RECORDING REQUESTED BY
MARY E. ROBUTZ

AND WHEN RECORDED MAIL TO

Name MARY E. ROBUTZ
Street Attorney at Law
Address 426 N. San Gabriel Avenue
City & State Azusa, California 91702

57180

Vol. M 78 Page 23800

(SPACE ABOVE THIS LINE FOR RECORDER'S USE)

AFFIDAVIT—DEATH OF JOINT TENANT

STATE OF CALIFORNIA,
County of LOS ANGELES } ss.

PATRICK H. JENKINS, of legal age, being duly sworn, deposes and says:

That ARLENE N. JENKINS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MARY ARLENE JENKINS named as one of the parties in that certain Warranty Deed dated March 19, 1973, executed by Meadow Lake Development Corporation and Lake & Stream Dept. Corp. to PATRICK H. JENKINS and ARLENE N. JENKINS, husband and wife, as joint tenants, recorded as Instrument No. 74853, on April 2, 1973, in Book Vol M.73, Page 3794, of Official Records of Klamath County, ~~California~~ OREGON, covering the following described property situated in the County of Klamath, State of ~~XXXXXX~~ OREGON.

Lot 8, Block 86, Klamath Falls
Forest Estates Highway 66 Unit,
Plat No. 4, as recorded in
Klamath County, Oregon.

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of $ _____

Dated Oct. 15, 1978

x Patrick H. Jenkins
Patrick H. Jenkins

VERIFICATION

I, the undersigned, say: I am the surviving tenant (Surviving Tenant or Agent) the Declarant of the foregoing Affidavit; I have read the foregoing and know the contents thereof; the same is true of my own knowledge.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on Oct. 15 (Date of signature.), 19 78, at Azusa (City where signed.), California.

x Patrick H. Jenkins
(Personal signature of the individual who is swearing that the contents of the Affidavit are true.)
Patrick H. Jenkins

AFFIDAVIT - DEATH OF JOINT TENANT
WOLCOTTS FORM 300 - REVISED 4-73

This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.

72 OCT 21 AM 9 37

CERTIFICATE OF DEATH

23801

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

STATE FILE NUMBER | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA 7

1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME	2a. DATE OF DEATH—MONTH, DAY, YEAR	2b. HOUR
Mary	Arlene	JENKINS	July 10, 1974	9:20 AM

3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH	7. AGE (LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HOURS
Female	White	Nebraska	March 9, 1921	53 YEARS		

8. NAME AND BIRTHPLACE OF FATHER	9. MAIDEN NAME AND BIRTHPLACE OF MOTHER
Fred Newton - Unknown	Beulah Furse - Unknown

10. CITIZEN OF WHAT COUNTRY	11. SOCIAL SECURITY NUMBER	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
U.S.A.	505-18-3218	Married	Pat Jenkins

14. LAST OCCUPATION	15. NUMBER OF YEARS IN THIS OCCUPATION	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE)	17. KIND OF INDUSTRY OR BUSINESS
Employment Develop-ment Offcr II	15	Employment Development Dept	State of California

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY	18b. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)	18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)
Arcadia Methodist Hospital	300 West Huntington Drive	Yes

18d. CITY OR TOWN	18e. COUNTY	18f. LENGTH OF STAY IN COUNTY OF DEATH	18g. LENGTH OF STAY IN CALIFORNIA
Arcadia	Los Angeles	29 YEARS	29 YEARS

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	20. NAME AND MAILING ADDRESS OF INFORMANT
16650 Laxford Road	No	Pat Jenkins 16650 Laxford Road Azusa, California 91702

19c. CITY OR TOWN	19d. COUNTY	19e. STATE
Azusa	Los Angeles	California

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSE(S) STATED BELOW AND THAT I HAVE HELD OR THE REMAINS OF DECEASED AS REQUIRED BY LAW AN INVESTIGATION OR INQUEST.

21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM (ENTER MONTH, DAY, YEAR) 8/13/73 TO (ENTER MONTH, DAY, YEAR) 7/10/74 AND LAST SAW HER/HIM ALIVE ON (ENTER MONTH, DAY, YEAR) 7/9/74

21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE: J K Tunnell MD — 21d. DATE SIGNED: 7-11-74

21e. ADDRESS: 623 Duarte Road, Arcadia, California — 21f. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: C-18825

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION	22b. DATE	23. NAME OF CEMETERY OR CREMATORY	24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER
Entombment	7-12-74	Oakdale Memorial Park	R. A. Amacker 3431

25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO)	27. LOCAL REGISTRAR—SIGNATURE	28. DATE ACCEPTED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
Oakdale Mortuary	No	Peter C. Ottaviano Jr.	JUL 11 1974

MEDICAL AND HEALTH DATA

CAUSE OF DEATH 9

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Cardiac Standstill -	3-5 min.
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST — DUE TO, OR AS A CONSEQUENCE OF (B)	Congestive Heart Failure -	2 yrs.
DUE TO, OR AS A CONSEQUENCE OF (C)	Uremia - Arteriosphrosclerosis -	3-5 yrs.

30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I: Diabetes Mellitus (1963)

31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY YES OR NO)	32a. AUTOPSY (SPECIFY YES OR NO)	32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO)
No	No	

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, FREEWAY, HIGHWAY, STREET, OFFICE BUILDING, ETC.)	35. INJURY AT WORK (SPECIFY YES OR NO)	36a. DATE OF INJURY—MONTH, DAY, YEAR	36b. HOUR

37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)	37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE, ITEM 19 (MILES)	38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)	39. WERE LABORATORY TESTS DONE FOR ALCOHOL (SPECIFY YES OR NO)

40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29.)

STATE REGISTRAR

A.	B.	C.	D.	E.

BK D6416 PG 634

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 24th day of October A.D., 19 78 at 9:37 o'clock A M., and duly recorded in Vol M78, of Deeds on Page 23800.

FEE $6.00

WM. D. MILNE, County Clerk

By Bernetha Deutsch Deputy