

**AFFIDAVIT AFFECTING TITLE – NOTICE OF TERMINATION OF LIFE ESTATES
AND CORRECTION AND NOTICE OF OWNER NAMES**

Luella E. Nelson, whose address is 4306 Northeast Mason St., Portland, OR 97218-1737, being an adult and duly sworn, hereby provides sworn notice pursuant to W.S. § 34-11-101 (LexisNexis 2020) the following:

1. On August 19, 1976, Boyde Larsen and Geneva E. Nelson, acting as Grantors, conveyed their interest in certain real property located in Sheridan, County, State of Wyoming, unto Donald L. Larsen, Lowell B. Larsen, Jeanine C. Lawson, Cheryl W. Baker, Luella E. Nelson and Leslie D. Nelson in a Warranty Deed that was recorded on October 5, 1976 at Book 217, Page 502 (Inst. No. 694670) in the official land records of the Clerk and Recorder for Sheridan County, Wyoming (the “Deed”). The land described in the Deed specifically included:

Township 53 North, Range 85 West, 6th PM
Section 12: SW1/4SW1/4

(the “Property”).

2. The Deed describes a reserved life estate in the two stated Grantors, Boyde Larsen and Geneva E. Nelson immediately below the Property description. Said life estate interests have expired due to the passing of Boyde Larsen on March 10, 2000 as shown in the attached Exhibit “A” March 13, 2000, State of California Death Certificate and due to the passing of Geneva E. Nelson on September 22, 2015 as shown in the attached Exhibit “B” October 14, 2015 State of Oregon Death Certificate.

3. I am personally familiar with and have personal knowledge of the Deed and all of the Grantees described in the Deed.

4. The name of the Grantee described in the Deed as Jeanine C. Lawson was misspelled in the Deed and should have been set out as "Janine C. Larsen" at that time.

5. At present, the full names and current places of residency of the record interest owners in the Property by virtue of the Deed as stated in the Deed are correctly stated as follows:

Luella Nelson of Portland, Oregon;
Cheryl Baker of Gresham, Oregon;
Leslie Nelson of The Dalles, Oregon
Donald Larsen of Lake Ozark, Missouri;
Lowell Larsen of Monterey, California; and,
Janine C. Shurr (f/k/a Janine C. Larsen) of Vacaville, California

Affiant states nothing further.

WITNESS by my hand this 20 day of July, 2020.

Luella E. Nelson
Luella E. Nelson

STATE OF OREGON)
County of Multnomah) ss.

The foregoing instrument was executed, sworn to, subscribed and acknowledged before me
this 20th day of July, 2020, by Luella E. Nelson.

WITNESS my hand and official seal.

Jeffrey Dennis Atwood
Notary Public

My Commission Expires: 10/16/2023.

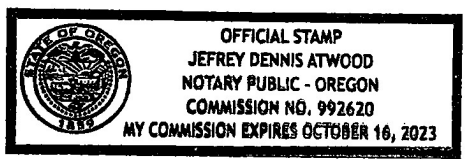


EXHIBIT "A" - March 13, 2000, State of California Death Certificate

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SOLANO

STATE FILE NUMBER		CERTIFICATE OF DEATH		32000 48000 494	
NAME OF DECEASED—FIRST (GIVEN)		MIDDLE		LAST (FAMILY)	
Louis		Boyde		Larsen	
4. DATE OF BIRTH MM/DD/CCYY		5. AGE YRS.		6. SEX	
08/05/1915		84		M	
7. DATE OF DEATH MM/DD/CCYY		8. HOUR		9. MINUTE	
03/10/2000		1030			
10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARITAL STATUS	
520-10-8197		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> UNK <input type="checkbox"/>		Married	
14. RACE		15. HISPANIC—SPECIFY		16. USUAL EMPLOYER	
Caucasian		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		California Trucking Assoc.	
17. OCCUPATION		18. KIND OF BUSINESS		19. YEARS IN OCCUPATION	
Computer Analyst		Transportation		15	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION)					
25 Vine Street					
21. CITY		22. COUNTY		23. ZIP CODE	
Vacaville		Solano		95688	
24. YRS IN COUNTY		25. STATE OR FOREIGN COUNTRY			
22		CA			
26. NAME, RELATIONSHIP					
Lily B. Larsen - Wife					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)					
25 Vine Street Vacaville, CA 95688					
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)	
Lily		Bernice		Ramsay	
31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST	
Lou				Larsen	
34. NAME OF MOTHER—FIRST		35. MIDDLE		36. LAST	
Luella				Horney	
37. DATE MM/DD/CCYY		38. PLACE OF FINAL DISPOSITION		39. BIRTH STATE	
03/14/2000		Res: Lily Larsen 25 Vine Street Vacaville, CA 95688		Denmark	
40. TYPE OF DISPOSITION(S)		41. SIGNATURE OF EMBALMER		42. LICENSE NO.	
CR/RES		Not Embalmed			
43. NAME OF FUNERAL DIRECTOR		44. LICENSE NO.		45. DATE MM/DD/CCYY	
McCune Garden Chapel		FD-388		03/14/2000 JK	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE:		103. FACILITY OTHER THAN HOSPITAL:	
Vacaville Hospital		X IF ER/OP <input type="checkbox"/> DOA <input type="checkbox"/>		CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER <input type="checkbox"/>	
104. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)		105. CITY		106. COUNTY	
1000 Nut Tree Road		Vacaville		Solano	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)					
IMMEDIATE CAUSE (A)		HEART FAILURE		TIME INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (B)		HEMOLYTIC ANEMIA		Hrs	
DUE TO (C)		CHRONIC LYMPHOCYTIC LEUKEMIA		Days	
DUE TO (D)				Yrs	
108. DEATH REPORTED TO CORONER					
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
109. BIOPSY PERFORMED					
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
110. AUTOPSY PERFORMED					
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
111. USED IN DETERMINING CAUSE					
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107					
Thrombocytopenia, Diabetes, Coronary Artery Disease, Hypothyroidism, Parkinson's Disease					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.					
NO					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. DECEASED ATTENDED SINCE MM/DD/CCYY DECEASED LAST SEEN ALIVE MM/DD/CCYY		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NO.	
08/14/1997 03/09/2000		Ricardo Gonzales MD 2660 W. Covell Blvd Davis, CA 95616		A 060608	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		118. DATE OF INJURY AT WORK		119. DATE MM/DD/CCYY	
Ricardo Gonzales MD 2660 W. Covell Blvd Davis, CA 95616				03/13/2000	
120. MANNER OF DEATH		121. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		122. HOUR	
NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				123. PLACE OF INJURY	
ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED <input type="checkbox"/>					
124. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)					
125. SIGNATURE OF CORONER OR DEPUTY CORONER		126. DATE MM/DD/CCYY		127. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
128. SIGNATURE OF CORONER OR DEPUTY CORONER					
129. DATE MM/DD/CCYY					
130. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER					
131. FAX AUTH. #					
1840					
132. CENSUS TRACY					

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FEES: \$30.00 SM AFFIDAVIT - LEGAL
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

CASOLAN002

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF SOLANO

000549920

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Solano County Assessor/Recorder.

By , Deputy. DATE ISSUED

09/26/2019

MARC C. TONNESSEN
COUNTY ASSESSOR/RECORDER

This copy is not valid unless prepared on an engraved border displaying the date, seal and original signature of the Deputy.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "B" - October 14, 2015 State of Oregon Death Certificate

STATE OF OREGON

CERTIFICATION OF VITAL RECORD

696346

I.D. TAG NO.

OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS CERTIFICATE OF DEATH

136-2015-027365

STATE FILE NUMBER

Legal Name First Geneva Middle Esther Last Nelson		Suffix		Death Date September 22, 2015	
Sex Female	Age 96 years	Social Security Number 541-18-7586		County of Death Multnomah	
Birthdate November 20, 1918		Birthplace Sheridan, Wyoming		Was Decedent Ever in U.S. Armed Forces? No	
Residence: 2351 NE 148th Avenue		City/Town Portland			
Residence County Multnomah		State or Foreign Country Oregon		Zip Code + 4 97230	
Marital Status at Time of Death Widowed		Spouse's Name Prior to First Marriage A. Wayne Nelson			
Father's Name Louis Larsen		Mother's Name Prior to First Marriage Luella J. Horney			
Informant's Name Cheryl W. Baker		Telephone Number Not Available		Relationship to Decedent Daughter	
Mailing Address 491 SW 4th Street, Gresham, OR 97080					
Place of Death Licensed Adult Foster Home		Facility Name Banica Adult Care			
Location of Death 2351 NE 148th Avenue		City/Town or Location of Death Portland		State Oregon	
Zip Code + 4 97230					
Method of Disposition Cremation		Place of Disposition First Call Crematory		Location (City/Town and State) Portland, Oregon	
Name and Complete Address of Funeral Facility First Call Mortuary Services Inc 4835 NE Pacific Street, Portland, Oregon 97213					
Date of Disposition TBD		Funeral Director's Signature Elizabeth R. Johanningmeier		OR License Number CO-3862	
Registrar's Signature /S/ Jae P. Douglas		Date Received October 19, 2015		Local File Number 005251	
Amendment					

Was case referred to Medical Examiner? No		Autopsy? No		Were autopsy findings available to complete the cause of death?		Time of Death 11:30 AM	
CAUSE OF DEATH							Approximate Interval: Onset to Death
IMMEDIATE CAUSE ↓ renal failure							3 months
Due to (or as a consequence of) ↓ pelvic mass							not stated
Due to (or as a consequence of) ↓							
Due to (or as a consequence of) ↓							
Other significant conditions contributing to death: chronic kidney failure; atrial fibrillation;							
Manner of Death Natural		If Female Not Applicable		Did tobacco use contribute to death? No			
Date of Injury		Time of Injury		Place of Injury		Injury at Work?	
Location of Injury							
Describe how injury occurred							If transportation injury, specify.
Name and Address of Certifier Theresa L Bunker 1410 NE 106th Ave, Portland, Oregon 97220							
Name and Title of Attending Physician If Other than Certifier							Date Signed October 14, 2015
Medical Certifier /S/ Theresa L Bunker				Title of Certifier N.P.		License Number 096006685N1	
Amendment							

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FEES: \$30.00 SM AFFIDAVIT - LEGAL
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

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.

DATE ISSUED:

July 08, 2019

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

JENNIFER A. WOODWARD, Ph.D.
STATE REGISTRAR

45-2CC (01/06)

NO. 2020-760482 AFFIDAVIT - LEGAL

EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK
WENDTLAND & WENDTLAND, LLP 2161 COFFEE AVE STE
SHERIDAN WY 82801

