

RECORDING REQUESTED BY

DARLENE G. HENINGER

3572

AND WHEN RECORDED MAIL TO

Vol. 781 Page 15074

Name
Street
Address
City &
State

Keith H. Gill, Esq.
Rodi, Pollock, Pettker,
Gailbraith & Phillips
611 W. Sixth St., Suite 1600
Los Angeles, CA 90017

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit - Death of Joint Tenant

TO 426 CA (12-74)

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

A.P.N. _____

STATE OF CALIFORNIA,

COUNTY OF LOS ANGELES

} ss.

DARLENE G. HENINGER

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

That Wayne Gold Heninger

, the decedent mentioned in the attached certified copy of

Certificate of Death, is the same person as Wayne G. Heninger

named as one of the parties in that certain Bargain and Sale Deed dated July 26, 1978

executed by Wells Fargo Realty Services, Inc., Trustee Under Trust 7213

to Wayne G. Heninger and Darlene G. Heninger, husband and wife,

as joint tenants, recorded as Instrument No. 54722, on September 11, 1978, in

Book/Reel M78, Page/Image 19975, of Official Records of Klamath

County, Oregon, covering the following described property situated in the City of Klamath Falls

Oregon, County of Klamath, State of Oregon:

Lot 24 of Block 19 in Oregon Shores Subdivision -
Unit 2, Tract Number 1113 as shown on the map
filed on December 9, 1977 in Volume 21, page 20
of maps in the office of the county recorder
of said county.

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 \$ 150,000.00

Dated July 7, 1981

Darlene G. Heninger

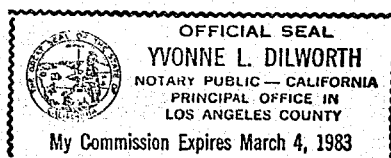
SUBSCRIBED AND SWORN TO before me

DARLENE G. HENINGER

this 7th day of July, 1981

Signature

Yvonne L. Dilworth



(This area for official notarial seal)

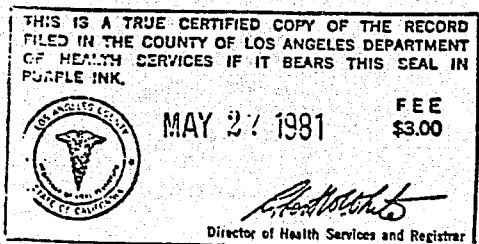
Title Order No. _____

Escrow or Loan No. _____

CERTIFICATE OF DEATH STATE OF CALIFORNIA

15075

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
		Wayne		Gold		Heninger		2A. DATE OF DEATH (MONTH, DAY, YEAR)			
		3. SEX		4. RACE		5. ETHNICITY		6. DATE OF BIRTH		2B. HOUR	
		Male		White				February 26, 1934		245	
DECEDENT PERSONAL DATA		8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER		11. CITIZEN OF WHAT COUNTRY			
		Utah		Harold Peery Heninger - Idaho		Winifred Gold - England		12. SOCIAL SECURITY NUMBER			
		United States		563-40-7587		Married		13. MARITAL STATUS			
		Public Relations		15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS	
USUAL RESIDENCE		19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B.		19C. CITY OR TOWN		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP			
		27512 Country Glen Road				Agoura		Darlene G. Heninger wife 27512 Country Glen Road Agoura, CA			
PLACE OF DEATH		21A. PLACE OF DEATH		19E. STATE		21B. COUNTY		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)			
		WESTLAKE COMMUNITY HOSPITAL		CA		LOS ANGELES		4415 SOUTH LAKEVIEW CANYON ROAD WESTLAKE			
CAUSE OF DEATH		22. DEATH WAS CAUSED BY:		(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		24. WAS DEATH REPORTED TO CORONER?			
		IMMEDIATE CAUSE		(A) SEVERE CRANIOCEREBRAL INJURY				81-6612			
		CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.		(B) BLUNT FORCE TRAUMA				25. WAS BIOPSY PERFORMED?			
				(C)				NO			
PHYSICIAN'S CERTIFICATION		28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER			
		I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)		28E. TYPE PHYSICIAN'S NAME AND ADDRESS							
INJURY INFORMATION CORONER'S USE ONLY		29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR	
		ACCIDENT		STREET		NO		MAY 22, 1981		2120	
10		33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		35. DATE SIGNED		36. DISPOSITION			
		AGOURA RD. EAST OF CHESEBRO, AGOURA		AUTO (DRIVER) VS. FIXED OBJECT		5-26-81		Burial			
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN INVESTIGATION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE		40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)			
		May 27, 1981		Pierce Brothers - Westlake Oaks Memorial Park - Westlake Village, CA		not embalmed		Darlene G. Heninger			
STATE REGISTRAR		41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR		43. SIGNATURE OF CORONER		44. SIGNATURE OF DEPUTY CORONER			
				MAY 26 1981		James T. Noguchi, M.D., CORONER		Deputy			



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 August A.D., 1981 at 12:37 o'clock p M., and duly recorded in

Vol M81 of Deeds on page 15074.

Fee \$ 7.00

EVELYN BIEHN
COUNTY CLERK

[Signature] deputy