

DOC # 0210577

09/18/2007 2:06 PM

Official Record

Recording requested By
MARGARET CLAYTON

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$15.00

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RPTT:

Recorded By: LLH

Book- 0463 Page- 0078

A.P.N.: 00521020
File No: 294-4921294 (dag)

When Recorded return to, and mail Tax Statements to:
Margaret M. Clayton
704 87 Avenue NE Space 26
Lake Stevens, WA 98258



AFFIDAVIT - TERMINATING JOINT TENANCY

Margaret Clayton, of legal age, being first duly sworn, deposes and says:

That **Earl C. Clayton**,^{SS.} the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Earl C. Clayton** named as one of the parties in that certain **Joint Tenancy Deed** dated **December 6, 1978** executed by **Cattlemen's Title Guarantee Company** to **Earl C. Clayton and Margaret Clayton, husband and wife** as joint tenants, recorded as Document No. **67102** on **December 11, 1978** in Book **67** of Official Records of **Eureka County, Nevada** covering the following described property situated in the County of **Eureka, State of Nevada** :

THE SOUTHWEST QUARTER OF THE NORTHEAST QUARTER OF THE NORTHEAST QUARTER, OF SECTION 15, TOWNSHIP 30 NORTH, RANGE 48 EAST, M.D.B.&M., IN EUREKA COUNTY, NEVADA.

Margaret M. Clayton
Margaret M. Clayton
Margaret Clayton Date

STATE OF Washington)
COUNTY OF Snohomish)
:SS.

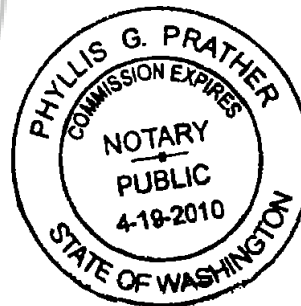
This instrument was acknowledged before me on
8/20/2007 by

Margaret Clayton

Phyllis G. Prather

Notary Public

(My commission expires: 4-19-2010)



STATE OF WASHINGTON DEPARTMENT OF HEALTH

CERTIFIED COPY OF DEATH CERTIFICATE

File Number 3657		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix EARL C CLAYTON SR.			2. Death Date April 14, 2004		
3. Sex (M/F) Male	4a. Age - Last Birthday 75	4b. Under 1 Year Months Days 0 0	4c. Under 1 Day Hours Minutes 0 0	5. Social Security Number	6. County of Death King
7. Birthdate Nov. 1, 1928		8a. Birthplace (City, Town, or County) Roxboro		8b. (State or Foreign Country) North Carolina	
9. Decedent's Education High School Graduate			12. Was Decedent ever in U.S. Armed Forces? No		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify No			11. Decedent's Race(s) White		
13a. Residence: Number and Street (e.g., 824 SE 5th St.) (Include Apt. No.) 23825 15th Ave. S.E. #311				13b. City or Town Bothell	
13c. Residence: County King		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington	13f. Zip Code + 4 98021
14. Estimated length of time at residence 11 yrs.		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Margaret Delaine Myers	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) QA Inspector			18. Kind of Business/Industry (Do not use Company Name) Aerospace Industry		
19. Father's Name (First, Middle, Last, Suffix) Archie C. Clayton			20. Mother's Name Before First Marriage (First, Middle, Last) Lena M. Clayton		
21. Informant's Name Margaret Clayton		22. Relationship to Decedent Wife		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 23825 15th Ave. S.E. #311 Bothell, WA 98021	
24. Place of Death, if Death Occurred in a Hospital: Evergreen Hospice			25. Facility Name (if not a facility, give number & street or location) Evergreen Hospice		
26a. City, Town, or Location of Death Kirkland		26b. State WA		27. Zip Code 98034	
28. Method of Disposition Burial			29. Place of Final Disposition (Name of cemetery, crematory, other place) Floral Hills Cemetery		
30. Location-City/Town, and State Lynnwood, Washington			31. Name and Complete Address of Funeral Facility Purdy & Walters @ Floral Hills 409 Filbert RD Lynnwood, WA 98036		
32. Date of Disposition April 16, 2004			33. Funeral Director Signature X <i>[Signature]</i>		
Cause of Death (See instructions and examples)					
34. 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. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) →		a. EMPHYSEMA		Interval between Onset & Death	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b.		Interval between Onset & Death	
		c.		Interval between Onset & Death	
		d.		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No				38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accidental <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending	
39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		41. Date of Injury (mm/dd/yyyy)	
42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street City or Town County State Zip Code + 4					
46. Describe how injury occurred					
47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)					
48a. Certifying Physician <i>[Signature]</i>			48b. Medical Examiner/Coroner <i>[Signature]</i>		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Dr. Michael Eulberg 12911 120th Ave NE G-105 Kirkland, WA 98034			50. Hour of Death (24hrs) 0035		
51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)			52. Date Signed (mm/dd/yyyy) 4/14/04		
53. Title of Certifier M.D.		54. License Number WA # 21703		55. ME/Coroner File Number	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		57. Registrar Signature <i>[Signature]</i>			
58. Date Received (mm/dd/yyyy) APR 16 2004		59. Amendments			



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DOH-01-003 (5/99)