

RECORDING REQUESTED BY
Mrs. Lenora D. Anderson

18067

AND WHEN RECORDED MAIL TO

Name Mrs. Lenora Anderson
Street Address 1250 Harvard
Santa Monica, California 90404
City & State

Recorded for record at request of

this day of A.D. 19
o'clock M, and duly
recorded in Vol. of

EVELYN BENN County Clerk

Fee SPACE ABOVE THIS LINE FOR RECORDER'S USE

MAIL TAX STATEMENTS TO

Name Mrs. Lenora Anderson
Street Address 1250 Harvard
Santa Monica, California 90404
City & State

Affidavit - Death of Joint Tenant

THIS FORM FURNISHED BY TRUSTORS SECURITY SERVICE

AJT-873*

STATE OF CALIFORNIA,

COUNTY OF Los Angeles

ss.

Lenora D. Anderson, of legal age, being first duly sworn, deposes and says:
That James O. Anderson, the decedent mentioned in the attached certified copy of

Certificate of Death, is the same person as James O. Anderson dated September 25, 1973,
named as one of the parties in that certain Warranty Deed executed by Meadow Lake Development Corp. and Lake & Stream Development Corp.
to James O. Anderson and Lenora D. Anderson, as tenants by its entirety
as joint tenants, recorded as Instrument No. 82995 on October 29, 1973, in
book M 73, page 14442, of Official Records of Klamath
County, ~~Klamath~~ Oregon, covering the following described property situated in the
County of Klamath, State of ~~Klamath~~ Oregon:

Lot 5, Block 86, Klamath Falls Forest Estates,
Highway 66 Unit, Plat No. 4, as recorded in
Klamath County, Oregon

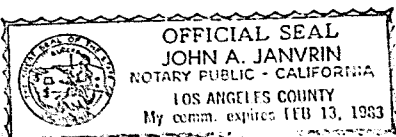
That the value of all real and personal property owned by said decedent at date of death, including the full value of
the property above described, did not then exceed the sum of \$

Dated October 11, 1982

Lenora D. Anderson
Lenora D. Anderson

SUBSCRIBED AND SWORN TO before me

this 11th day of October 1982
Signature John A. Janvrin
Name (Typed or Printed)



(This area for official notarial seal)

Title Order No. File, Escrow or Loan No.

MAIL TAX STATEMENTS AS DIRECTED ABOVE

CERTIFICATE OF DEATH
STATE OF CALIFORNIA


17237

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST JAMES		1B. MIDDLE O'CONNELL		1C. LAST ANDERSON		2A. DATE OF DEATH—MONTH, DAY, YEAR SEPTEMBER 19, 1982		2B. HOUR 0245	
3. SEX MALE		4. RACE WHITE		5. ETHNICITY		6. DATE OF BIRTH APRIL 19, 1908		7. AGE 74 YEARS	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) NEBRASKA		9. NAME AND BIRTHPLACE OF FATHER JAMES ANDERSON — NEW YORK				10. BIRTH NAME AND BIRTHPLACE OF MOTHER ETHEL O'CONNELL — NEBRASKA			
11. CITIZEN OF WHAT COUNTRY U.S.A.		12. SOCIAL SECURITY NUMBER 506-07-7368 A		13. MARITAL STATUS MARRIED		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) LENORA DUVALL			
15. PRIMARY OCCUPATION INSTRUCTOR		16. NUMBER OF YEARS THIS OCCUPATION 35		17. EMPLOYER (IF SELF EMPLOYED, SO STATE) GENERAL TELEPHONE CO.		18. KIND OF INDUSTRY OR BUSINESS COMMUNICATIONS			
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1250 HARVARD STREET		19B. CITY SANTA MONICA		19C. STATE CALIFORNIA		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP MRS. LENORA D. ANDERSON — WIFE			
21A. PLACE OF DEATH SANTA MONICA HOSPITAL		21B. CITY OR TOWN SANTA MONICA		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1225 - 15TH STREET		21D. CITY OR TOWN SANTA MONICA, CALIFORNIA 90404			
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Cardio Respiratory Arrest (B) Metastatic Carcinoma (C) None		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH None		24. WAS DEATH REPORTED TO CORONER? No		25. WAS BICEST PERFORMED? No		26. WAS AUTOPSY PERFORMED? No	
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 22? TYPE OF OPERATION: Bladder Surgery 21B LUNG SURGERY		28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) 12/4/81 I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.) 9/18/82		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Martin L. Alpert, M.D.		28C. DATE SIGNED 9/20/82		28D. PHYSICIAN'S LICENSE NUMBER G034933	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)							
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 (INQUEST-INVESTIGATION)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED					
36. DISPOSITION CREMATION		37. DATE—MONTH, DAY, YEAR SEPT. 23, 1982		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY CHAPEL OF THE PINES - LOS ANGELES, CALIF.		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE NOT EMBALMED			
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) PIERCE BROTHERS MOELLER-MURPHY FUNERAL HOME F-695		41. LOCAL REGISTRATION DISTRICT 17237		42. DATE ACCEPTED BY LOCAL REGISTRAR SEP 21 1982					
STATE REGISTRAR		A.		B.		C.		D.	
E.		F.		G.		H.		I.	

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.



SEP 21 1982
FEE \$3.00

S *[Signature]*
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 6 day of Dec. A.D., 19 82 at 3:12 o'clock P M and duly recorded in Vol M82, of Deeds on page 17236

FEE \$ 8.00

EVELYN BIEHN COUNTY CLERK
by *[Signature]* Deputy