

RECORDING REQUESTED BY
DARLENE G. HENINGER

3573

AND WHEN RECORDED MAIL TO

Vol. mg1 Page 15076

Name Keith H. Gill, Esq.
Street Address Rodi, Pollock, Pettker,
Gailbraith & Phillips
City & State 611 W. Sixth St., Suite 1600
Los Angeles, CA 90067

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

That Wayne Gold Heninger, of legal age, being first duly sworn, deposes and says:

Certificate of Death, is the same person as Wayne G. Heninger the decedent mentioned in the attached certified copy of

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

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

to Wayne G. Heninger and Darlene G. Heninger

as joint tenants, recorded as Instrument No 54724, on September 11, 1978, in
Book/Reel M78, Page/Image 19978, of Official Records of Klamath
County, ~~California~~ Oregon, covering the following described property situated in the City of Klamath Falls,
Oregon, County of Klamath, State of ~~California~~ Oregon:

Lot 3 of Block 24 in Oregon Shores Subdivision -
Unit 2 Tract No. 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

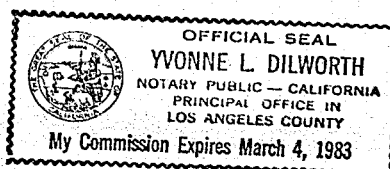
Dated July 7, 1981

SUBSCRIBED AND SWORN TO before me

this 7th day of July, 1981

Signature George G. Dilworth

Darlene G. Heninger
DARLENE G. HENINGER



(This area for official notarial seal)

Title Order No. _____

Escrow or Loan No. _____

STATE FILE NUMBER				CERTIFICATE OF DEATH STATE OF CALIFORNIA				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR			
Wayne		Gold		Heninger		MAY 22, 1981		2145			
3. SEX		4. RACE		5. ETHNICITY		6. DATE OF BIRTH		7. AGE		IF UNDER 1 YEAR MONTHS DAYS	
Male		White				February 26, 1934		47		YEARS	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER				10. BIRTH NAME AND BIRTHPLACE OF MOTHER					
Utah		Harold Peery Heninger - Idaho				Winifred Gold - England					
11. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)					
United States		563-40-7587		Married		Darlene G. Thompson					
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS					
Public Relations		22		Summa Corporation		Architecture					
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)				19B.		19C. CITY OR TOWN					
27512 Country Glen Road						Agoura					
19D. COUNTY				19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP					
Los Angeles				CA		Darlene G. Heninger wife					
21A. PLACE OF DEATH				21B. COUNTY		27512 Country Glen Road					
WESTLAKE COMMUNITY HOSPITAL				LOS ANGELES		Agoura, CA					
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)				21D. CITY OR TOWN							
4415 SOUTH LAKEVIEW CANYON ROAD				WESTLAKE							
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)								24. WAS DEATH REPORTED TO CAD?		25. WAS BIRTH REPORTED?	
IMMEDIATE CAUSE				(A) SEVERE CRANIOCEREBRAL INJURY				61-6612		NO	
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.				(B) BLUNT FORCE TRAUMA						NO	
				(C)						NO	
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH				27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?		TYPE OF OPERATION		NO		DATE	
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							
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			
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)				34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)							
AGOURA RD. EAST OF CHESEBRO, AGOURA				AUTO (DRIVER) VS. FIXED OBJECT							
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				35B. SIGNATURE AND ADDRESS OF CORONER		35C. DATE SIGNED					
				THOMAS T. NOZUCHI, M.D., CORONER		5-26-81					
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. ENBALMER'S LICENSE NUMBER AND SIGNATURE					
Burial		May 27, 1981		Pierce Brothers Westlake Valley Oaks Memorial Park - Village, CA		not embalmed					
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)				41. LOCAL REGISTRATION SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR					
Darlene G. Heninger						MAY 26 1981					
STATE REGISTRAR		A.		B.		C.		D.		E.	

VS-11 (10-78)

61-1-3-086

THIS IS A TRUE CERTIFIED COPY OF THE RECORD
FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT
OF HEALTH SERVICES IF IT BEARS THIS SEAL IN
PURPLE INK.



MAY 27 1981

FEE
\$3.00

Director of Health Services and Registrar

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 15076

EVELYN BIEHN
COUNTY CLERK

Fee \$ 7.00

By Berntha Speltch deputy