

File No: 2010813 (MJ)
 A.P.N.: 002-043-11
 When Recorded, Mail Tax Statements To:
 Lorrell Louchard
 1437 Cedar St
 Port Townsend, WA. 98368

A.P.N.: 002-043-11

AFFIDAVIT - TERMINATING JOINT TENANCY

Lorrell G. Louchard, of legal age, being first duly sworn, deposes and says:

That Alfred Honore Louchard, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as Alfred Honore Louchard named as one of the parties in that certain Grant, Bargain and Sale Deed dated August 22, 1986 executed by Orien L. Prince and Lucille Prince, husband and wife to Alfred H. Louchard and Lorrell G. Louchard, husband and wife as joint tenants, recorded as Document No. 85810 on October 27, 1986 in Book 72, Page 502 of Official Records of Lincoln County, Nevada covering the following described property situated in the County of Lincoln, State of Nevada :

The South 115 feet of Lot 4 in Block 19 of the Town of Panaca, as shown by map thereof on file in the Office of the County Recorder of Lincoln County, Nevada.

Date: July 18, 2002

By: Lorrell G. Louchard
 Lorrell G. Louchard

STATE OF Washington)
) :SS.
 COUNTY OF JEFFERSON)

This instrument was acknowledged before me on
July 18, 2002 by
Lorrell G. Louchard

James A. Hall
 Notary Public
 (My commission expires: Oct. 29, 2005)



STATE OF WASHINGTON DEPARTMENT OF HEALTH													
71		146		Health									
LOCAL FILE NUMBER		STATE FILE NUMBER		CERTIFICATE OF DEATH									
1 NAME - First, Middle, Last Alfred Honore LOUCHARD		7 SEX (M/F) Male		3 DEATH DATE (Mo, Day, Yr) June 8, 2002									
4 AGE LAST BIRTHDAY (Yr, Mo, Day) 84		5 UNDER 1 YEAR / 6 UNDER 1 DAY MOSE DAYS HOURS MINS		7 BIRTHDATE (Mo, Day, Yr) May 30, 1918		8 BIRTHPLACE (City, State or Foreign Country) Dallas, TX		9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yr, No) Yes		10 COUNTY OF DEATH Jefferson			
11 CITY, TOWN OR LOCATION OF DEATH Port Townsend				12 PLACE OF DEATH - BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. IN BLDG. ABOUT PTH 4. HOTEL 5. CHURCH HOME 6. OTHER PLACE Residence-1437 Cedar Street				13 SMOKING IN LAST 15 YEARS? (Yr, No) No					
14 MARITAL STATUS - Married, Never married, Widowed, Divorced, Separated Married		15 SURVIVING SPOUSE (if wife, give maiden name) Lorrell Jeanne Graham		16 SOCIAL SECURITY NO. [REDACTED]		17 DECEDENT'S EDUCATION (Specify any regional grade completion) Elementary/Secondary (1-12) 4 College (1-4 or 5+)							
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Electrical Engineer		19 KIND OF BUSINESS OR INDUSTRY Radio/TV Repair		20 Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes/No) Specify: No		21 RACE (Specify) Caucasian							
22 RESIDENCE - NUMBER AND STREET 1427 Cedar Street		23 CITY/TOWN OR LOCATION Port Townsend		24 INSIDE CITY LIMITS? (Yr, No) Yes		25A COUNTY Jefferson		25B LENGTH OF RES. IN CO. 2 Yrs		26 STATE WA		27 ZIP CODE 98368	
28 FATHER'S NAME - FIRST, MIDDLE, LAST Alfred Louis Louchard				29 MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME Billie McNair									
30 INFORMANT - NAME Lorrell Louchard		31 MAILING ADDRESS - STREET OR RFD NO., CITY OR TOWN, STATE, ZIP 1437 Cedar Street, Port Townsend, WA 98368											
32 BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation June 12, 2002		33 DATE (Mo, Day, Yr)		34 CEMETERY/CREMATORY - NAME Kosec Crematory		35 LOCATION - CITY/TOWN STATE Port Townsend, WA							
36 FUNERAL DIRECTOR SIGNATURE <i>Robert E. Bammert</i>		37 NAME OF FACILITY Kosec Funeral Home		38 ADDRESS OF FACILITY 1615 Parkside Drive, Port Townsend, WA 98368									
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN						TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER							
39 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>Robert E. Bammert PAC</i>						43 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>[Signature]</i>							
40 DATE SIGNED (Mo, Day, Yr) 06/10/2002		41 HOUR OF DEATH (24 Hrs.) 1130 Hrs		44 DATE SIGNED (Mo, Day, Yr)		45 HOUR OF DEATH (24 Hrs.)		46 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Robert E. Bammert, PAC, 934 Sheridan Ave., Port Townsend, WA 98368		47 HOUR PRONOUNCED DEAD (24 Hrs.)		49 MEDICARD FILE NUMBER	
50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH													
IMMEDIATE CAUSE (Final disease or condition resulting in death)		A. Acute AML & dynamic						INTERVAL BETWEEN ONSET AND DEATH 5 months					
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequence no. conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		B. DUE TO OR AS A CONSEQUENCE OF						INTERVAL BETWEEN ONSET AND DEATH					
		C. DUE TO OR AS A CONSEQUENCE OF						INTERVAL BETWEEN ONSET AND DEATH					
		D. DUE TO OR AS A CONSEQUENCE OF						INTERVAL BETWEEN ONSET AND DEATH					
51 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE No													
54 ACC. SUICIDE FROM UNDER OR PENDING INVEST. (Specify)		55 INJURY DATE (Mo, Day, Yr)		56 HOUR OF INJURY (24 Hrs.)		57 DESCRIBE HOW INJURY OCCURRED No							
58 INJURY AT WORK? (Yes/No)		59 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG. ETC. (Specify)		60 LOCATION - STREET OR RFD NO., CITY/TOWN STATE									
61 RECORD AMENDMENT (Registration Use Only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62 REGISTRAR SIGNATURE <i>Robert Larson, Deputy Registrar</i>		63 DATE RECEIVED (Mo, Day, Yr) JUN 11 2002									

AFFIDAVIT FOR CORRECTION

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE. A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FILE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY		STATE OFFICE USE ONLY		
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with		1. STATE FILE NUMBER		for
2. NAME		3. DATE OF EVENT		4. PLACE OF EVENT (City and County)
5. FATHER'S FULL NAME (if Birth, HUSBAND (if Marriage/Dissolution)		6. MOTHER'S FULL NAME (if Birth, WIFE (if Marriage/Dissolution)		
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:		THE TRUE FACT IS:		
9.		10.		
11.		12.		
13.		14.		
I REPRESENT THE PERSON AS (I, SELF, PARENT, GUARDIAN, ETC.) SPECIFY _____				
PHONE NUMBER: _____				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.				
16. SIGNATURE		17. DATE	18. ADDRESS	

DCH 110-007 Rev. 1991

All vital records are registered as recorded. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

- All changes must be established by documentary proof submitted with the affidavit.
- Only a parent, legal guardian of the child, grandparent, or the adult themselves, if appropriate, may change the birth certificate.
- The person must truthfully sign the affidavit. For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name is Mary Ann Doe, not Mary A. Doe or Mary Doe does not prove the name is Mary Ann Doe.
- Proof must be five (5) years old or established within five years of birth.
- Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Naturalization Record	Voter Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-204)	Alien Registration Card (front and back)
Insurance Records	Wife's Birth Record	Passport
- If a name change, the parents or legal guardian may change the child's surname with an affidavit for correction provided:
 - This is a one-time name change. Subsequent changes will require a certified copy of a court-ordered name change.
 - The new surname may be the mother's maiden name or either surname of parent in the certificate or a combination of the two.
 - After the one-time surname change, future requests for a court-ordered name change. All future changes may be made with an affidavit and documentary proof.
- Parents may change their child's first or middle name by submitting and signing an affidavit for correction until their child's 18th birthday.
- This affidavit cannot be used as a father to a birth certificate. Use the maternity affidavit (form DCH 110-001).

Death Certificates

- Only the informant, the funeral director, or a person claiming to be the informant, in writing, assuming such position is printed on the form.
- The medical information on the certificate may be changed only by the attending physician or the coroner/medical examiner.

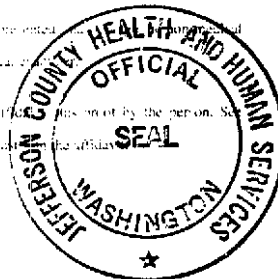
Marriage/Dissolution (Divorce) Certificates

- Persons that have been married in this state or in any other jurisdiction may be changed by affidavit. This is done by the person, the death of a party, or the death of both parties. Birth certificates issued subsequent to the affidavit for correction must be issued by the official marriage or dissolution clerk.
- The affidavit should be filed in the county of the official marriage or dissolution clerk.

Please send the results and this form certificate to:

Attn: Corrections
 Center for Health Statistics
 112 United Street South
 P.O. Box 1709
 Olympia, WA 98501-0709

This is a legal document.
 Complete in ink and do not alter.



Thomas H. Locke, M.D., Health Officer

Thomas H. Locke

Date Issued: JUN 12 2002

COPY

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FILED FOR RECORDING
AT THE REQUEST OF

First American Title

2002 AUG 15 AM 11 33

LINCOLN COUNTY RECORDED
FEE VT⁶ DEP-TWS
LESLIE BOUCHER