815</b></p>								
<p>40a. CORONER'S SUBSEQUENT SIGNATURE IF NECESSARY: The coroner's signature in this item supersedes that of the physician, and the coroner becomes the certifier of record.</p> <p>40b. DATE SIGNED MM / DD / YYYY <b>06 / 17 / 2004</b></p>								
<p>I have reviewed and if necessary amended the medical section</p> <p>41a. REGISTRAR'S SIGNATURE <i>[Signature]</i></p> <p>41b. DATE SIGNED MM / DD / YYYY <b>06 / 22 / 2004</b></p>								

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF HEALTH POLICY AND VITAL STATISTICS.

**JUN 22 2004 191835**

DATE ISSUED:

This copy is not valid unless prepared on engraved paper displaying state seal and signature of the Registrar.

JANE S. SMITH  
STATE REGISTRAR

