

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

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

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

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

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 29th day of June, 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
29th day of June, 1965, in book 7 P 556, 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 23rd day of August, 2004

Dewayne A. Erickson
(Signature)
Dewayne A. Erickson
(Print or type name here)

(Signature)

(Print or type name here)

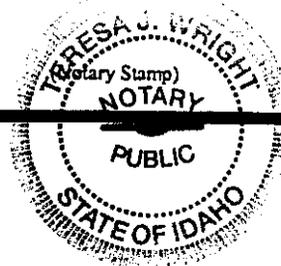
STATE OF NEVADA IDAHO)

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. I-4118

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 23A-2101 AND 23A-2102, IDAHO CODE

Local Reg. No. I-4118

<p>DECEDENT</p> <p><small>TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN</small></p> <p><small>FOR INSTRUCTIONS SEE HANDBOOKS</small></p> <p>PARENTS</p> <p>INFORMANT</p> <p>DISPOSITION</p> <p>PLACE OF DEATH</p> <p>DATE OF DEATH</p> <p>CAUSE OF DEATH</p>	<p>MORTICIAN:</p> <p>Complete/Verify and File Within 5 Days of Death</p>	* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) Delores Yvonne Erickson		2. SEX Female	3. SOCIAL SECURITY NUMBER [REDACTED]		
		4a. AGE-Last Birthday 68 (Years)	4b. UNDER 1 YEAR Months: _____ Days: _____	4c. UNDER 1 DAY Hours: _____ Minutes: _____	5. DATE OF BIRTH (Mo/Day/Yr) February 09, 1936	6. BIRTHPLACE (City and State, Territory, or Foreign Country) Cayuga, North Dakota	
		7a. RESIDENCE - STATE OR FOREIGN COUNTRY Idaho			7b. COUNTY Kootenai	7c. CITY OR TOWN Coeur d'Alene	
		7d. STREET AND NUMBER 6032 East French Gulch Road					
		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) DeWayne Erickson		
		10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11a. FATHER'S NAME (First, Middle, Last, Suffix) Guy James Kadoun		11b. BIRTHPLACE (State, Territory, or Foreign Country) North Dakota	
				12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) Lydia Mary Ochaila		12b. BIRTHPLACE (State, Territory, or Foreign Country) North Dakota	
		13a. INFORMANT'S NAME (Type or print) DeWayne Erickson			13b. RELATIONSHIP TO DECEDENT Husband	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 6032 East French Gulch Road Coeur d'Alene, Idaho 83814	
		* 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) Riverview Cemetery Coeur d'Alene, Idaho 83814		* 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY Yates Funeral Home 744 North 4th Street Coeur d'Alene, Idaho 83814	
		* 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Greg Ziegler</i>			17b. LICENSE NUMBER (Of licensee) 111-813	18. WAS CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p align="center">PLACE OF DEATH (19-22)</p> <p>* 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 type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)</p> <p>* 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN 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 type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)</p> <p>* 20. FACILITY NAME (If not facility, give street and number) 6032 East French Gulch Road</p> <p>* 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE Coeur d'Alene, 83814</p> <p>* 22. COUNTY OF DEATH Kootenai</p>							
* 23. DATE OF DEATH (Mo/Day/Yr) (Spell month) June 14, 2004		24. TIME OF DEATH UNDET (24hr)	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) JUNE 14, 2004		26. TIME PRONOUNCED DEAD 0854 (24hr)		
<p align="center">27. CAUSE OF DEATH</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. PROBABLE MYOCARDIAL INFARCTION HOURS _____</p> <p>b. HYPERTENSIVE CORONARY ARTERY DISEASE YEARS _____</p> <p>Sequentially 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>							
29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		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 within 42 days 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		28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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		28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
32. DATE OF INJURY (Mo/Day/Yr) (Spell month)		33. TIME OF INJURY (24hr)		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)			
35. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No							
36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____							
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							
TRANSPORTATION INJURY ONLY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		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			
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.				39b. LICENSE NUMBER M-2875			
Signature and Title of Certifier <i>Robert S. West</i> Dr. Robert S. West - Coroner, 7315 North Government Way, Coeur d'Alene, Idaho 83815				39c. DATE SIGNED 06 / 17 / 2004 MM DD YYYY			
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.				40b. DATE SIGNED MM DD YYYY			
I have reviewed and if necessary amended the medical section				41b. DATE SIGNED 06 22 2004 MM DD YYYY			
41a. REGISTRAR'S SIGNATURE <i>Brenda S. Davis</i>							

ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)

CERTIFIER
IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE

REGISTRAR

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

