

First American Title - Pocatello

21812736

2018 Aug 30 PM 12:05

Electronically Recorded by Simplifile

RECORDING REQUESTED BY
First American Title Company

AND WHEN RECORDED MAIL TO:
First American Title Company
223 North 15th Avenue
Pocatello, ID 83201

Space Above This Line for Recorder's Use Only

WARRANTY DEED

File No.: **694511-P (sw)**

Date: **August 28, 2018**

For Value Received, **Horace E. Bruno, as Successor Trustee of the Mursell McLaughlin Family Trust established u/t/a dated October 4, 2013**, hereinafter called the Grantor, hereby grants, bargains, sells and conveys unto **Aaron Sutton, an unmarried man**, hereinafter called the Grantee, whose current address is **9661 W. Charlotte, Pocatello, ID 83204**, the following described premises, situated in **Bannock County, Idaho**, to-wit:

ACS

LOTS 9 AND 10, BLOCK 4, MINK CREEK ACRES, BANNOCK COUNTY, IDAHO, AS THE SAME APPEARS ON THE OFFICIAL PLAT THEREOF, RECORDED AUGUST 18, 1960 AS INSTRUMENT NO. 359976.

SUBJECT TO all easements, right of ways, covenants, restrictions, reservations, applicable building and zoning ordinances and use regulations and restrictions of record, and payment of accruing present year taxes and assessments as agreed to by parties above.

TO HAVE AND TO HOLD the said premises, with its appurtenances, unto the said Grantee, and to the Grantee's heirs and assigns forever. And the said Grantor does hereby covenant to and with the said Grantee, that the Grantor is the owner in fee simple of said premises; that said premises are free from all encumbrances except current years taxes, levies, and assessments, and except U.S. Patent reservations, restrictions, easements of record and easements visible upon the premises, and that Grantor will warrant and defend the same from all claims whatsoever.

Horace E. Bruno, as Successor Trustee of the Mursell McLaughlin Family Trust established u/t/a dated October 4, 2013

Horace E. Bruno
Horace E. Bruno, Successor Trustee

STATE OF California)
COUNTY OF Fresno)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness accuracy, or validity of that document.

On this 29 day of August, 2018, before me, a Notary Public in and for said State, personally appeared Horace E. Bruno, known or identified to me to be the person(s) whose name(s) is subscribed to the within instrument as Successor Trustee of the Mursell McLaughlin Family Trust, and acknowledged to me that he executed the same as such Successor Trustee.



[Signature]
Notary Public of CA
Residing at: Fresno
Commission Expires: 11/23/2019

1-3

21320234

CONVEYANCE

KNOW ALL MEN BY THESE PRESENTS, that Mursell Anne McLaughlin, of Teton County, Wyoming, GRANTOR, for nominal but adequate consideration, receipt whereof is hereby acknowledged, conveys and warrants unto Mursell McLaughlin, as Trustee of the Mursell McLaughlin Family Trust established u/t/a dated October 4, 2013, as amended from time to time hereafter, and her successors in trust, of P.O. Box 1227, Jackson, Wyoming 83001, GRANTEE, the following described real property situated in the County of Bannock, State of Idaho, to-wit:

The real property described on Exhibit "A" attached hereto and made a part hereof,

including and together with all and singular the tenements, hereditaments, appurtenances and improvements thereon or thereunto belonging, and any rights of grantor to minerals thereunder, but subject to taxes, assessments, covenants, conditions, restrictions, reservations, encroachments, rights-of-way, easements and other encumbrances of sight or record,

hereby waiving all rights under and by virtue of the homestead exemption laws of the State, for purposes of this conveyance.

IN WITNESS WHEREOF, this instrument has been duly executed and delivered effective as of October 4, 2013.

Mursell Anne McLaughlin
Mursell Anne McLaughlin

OFFICIAL RECORD BK# 974
BANNOCK COUNTY IDAHO

RECORDED AT REQUEST OF
FEE 16 DEPUTY Don

Peter F Moyer

21320234

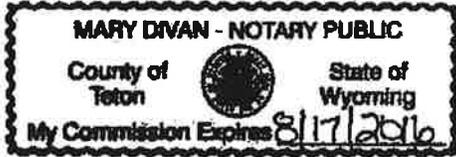
2013 DEC -2 A 8:28

2-3

21320234

STATE OF WYOMING
COUNTY OF TETON)ss.

The foregoing Conveyance was acknowledged before me by **Mursell Anne McLaughlin**
this 22 day of October, 2013.



Mary Divan
Notary Public

(seal)

My commission expires:

3-3

21320234

**Exhibit "A"
to Mursell McLaughlin Conveyance**

Legal Description

Parcel 1:

All of Grantor's right, title and interest in and to:

**Lots 7, 8 and 9, Block 456 of Pocatello Townsite, Bannock
County, Idaho.**

Parcel Numbers: RPPOC296200; RPPOC296300

Parcel 2:

**Lots 5 & 6, Block 456 of Pocatello Townsite, Bannock County,
Idaho.**

Parcel Number: RPPOC296000

Parcel 3:

**Lots 9 and 10, Block 4 of Mink Creek Acres, Bannock County,
Idaho.**

Parcel Numbers: RRMCA002500; RRMCA002600

**THIS DEED IS RECORDED IN COUNTERPART.

20317515

20317515

WARRANTY DEED

RECORDED AT REQUEST OF

Order No.:3010310729

FEES 300 DEPUTY mw

FOR VALUE RECEIVED

ALLIANCE TITLE & ESCROW

Kathy J. Harris, a married person as sole and separate property

2003 JUL 1 PM 2 15

the grantor(s), do(es) hereby grant, bargain, sell and convey unto

OFFICIAL RECORD BK# 833

Mursell McLaughlin, an unmarried person AKA MURSELL A. MCLAUGHLIN

LARRY W. ISAAC RECORDER
BANNOCK COUNTY IDAHO

whose current address is

9661 W. Charlotte Drive Pocatello, ID 83204

the grantee(s), the following described premises, in Bannock County, Idaho, TO WIT:

Lots 9 and 10, Block 4, Mink Creek Acres, Bannock County, Idaho, as the same appears on the official plat thereof, filed in the Office of the County Recorder of Bannock County, Idaho...

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantee, heirs and assigns forever. And the said Grantor does hereby covenant to and with the said Grantee(s), that (s)he is/are the owner(s) in fee simple of said premises; that they are free from all encumbrances Except: Current Year Taxes, conditions, covenants, restrictions, reservations, easements, rights and rights of way, apparent or of record.

And that (s)he will warrant and defend the same from all lawful claims whatsoever.

Dated: 6/30/2003

Kathy J. Harris
Kathy J. Harris

Deanna B. Isaac

State of Idaho }
County of Bannock } ss.

On this 30th day of June, 2003, before me, a Notary Public in and for said state, personally appeared Kathy J. Harris

known or identified to me to be the person(s) whose name(s) subscribed to the within instrument, and acknowledged to me that he/she/they executed the same. IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal the day and year first above written.



Marianne Tusch
Notary Public for the State of Idaho
Residing at: Pocatello
Commission Expires: 02-03-05 4-3-04

**THIS DEED IS RECORDED IN COUNTERPART.

WARRANTY DEED

20317514

Order No.:3010310729

FOR VALUE RECEIVED

Deanna B. Isaac, a married person as sole and separate property

the grantor(s), do(es) hereby grant, bargain, sell and convey unto

Murrell McLaughlin, an unmarried person AKA MURSELL A. MCLAUGHLIN

whose current address is

9661 W. Charlotte Drive Focatella, ID 83204

the grantee(s), the following described premises, in Bannock County, Idaho, TO WIT:

Lots 9 and 10, Block 4, Mink Creek Acres, Bannock County, Idaho, as the same appears on the official plat thereof, filed in the Office of the County Recorder of Bannock County, Idaho...

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantee, heirs and assigns forever. And the said Grantor does hereby covenant to and with the said Grantee(s), that (s)he is the owner(s) in fee simple of said premises; that they are free from all encumbrances Except Current Year Taxes, conditions, covenants, restrictions, reservations, easements, rights and rights of way, apparent or of record.

And that (s)he will warrant and defend the same from all lawful claims whatsoever.

Dated: 6-27-03

X Deanna B. Isaac
Deanna B. Isaac

State of Washington

County of KING

On this 27th day of June, 2003, before me, a Notary Public in and for said state, personally appeared Deanna B. Isaac

known or identified to me to be the person(s) whose name(s) subscribed to the within instrument, and acknowledged to me that he/she/they executed the same.

IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal the day and year first above written.

Notary



Notary Public for the State of Washington
Residing at: 2000 7th
Commission Expires: July 7 12 02

20317514

RECORDED AT REQUEST OF

FEE 300 DEPUTY: MW
ALLIANCE TITLE & ESCROW

2003 JUL 1 PM 2 14

OFFICIAL RECORD BK# 833

CLERK OF COUNTY RECORDS
BANNOCK COUNTY IDAHO

20317513

QUITCLAIM DEED

ORDER NO.: 3010310729

FOR VALUE RECEIVED, Don Isaac, husband of Deanna B. Isaac

Do(es) hereby convey, release, remise and forever quit claim unto

Kathy J. Harris, a married person as sole and separate property and Deanna B. Isaac, a married person as sole and separate property

whose current address is: 4903 Rebecca, Chubbuck, ID 83202

the following described premises:

Lots 9 and 10, Block 4, Mink Creek Acres, Bannock County, Idaho, as the same appears on the official plat thereof, filed in the Office of the County Recorder of Bannock County, Idaho...

TO HAVE AND TO HOLD the said premises, unto the said grantees, heirs and assigns forever.

June 26, 2003

[Signature of Don Isaac]
Don Isaac #00883745
AD

[Signature]

State of Washington

County of King

On this 26 day of June, in the year 2003, before me, a Notary Public in and for said state, personally appeared Don Isaac known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same.

IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal the day and year first above written.



[Signature]
Notary Public for the State of Washington
Residing at Salt Lake City
Commission Expires 8/19/06

20317513

RECORDED AT REQUEST OF
FEE 300 DEPUTY mu
ALLIANCE TITLE & ESCROW

2003 JUL 1 PM 2 14

OFFICIAL RECORD BK# 833
LARRY W. GAN RECORDER
BANNOCK COUNTY IDAHO

20317512

QUITCLAIM DEED

ORDER NO.: 3010310729

FOR VALUE RECEIVED, John P. Harris, husband of Kathy J. Harris

Do(es) hereby convey, release, remise and forever quit claim unto

Kathy J. Harris, a married person as sole and separate property and Deanna B. Isaac, a married person as sole and separate property

whose current address is: 4903 Rebecca, Chubbuck, ID 83202

the following described premises:

Lots 9 and 10, Block 4, Mink Creek Acres, Bannock County, Idaho, as the same appears on the official plat thereof, filed in the Office of the County Recorder of Bannock County, Idaho...

TO HAVE AND TO HOLD the said premises, unto the said grantees, heirs and assigns forever.

June 26, 2003

John P. Harris
John P. Harris



State of Idaho }
County of Bannock } ss.

On this ___ day of June, in the year 2003, before me, a Notary Public in and for the State, personally appeared John P. Harris known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same.

IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal the day and year first above written.

Armelinda Swin
Notary Public for the State of Idaho
Residing at: *2001 1st St*
Commission Expires: *06/30/09*

20317512

RECORDED AT REQUEST OF

FEE 300 DEPUTY mw
ALLIANCE TITLE & ESCROW

2003 JUL 1 PM 2 14

OFFICIAL RECORD BK# 833
LARRY W. DEAN RECORDER
BANNOCK COUNTY IDAHO

AFFIDAVIT
(Notice For Public Record)

20310506

STATE OF Idaho)
COUNTY OF Bannock) SS. 519-56-3565

I Nadyne E Donaldson, being first duly sworn, on oath depose and say:

That I am (X) the surviving spouse () a surviving child () identify: Hernon F Donaldson of Pocatello, Idaho who died in the County of Maricopa, State of AZ, on December 1, 1920, at the age of 86, evidenced by a certified copy of death certificate (X) attached hereto () recorded under Instrument No. , records of County, Idaho;

that the decedent is the same Hernon F Donaldson named in the deed recorded under Instrument No. 436137 & 440662, records of Bannock, County, Idaho; LEGALLY DESCRIBED AS:

LOTS 9 & 10, BLOCK 4, MINK CREEK ACRES, BANNOCK COUNTY, IDAHO, AS THE SAME APPEARS ON THE OFFICIAL PLAT THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF BANNOCK COUNTY, IDAHO...

- () the decedent left no will;
- (X) the affiant is the decedent's surviving spouse and the estate consists solely of community property of the decedent and the surviving spouse;
- () the decedent left a will executed on , 19 , which to the best knowledge of affiant said will was decedent's last will validly executed, and after the exercise of reasonable diligence affiant is unaware of any instrument revoking said will;
- () decedent is survived by the following persons (names and addresses of decedent's spouse, children, heirs and devisees, including ages of any who are minors so far known or ascertainable):

Nadyne E Donaldson 9661 E Charlotta Dr Pocatello, ID 83204 - 85 yrs
 Kathy J. Harris 4903 Rebecca Chubbuck ID 83202 - 58 yrs
 Beanna B. Isaac 15850 N. 23rd St Phoenix, AZ 85022 - 66 yrs

20310506

3-2

By: Nadyne E. Donaldson

State of Arizona)
County of Maricopa) ss.

On this 14th day of April, 2003, before me, a notary public in and for said State, personally appeared Nadyne E. Donaldson known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that Nadyne E. Donaldson executed the same.

Allison K. Stokes
Notary Public
Residing at:
Commission Expires:



20310506

Nadyne Donaldson
RECORDED AT REQUEST OF
FEE 9 DEPUTY BP

2003 APR 25 PM 3 17

OFFICIAL RECORD BK# 828
LARRY W CHAN RECORDER
BANNOCK COUNTY IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

ORIGINAL STATE COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

DEATH NO. 20302314
D 102-

| | | | | | | | | | |
|---|--|---|--|--|--|---|---------------------------------------|--|--|
| NAME OF DECEASED A. FIRST HERNON | | B. MIDDLE EDWARD | | C. LAST DONALDSON | | SEX 2. MALE | DATE OF DEATH 3. DECEMBER 01, 2001 | | |
| RACE (e.g., white, black, American Indian, (specify tribe) etc.) SPECIFY: 4A. White | | WAS DECEASED OF HISPANIC ORIGIN? (SPECIFY YES OR NO) 4B. No | | IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. 4C. | | WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) 4D. No | | | |
| PLACE OF DEATH A. COUNTY Maricopa | | B. TOWN OR CITY Phoenix | | C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS) Bryans Extended Care Center | | | D. DOA OF EMER. IN PATIENT | | |
| DATE OF BIRTH MONTH DAY YEAR November 27, 1915 | | AGE (YEARS LAST BIRTHDAY) 86 | | IF UNDER 1 YEAR MOS. DAYS B. | | IF UNDER 1 DAY HRS. MIN. C. | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 5. Married | |
| STATE AND CITY OF BIRTH (If not in USA, name country) Milton, North Dakota | | CITIZEN OF WHAT COUNTRY? 12. U.S.A. | | SOCIAL SECURITY NO. | | USUAL OCCUPATION (Give kind of work done most of working life, even if retired) 14A. Conductor | | KIND OF BUSINESS OR INDUSTRY 14B. Railroad | |
| USUAL RESIDENCE A. STATE Arizona | | B. COUNTY Maricopa | | C. TOWN OR CITY Phoenix | | HOW LONG IN ARIZONA? 16. 2 months | | EDUCATION HIGHEST GRADE COMPLETED 17. | |
| STREET ADDRESS OF R.F.D. 15850 N. 23rd St. | | INSIDE CITY LIMITS? (SPECIFY Yes or No) 15A. Yes | | ON RESERVATION (SPECIFY Yes or No) 15B. No | | PREVIOUS STATE OF RESIDENCE 18. Idaho | | ELEMENTARY-SECONDARY (9-12) A. 12 | |
| FATHER'S NAME A. FIRST Reuben | | B. MIDDLE Moses | | C. LAST Donaldson | | MOTHER'S MAIDEN NAME A. FIRST Isabell | | B. MIDDLE Brigham | |
| C. LAST Rummrey | | INFORMANT'S SIGNATURE 21. Nadyne Estelle Donaldson | | RELATIONSHIP TO DECEASED 22. Wife | | ADDRESS STREET NO. CITY AND STATE ZIP CODE 23. 15850 N. 23rd St. Phoenix, AZ 85022 | | | |
| BURIAL, CREMATION, REMOVAL (Specify) 24. Cremation | | DATE 25. 12/12/01 | | CEMETERY OR CREMATORY - NAME AND LOCATION 26. Serenity Crematory Phoenix, AZ | | EMBALMER'S SIGNATURE 27A. not embalmed | | CERT. NO. B. | |
| FUNERAL HOME 28. ScienceCare 2003 W. Peoria Ave. Phoenix, AZ 85029 | | NAME STREET ADDRESS CITY AND STATE | | FUNERAL DIRECTOR'S or person acting as such (SIGNATURE) 29A. William R. Pauley | | CERT. NO. B. 835 | | | |
| TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 30. SIGNATURE AND TITLE Jack N. Poles M.D. | | DATE SIGNED (Mo., Day, Year) 31. Dec 4 2001 | | HOUR OF DEATH 32. 2048 | | ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED. 34. SIGNATURE AND TITLE William R. Pauley | | DATE SIGNED (Mo., Day, Year) 35. | |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) 33. | | TO BE COMPLETED BY MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY ONLY 36. AUTHORIZED FOR CREMATION (SPECIFY) 40. Yes | | MEDICAL EXAMINER'S SIGNATURE 41. | | PRONOUNCED DEAD (Mo., Day, Year) 37. ON | | PRONOUNCED DEAD (Hour) 38. AT | |
| NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or Print) 39. Jack N. Poles M.D. 9100 N. 23rd St. Phoenix, AZ 85029 | | REG. FILE NO. 43. 37560 | | REGISTRAR'S SIGNATURE 44. J. A. [Signature] DEPUTY | | REG. DISTRICT 45. 0705 | | DATE RECD. IN STATE OFFICE 46. | |
| SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE, ENTER UNDERLYING CAUSE (DISEASE OR INJURY THAT INITIATED EVENTS RESULTING IN DEATH) LAST. PART I | | A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) Pneumonia | | B. DUE TO OR AS A CONSEQUENCE OF: Alzheimers Disease | | C. DUE TO OR AS A CONSEQUENCE OF: | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10 days 2 years | |
| PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I | | | | | | AUTOPSY (Specify Yes or No) 49. No | | WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) 50. Yes | |
| MANNER OF DEATH 51. <input type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED | | DATE OF INJURY MO DAY YR 52. | | HOUR 53. | | INJURY AT WORK? (Specify Yes or No) 54. | | DESCRIBE HOW INJURY OCCURRED 55. | |
| PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY 56. | | WHERE LOCATED? 57. | | STREET ADDRESS | | CITY OR TOWN | | STATE | |
| SUPPLEMENTARY ENTRIES 58. | | | | | | | | | |

CERTIFIED COPY OF VITAL RECORDS

STATE OF ARIZONA }
COUNTY OF MARICOPA } SS

DATE ISSUED

December 17, 2001

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

Jonathan B. Malachuk, M.D.
Jonathan B. Malachuk, M.D.
County Registrar
Director, Maricopa County Department
of Public Health Services



37-16087

This copy not valid unless prepared on engraved border displaying county seal in color and raised seal of issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

20308470

When recorded, mail to:

Name: Nadyne Donaldson
Address: 15850 N. 23rd St.
City/State/Zip Code: Phoenix, AZ
85022

20308470
Nadyne Donaldson
RECORDED AT REQUEST OF
FEE 6 DEPUTY #

2003 APR 4 PM 1 46
OFFICIAL RECORD BK# 827

Space above this line for Recorder's use
BARRY WILKINSON RECORDER
BARRON COUNTY IDAHO

QUITCLAIM DEED

KNOW ALL MEN BY THESE PRESENTS:

That I (we), Nadyne Donaldson
the undersigned, for the consideration of Ten Dollars (\$10.00) and other valuable considerations, do
hereby release, remise, and forever quitclaim unto Kathy J Harris - And
Deanna B Isaac

all right, title and interest in that certain Property situated in Bannock County,
State of Idaho, and described as follows:

Attached real estate as described Attached title.

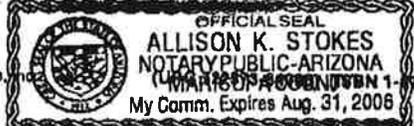
IN WITNESS WHEREOF, I (we) have hereunto set my (our) hand(s) and seal this 3-13-03 day of
March, 2003.

Nadyne Donaldson
Printed Name of Releasor

Nadyne Donaldson
Signature of Releasor

Allison K. Stokes
Printed Name of Witness (if required by State Laws)

Allison K. Stokes
Signature of Witness (if required by State Laws)



20308470

22
38

20302314

EXHIBIT "A"

Lot 9, Block 4, Mink Creek Acres, Bannock County, Idaho, as the same appears on the official plat thereof, filed in the Office of the County Recorder of Bannock County, Idaho...

Lot 10, Block 4, Mink Creek Acres, Bannock County, Idaho, as the same appears on the official plat thereof, filed in the office of the County Recorder of Bannock County, Idaho...

20302314
Nadine Donaldson
 RECORDED AT REQUEST OF
 FEE 9.00 DEPUTY #
 2000 JAN 29 AM 11 53
 OFFICIAL RECORD BK# 824
 LARRY W. CHAN RECORDER
 BANNOCK COUNTY IDAHO

20302314

3-2

EXHIBIT "A"

Lot 9, Block 4, Mink Creek Acres, Bannock County, Idaho, as the same appears on the official plat thereof, filed in the Office of the County Recorder of Bannock County, Idaho...

Lot 10, Block 4, Mink Creek Acres, Bannock County, Idaho, as the same appears on the official plat thereof, filed in the office of the County Recorder of Bannock County, Idaho...

20302314

Nadyne Donaldson

RECORDED AT REQUEST OF

FEE 900 DEPUTY 4

2000 JAN 29 AM 11 53

OFFICIAL RECORD BK# 824
LARRY W CHAN RECORDER
BANNOCK COUNTY IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

ORIGINAL STATE COPY

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS CERTIFICATE OF DEATH

DEATH NO. 20302314 D 102-

| | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|---|--|--|
| NAME OF DECEASED A. FIRST HERNON | | B. MIDDLE EDWARD | | C. LAST DONALDSON | | SEX 2. MALE | DATE OF DEATH MONTH DAY YEAR 3. DECEMBER 01, 2001 | | | | |
| 4. RACE (e.g., white, black, American Indian, (specify tribe) etc.) White | | 5. WAS DECEASED OF HISPANIC ORIGIN (SPECIFY YES OR NO) No | | 6. IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. | | 7. WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) No | | | | | |
| 8. PLACE OF BIRTH A. COUNTY Maricopa | | B. TOWN OR CITY Phoenix | | 9. C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS) Bryans Extended Care Center | | | 10. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Nadyne Estelle Key | | | | |
| 11. DATE OF BIRTH MONTH DAY YEAR November 27, 1915 | | 12. AGE (YEARS LAST BIRTHDAY) 66 | 13. IF UNDER 1 YEAR MOS. DAYS | 14. IF UNDER 1 DAY HRS. MIN. | 15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married | | | | | | |
| 16. STATE AND CITY OF BIRTH (If not in USA, name country) Milton, North Dakota | | 17. CITIZEN OF WHAT COUNTRY? SPECIFY U.S.A. | | 18. SOCIAL SECURITY NO. | | 19. USUAL OCCUPATION (Give kind of work done most of working life, even if retired) Conductor | | 20. KIND OF BUSINESS OR INDUSTRY Railroad | | | |
| 21. USUAL RESIDENCE A. STATE Arizona | | B. COUNTY Maricopa | | C. TOWN OR CITY Phoenix | | D. ZIP CODE 85022 | | 22. HOW LONG IN ARIZONA? 2 months | | | |
| 23. STREET ADDRESS OF R.F.D. 15850 N. 23rd St. | | 24. INSIDE CITY LIMITS? (SPECIFY Yes or No) Yes | 25. ON RESERVATION (SPECIFY Yes or No) No | 26. PREVIOUS STATE OF RESIDENCE Idaho | | 27. ELEMENTARY-SECONDARY (9-12) 12 | | 28. COLLEGE (1-4 or 5+) | | | |
| 29. FATHER'S NAME A. FIRST Reuben | | | B. MIDDLE Mosés | | | C. LAST Donaldson | | | 30. MOTHER'S MAIDEN NAME A. FIRST Isabell | | |
| B. MIDDLE Brigham | | | C. LAST Rummrey | | | | | | | | |
| 31. INFORMANT'S SIGNATURE Nadyne Estelle Donaldson | | | | 32. RELATIONSHIP TO DECEASED Wife | | 33. ADDRESS STREET NO. CITY AND STATE ZIP CODE 15850 N. 23rd St. Phoenix, AZ 85022 | | | | | |
| 34. BURIAL CREMATION REMOVAL (Specify) | | 35. DATE | | 36. CEMETERY OR CREMATORY - NAME/LOCATION | | | 37. EMBALMER'S SIGNATURE | | | 38. CERT. NO. | |
| Cremation | | 12/12/01 | | Serenity Crematory Phoenix, AZ | | | not embalmed | | | 835 | |
| 39. FUNERAL HOME NAME STREET ADDRESS CITY AND STATE | | | | 40. FUNERAL DIRECTOR (If person acting as such (SIGNATURE)) | | 41. CERT. NO. | | | | | |
| ScienceCare 2003 W. Peoria Ave. Phoenix, AZ 85029 | | | | William R. Pauley | | 835 | | | | | |
| 39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. | | | | | | | | | | | |
| 40. SIGNATURE AND TITLE Jack N. Poles M.D. | | | | 41. DATE SIGNED (Mo., Day, Year) Dec 4 2001 | | | | 42. HOUR OF DEATH 2048 | | | |
| 43. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) | | | | | | | | | | | |
| 44. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or Print) Jack N. Poles M.D. 9900 N. 20th St. Phoenix, AZ 85020 | | | | | | 45. AUTHORIZED FOR CREMATION (SPECIFY) Yes No | | 46. MEDICAL EXAMINER'S SIGNATURE | | | |
| 47. DATE REGISTERED DEC 07 2001 | | 48. REG. FILE NO. 37560 | | 49. REGISTRAR'S SIGNATURE De. A. ... DEPUTY | | 50. REG. DISTRICT 0705 | | 51. DATE REC'D. IN STATE OFFICE | | | |
| PART I. SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING UP TO, AND CAUSE OF DEATH. UNDERLYING CAUSE (DISEASE OR INJURY) THAT INITIATED EVENTS RESULTING IN DEATH. LAST. | | | | | | | | | | | |
| A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) Pneumonia | | | | | | | | 10 days | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | |
| B. DUE TO OR AS A CONSEQUENCE OF: Alzheimers Disease | | | | | | | | 2 years | | | |
| C. DUE TO OR AS A CONSEQUENCE OF: | | | | | | | | | | | |
| PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I | | | | | | 52. AUTOPSY (Specify Yes or No) No | | 53. WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) Yes | | | |
| 54. MANNER OF DEATH <input type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED | | 55. DATE OF INJURY MO DAY YR HOUR | | 56. INJURY AT WORK? (Specify Yes or No) | | 57. DESCRIBE HOW INJURY OCCURRED | | | | | |
| 58. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY | | 59. WHERE LOCATED? | | 60. STREET ADDRESS | | 61. CITY OR TOWN | | 62. STATE | | | |
| 63. SUPPLEMENTARY ENTRIES | | | | | | | | | | | |

CERTIFIED COPY OF VITAL RECORDS

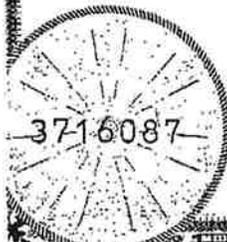
STATE OF ARIZONA }
COUNTY OF MARICOPA } SS

DATE ISSUED

December 17, 2001

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

Jonathan B. Malstrom, M.D.
Jonathan B. Malstrom, M.D.
County Registrar
Director, Maricopa County Department of Public Health Services



This copy not valid unless prepared on engraved border displaying county seal in color and raised seal of issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE