

A.P.N.: 01-043-04 and 01-043-05
File No: 101-2367694 (CV)



When Recorded return to, and mail Tax Statements to:
Shirley Rogers
20635 N 17th Street
Phoenix, AZ 85024

AFFIDAVIT - TERMINATING JOINT TENANCY

Shirley Rogers, of legal age, being first duly sworn, deposes and says:

That Robert H. Rogers, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as Robert H. Rogers named as one of the parties in that certain Grant, Bargain and Sale Deed dated 05/16/1964 executed by Dan H. Sherwood to Shirley Rogers and Robert H. Rogers as joint tenants, recorded as Document No. 41490 on 05/18/1964 in Book M1, Page 266 of Official Records of Lincoln County, Nevada covering the following described property situated in the County of Lincoln, State of Nevada :

ALL OF LOTS NUMBERED THREE (3), FOUR (4) AND FIVE (5) IN BLOCK NUMBERED FIFTY-TWO (52) OF THE NORTHEAST ADDITION TO THE TOWN OF PIOCHE, AS SAID LOTS AND BLOCK ARE DELINEATED AND SHOWN ON THE PLAT OF SAID ADDITION NOW ON FILE AND OF RECORD IN THE OFFICE OF THE COUNTY RECORDER OF SAID LINCOLN COUNTY, NEVADA.

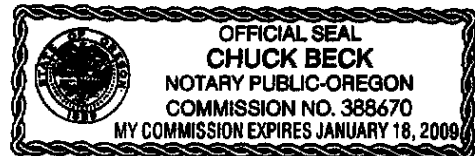
Shirley Rogers 11-03-08
Shirley Rogers Date

STATE OF Oregon)
) :ss.
COUNTY OF Clackamas)

This instrument was acknowledged before me on
11/3/08 by

Shirley Rogers *SHIRLEY ROGERS*

[Signature]
Notary Public
(My commission expires: Jan 18, 2009)



Chuck Beck 1/18/09



STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN SERVICES

A2115
ID TAG NO.
0447
Local File Number

Vital Records Unit
CERTIFICATE OF DEATH

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

PRECEDENT
IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING IMPLICATION OF PRECEDENT ITEMS

POSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

DECEASED - NAME 1 Robert Henry ROGERS				DATE OF DEATH (month, day, year) 2 April 17, 1987			
RACE (specify) 3 White		SEX 4 Male		AGE - Last birthday (years) 5a 61 Yrs.		DATE OF BIRTH (month, day, year) 6 October 28, 1925	
CITY, TOWN OR LOCATION OF DEATH 7a Portland		HOSPITAL OR OTHER INSTITUTION - NAME (if not in either, give street and number) 7b St Vincents Hospital		IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (specify) 7c Inpatient		COUNTY OF DEATH 7d Washington	
STATE OF BIRTH (if not in U.S.A., name country) 8 California		CITIZEN OF WHAT COUNTRY 9 USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) 10 Married		SPOUSE (IF MARRIED, WIDOWED) 11 Shirley	
SOCIAL SECURITY NUMBER 13		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Electronics Technician		KIND OF BUSINESS OR INDUSTRY 14b Telephone Company			
RESIDENCE - STATE 15a Oregon		COUNTY 15b Clackamas		CITY, TOWN OR LOCATION 15c Oregon City		STREET AND NUMBER OR R.F.D. ZIP 15d 15620 S. Maple Lane 97045	
FATHER - NAME first middle last 16 Joseph Gil Rogers		MOTHER - first middle last (Maiden Name) 17 Viola Bradford		INFORMANT - NAME and relationship to deceased 18 Shirley Rogers - wife			
BURIAL, CREMATION, REMOVAL, MAUS. (specify) 19a Cremation		CEMETERY OR CREMATORY - NAME 19b Pioneer Crematorium		LOCATION city or town state 19c Portland, Oregon			
FUNERAL SERVICE LICENSEE or person acting as such (Signature) 20a		NAME AND ADDRESS OF FACILITY 20b Hillside Chapel 1306 7th St. Oregon City, Oregon 97045					
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a (Signature)		DATE SIGNED (Mo., Day, Year) 21b 4/20/87		HOUR OF DEATH 21c 1540 M			
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print) 21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21e							
DATE RECEIVED BY REGISTRAR (Mo., Day, Year) 22a APR 22 1987		REGISTRAR 22b (Signature) <i>Janice E. Bennett</i>					
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)		Interval between onset and death				Interval between onset and death	
(a) Chronic obstructive pulmonary disease		12 years				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				Interval between onset and death	
(c) Tobacco abuse		-				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) 24 No		WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No) 25 No			
ACCIDENT (Specify Yes or No) 26a		DATE OF INJURY (Mo., Day, Year) 26b		HOUR OF INJURY 26c		DESCRIBE HOW INJURY OCCURRED 26d	
INJURY AT WORK (Specify Yes or No) 26e		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 26f		LOCATION 26g		STREET OR R.F.D. NO. CITY OR TOWN STATE	
DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>				WAS GIFT MADE? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>			
RESERVED FOR REGISTRAR'S USE							

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev. 6-80

STATE OF OREGON, COUNTY OF WASHINGTON)ss

DATE ISSUED
APR 23 1987

I HEREBY CERTIFY THAT THE FOREGOING COPY HAS BEEN COMPARED BY ME WITH THE ORIGINAL DOCUMENT AND IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE AS RECORDED IN THE VITAL STATISTICS SECTION OF THE WASHINGTON COUNTY DEPARTMENT OF PUBLIC HEALTH AND ON PERMANENT FILE WITH THE OREGON STATE HEALTH DIVISION.

REGISTRAR

Janice E. Bennett

NOT VALID WITHOUT RAISED SEAL OF DEPARTMENT OF PUBLIC HEALTH, WASHINGTON COUNTY