

If this Affidavit is signed and acknowledged by the surviving joint tenant, personal representative or duly appointed attorney-in-fact of the surviving joint tenant.

DATED this 15 day of November, 2017.

Frankie G. McGuire
Frankie G. McGuire, Affiant.

STATE OF California)
)ss
COUNTY OF San Luis Obispo)

On this 15 day of November, in the year 2017, before me, Jessica Cresci, a notary public in and for the State of ~~Nevada~~ ^{California}, personally appeared Frankie G. McGuire, personally known to me (or proved on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that ~~he~~/she executed it. I declare under penalty of perjury that the person whose name is ascribed to this instrument to be of sound mind and under no duress, fraud, or undue influence.

WITNESS my hand and official seal.

My Commission Expires:

Jessica Cresci
Notary Public

Jessica Cresci
Printed Name



STATE OF OREGON

CERTIFICATION OF VITAL RECORD

734643

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-2015-022211

I.D. TAG NO

STATE FILE NUMBER

Legal Name	First	Middle	Last	Suffix	Death Date
	Donald	J.	Hodson		August 31, 2015
Sex	Age	Social Security Number		County of Death	
Male	83 years	[REDACTED]		Marion	
Birthdate	Birthplace			Was Decedent Ever in U.S. Armed Forces?	
May 27, 1932	Hopewell, Kansas			No	
Residence				City/Town	
3597 Carmelle Court NE				Salem	
Residence County		State or Foreign Country		Zip Code + 4	
Marion		Oregon		97305	
Marital Status at Time of Death		Spouse's Name Prior to First Marriage			
Married		Anna Paszkowski			
Father's Name			Mother's Name Prior to First Marriage		
William Hodson			Gladys E. Phillips		
Informant's Name		Telephone Number	Relationship to Decedent	Mailing Address	
Robert C. Hodson		Not Available	Son	16127 NE Caples Road, Brush Prairie, WA 98606	
Place of Death		Facility Name			
Nursing Facility		Tierra Rose Care Center			
Location of Death			City/Town or Location of Death	State	Zip Code + 4
4254 Weathers St NE			Salem	Oregon	97301
Method of Disposition		Place of Disposition		Location (City/Town and State)	
Cremation		Oakleaf Crematory		Salem, Oregon	
Name and Complete Address of Funeral Facility					
Virgil T Golden Funeral Service 605 Commercial Street SE, Salem, Oregon 97301					
Date of Disposition		Funeral Director's Signature		OR License Number	
TBD		William D Bliss		CO-3571	
Registrar's Signature			Date Received		Local File Number
Jennifer A. Woodward			September 02, 2015		
Amendment					

TO BE COMPLETED BY FUNERAL FACILITY

45-2CCS (01/06)



I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS OR A DELEGATED LOCAL OFFICE.

DATE ISSUED: September 03, 2015

Jennifer A. Woodward
JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR



THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE