

Official Record

Recording requested By
MARGARET A. ROARK

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$17.00 Page 1 of 4
RPTT: Recorded By: LB
Book- 313 Page- 0246

APN 9-011-10

APN _____

APN _____



0152448

Affidavit Terminating Joint Tenancy
Title of Document

Affirmation Statement

_____ I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does not contain** the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of any person or persons. (Per NRS 239B.030)

I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does contain** the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of a person or persons as required by law: _____
(State specific law)

Lance M Roark
Signature Title

LANCE M. ROARK
Print

8-1-17
Date

Grantees address and mail tax statement:

LANCE M. ROARK
130 Ridge more Dr
Raphine, VA 24472



AFFIDAVIT TERMINATING JOINT TENANCY

State of Virginia)
~~Nevada~~)
County of Augusta) ss.

Lance M. Roark being first duly sworn, deposes and says that affiant is over the age of 21 years and competent to be a witness as to the matters hereinafter stated.

That affiant is Lance Roark the person named as JOINT TENANT W/RIGHT OF SURVIVORSHIP one of the grantees in that certain deed recorded on Nov 20, 1990, as Document No. 095497 in Book 93 Page 503, in the office of the County Recorder of LINCOLN County, Nevada.

That WILMA R. BERG was one of the grantees named in said deed and was the identical person named as JOINT TENANT W/RIGHT OF SURVIVORSHIP, the decedent, in that certain Death Certificate, a certified copy of which is attached hereto and made a part hereof.

Lance M. Roark
(SIGNATURE)
LANCE M. ROARK

Subscribed and sworn to before me this 11 day of July, 2017

Donna T. Jarvis
Notary Public in and for said County and State

DONNA T. JARVIS
NOTARY PUBLIC
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES SEPT. 30, 2018
COMMISSION # 4150893



LEGAL DESCRIPTION

Mineral Patent No. 67612, commonly described as Sunbeam Lode Mining Claim designated by the Surveyor General as Survey No. 3287, embracing a portion of Sections fifteen and sixteen in Township 1 North of Range sixty-six, East to the Mount Diablo Meridian, in the Highland Mining District. As shown in Volume A-1 of Mining Deeds, Page 128, Lincoln County, Nevada Recorder's Office.

A.P.O. No: 9-011-10

Roll 00171

District 7.0



OREGON
OF VITAL RECORD

PRINT IN
 PERMANENT
 BLACK INK

90709

OREGON DEPARTMENT OF HUMAN RESOURCES
 HEALTH DIVISION

Vital Records Unit

CERTIFICATE OF DEATH

136-

90-023632

I.D. TAG NO.

1871

Local File Number

State File Number

DEC 18 1990
 01
 01
 34
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 25
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 7 01
 8 12
 9 247

| | | | | | |
|---|---------------------------------------|---|---|---|--|
| 1. DECEDENT'S NAME First: <u>W. L.</u> Middle: <u>DUCH</u> Last: <u>DEGG</u> | | | 2. SEX Female | 3. DATE OF DEATH (Month, Day, Year) December 13, 1990 | |
| 4. SOCIAL SECURITY NUMBER [REDACTED] | 5a. AGE - Last Birthday (Years) 64 | 5b. Under 1 Year Mo: Days | 5c. Under 1 Day Hours: Mins | 6. BIRTHPLACE (City and State or Foreign Country) Las Vegas, NV | 7. DATE OF BIRTH (Month, Day, Year) December 19, 1925 |
| 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| 9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Patient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOR <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) | | | | | |
| 9b. FACILITY NAME (If not institution, give street and number) Salem Hospital | | | 9c. CITY, TOWN, OR LOCATION OF DEATH Salem | 9d. COUNTY OF DEATH Marion | |
| 10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker | | 10b. KIND OF BUSINESS/INDUSTRY Own Home | | 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed | 12. SPOUSE (If Married, Widowed) William A. |
| 13a. RESIDENCE - STATE Oregon | 13b. COUNTY Marion | 13c. CITY, TOWN, OR LOCATION Salem | | 13d. STREET AND NUMBER 1101 Martin Court S. | |
| 13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 13f. ZIP CODE 97306 | 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes Specify: | | 15. RACE American Indian, Black, White, etc. (Specify) White | 16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 |
| 17. FATHER - NAME first middle last William F. Kay | | 18. MOTHER - NAME first middle maiden Leona Neagle | | 19. INFORMANT - NAME and relationship to deceased Lance M. Roark, Son | |
| 20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) | | 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Memory Gardens | | 20c. LOCATION - City or Town, State Las Vegas, NV | |
| 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Elmer A. Keulegan</i> | | 21b. LICENSE NUMBER (Of Licensee) 3330 | 22. NAME, ADDRESS AND ZIP OF FACILITY V.T. Golden Mortuary, Inc. 605 Comm'l Street SE, Salem, Or. 97301 | | |
| 23. DATE FILED (Month, Day, Year) DEC 18 1990 | | | 24. REGISTRAR'S SIGNATURE <i>Jennifer A. Woodward</i> | | |
| 25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? | | | 26. WAS GIFT MADE? | | |

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORDS FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS.

JUN 07 2017

DATE ISSUED:

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