

Recorded at the Request Of and  
After Recordation Return to:

COUGHLIN & PAXTON, A Law Corporation  
P. O. Box 8  
Hollister, Ca. 95023

Vol. 1183 Page 1139

Mail Tax Statements To:  
EDWARD PETERSON  
1750 San Juan - Hollister Road  
San Juan Bautista, Ca. 95045

AFFIDAVIT

STATE OF CALIFORNIA, )  
 ) ss.  
COUNTY OF SAN BENITO. )

EDWARD PETERSON, being first duly sworn, deposes and says:

I am 21 years of age or over; MILDRED HELEN PETERSON, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MILDRED H. PETERSON, named as one of the parties in the Warranty Deed dated August 10, 1964, executed by Bernard Grossman, a single man, to EDWARD PETERSON and MILDRED H. PETERSON, husband and wife, recorded September 1, 1964, in Vol. 356, page 29, Record of Deeds of Klamath County, Oregon, covering the following real property, with the tenements, hereditaments and appurtenances, situated in the County of Klamath, State of Oregon, bounded and described as follows:

S1/2 N1/2 SE1/4 NW1/4 Section 31, Township 30 South, Range 8 East, W.M.  
SUBJECT to easements, reservations and rights of way of record.

MILDRED HELEN PETERSON, the decedent named in the attached certified copy of Certificate of Death, is the same person as MILDRED H. PETERSON, named as one of the parties in the Warranty Deed dated February 5, 1965, executed by Bernard Grossman, a single man, to EDWARD PETERSON and MILDRED H. PETERSON, husband and wife, recorded February 17, 1965, in Vol. 369, page 367, Record of Deeds of Klamath County, Oregon, covering the following real property, with the tenements, hereditaments and appurtenances, situated in the County of Klamath, State of Oregon, bounded and described as follows:

S 1/2 of SE 1/4 of NW 1/4 of Section 31, Township 30 South, Range 8 East  
of the Willamette Meridian, Klamath County, Oregon.  
SUBJECT TO: Conditions, easements, restrictions, reservations  
and rights of way of record.

1140

On October 6, 1982, the date of death of MILDRED HELEN PETERSON, also known as MILDRED H. PETERSON, she was married to me and I am her surviving spouse and surviving tenant by the entirety.

*Edward Peterson*

Edward Peterson

Subscribed and sworn to before me

this 18th day of January, 1983.

*Angie J. Baker*

Notary Public



**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA

VOL 485 PAGE 860  
2700 1141

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
		Mildred		Helen		PETERSON		2A. DATE OF DEATH—MONTH DAY YEAR	
3. SEX		4. RACE		5. ETHNICITY		6. DATE OF BIRTH		2B. HOUR	
Female		White		American		October 7, 1911		OCTOBER 6, 1982 2230	
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		12. SOCIAL SECURITY NUMBER	
California		Glenn Cook Michigan		Lena Pozar California		U.S.A.		558-34-5193	
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF EMPLOYED, SO STATE)		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF ALIVE ENTER NAME)	
Housewife		adult Life				Married		Edward Peterson	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. CITY OR TOWN		19C. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		21. DATE OF DEATH	
1750 San Juan Hollister Road		San Juan Bautista		California		Edward Peterson Husband			
21A. PLACE OF DEATH		21B. COUNTY		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN		21E. STATE	
Salinas Valley Memorial Hospital		Monterey		450 East Romie Lane		Salinas		San Juan Bautista, California	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		(A) LUNG CANCER		(B)		(C)		24. WAS DEATH REPORTED TO CORONER?	
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST		2yr						NO	
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH								25. WAS BICEST PERFORMED?	
								YES	
								26. WAS AUTOPSY PERFORMED?	
								NO	
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 OF DEATH		28D. PHYSICIAN'S LICENSE NUMBER		28E. TYPE OF PHYSICIAN'S SIGNATURE	
9/17/82 10/6/82		J. ANTHONY SMITH, M.D.		10/7/82		C30587			
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH DAY YEAR		32B. HOUR	
						236 SAN JOSE STREET, SALINAS			
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		35. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED			
36. DISPOSITION		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)	
Cremation		October 8, 82		Garden of Memories, Salinas, California		6957		The Muller Mortuary F-147	
41. STATE REGISTRAR		A.		B.		C.		D.	

**CERTIFICATION STATEMENT**

This is to certify, that the attached is a true and correct copy of the vital statistics record which is on file in this office and of which I am the legal custodian.

*Robert J. Melton* Director of Health  
SIGNATURE OF CERTIFYING OFFICIAL

ROBERT J. MELTON, M.D.  
MONTEREY COUNTY HEALTH DEPARTMENT

PLACE OF CERTIFICATION  
1270 NATIVIDAD ROAD SALINAS, CA. 93906

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH

OCT 7 1982  
DATE OF CERTIFICATION

State of OREGON: COUNTY OF KLAMATH: ss.  
I hereby certify that the within instrument was received and filed for record on the

20 day of Jan A.D., 1983 at 1:26 o'clock P M., and duly recorded in

Vol M83 of Deeds on page 1139.

Fee \$ 12.00

EVELYN BIEHN  
COUNTY CLERK  
By \_\_\_\_\_ deputy