

Return 70:

CHACONNI, JONES & ASSOCIATES
ATTORNEYS AT LAW
A PROFESSIONAL CORPORATION
435 MAIN STREET
KLAMATH FALLS, OREGON 97601

Vol. M85. Page 926

45114

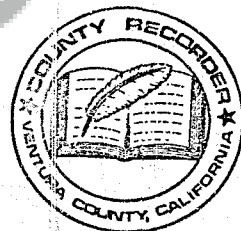
95 JAN 18 AM 10 24

CERTIFICATE OF DEATH				5600	2193
STATE OF CALIFORNIA - DEPARTMENT OF PUBLIC HEALTH				LOCAL JURISDICTION INTERESTED PARTY	
DECEDENT PERSONAL DATA	1. NAME OF DECEASED - SURVIVOR	2. SEX	3. LAST NAME	4. DATE OF BIRTH	5. DATE OF DEATH
	Ann	F.	Williamson	November 26, 1971	11:42 A.
	6. RACE	7. PLACE OF BIRTH	8. DATE OF DEATH	9. AGE	10. SEX
	Female	Canada	April 6, 1911	60	F
DECEASED RESIDENCE AND FAMILY DATA	11. NAME AND ADDRESS OF DECEASED	12. NAME AND ADDRESS OF SURVIVOR	13. NAME AND ADDRESS OF DECEASED	14. NAME AND ADDRESS OF SURVIVOR	15. NAME AND ADDRESS OF DECEASED
	Daniel Douglas - Kentucky	Ann Catherine - Kentucky	United States	347-03-9625	347-03-9625
	16. NAME AND ADDRESS OF DECEASED	17. NAME AND ADDRESS OF SURVIVOR	18. NAME AND ADDRESS OF DECEASED	19. NAME AND ADDRESS OF SURVIVOR	20. NAME AND ADDRESS OF DECEASED
	Baron	Adult Life	Baron	Adult Life	Baron
PLACE OF BIRTH	21. PLACE OF BIRTH - NAME OF HOSPITAL OR OTHER INSTITUTION	22. PLACE OF BIRTH - NAME OF HOSPITAL OR OTHER INSTITUTION	23. PLACE OF BIRTH - NAME OF HOSPITAL OR OTHER INSTITUTION	24. PLACE OF BIRTH - NAME OF HOSPITAL OR OTHER INSTITUTION	25. PLACE OF BIRTH - NAME OF HOSPITAL OR OTHER INSTITUTION
	St. John's Hospital	St. John's Hospital	St. John's Hospital	St. John's Hospital	St. John's Hospital
	26. CITY OF BIRTH	27. CITY OF BIRTH	28. CITY OF BIRTH	29. CITY OF BIRTH	30. CITY OF BIRTH
	Omaha	Omaha	Omaha	Omaha	Omaha
PHYSICIAN'S OR CORONER'S CERTIFICATION	31. NAME OF PHYSICIAN OR CORONER	32. NAME OF PHYSICIAN OR CORONER	33. NAME OF PHYSICIAN OR CORONER	34. NAME OF PHYSICIAN OR CORONER	35. NAME OF PHYSICIAN OR CORONER
	James L. Richardson	James L. Richardson	James L. Richardson	James L. Richardson	James L. Richardson
	36. DATE OF CERTIFICATION	37. DATE OF CERTIFICATION	38. DATE OF CERTIFICATION	39. DATE OF CERTIFICATION	40. DATE OF CERTIFICATION
	11/29/71	11/29/71	11/29/71	11/29/71	11/29/71
CAUSE OF DEATH	41. CAUSE OF DEATH	42. CAUSE OF DEATH	43. CAUSE OF DEATH	44. CAUSE OF DEATH	45. CAUSE OF DEATH
	Myocardial infarction	Myocardial infarction	Myocardial infarction	Myocardial infarction	Myocardial infarction
	46. ICD-9 CODE	47. ICD-9 CODE	48. ICD-9 CODE	49. ICD-9 CODE	50. ICD-9 CODE
	401	401	401	401	401
MARRY INFORMATION	51. NAME OF MARRIED DECEASED	52. NAME OF MARRIED DECEASED	53. NAME OF MARRIED DECEASED	54. NAME OF MARRIED DECEASED	55. NAME OF MARRIED DECEASED
	Ann Catherine	Ann Catherine	Ann Catherine	Ann Catherine	Ann Catherine
	56. DATE OF MARRIAGE	57. DATE OF MARRIAGE	58. DATE OF MARRIAGE	59. DATE OF MARRIAGE	60. DATE OF MARRIAGE
	11/29/71	11/29/71	11/29/71	11/29/71	11/29/71
STATE INFORMATION	61. NAME OF STATE	62. NAME OF STATE	63. NAME OF STATE	64. NAME OF STATE	65. NAME OF STATE
	California	California	California	California	California
	66. COUNTY OF STATE	67. COUNTY OF STATE	68. COUNTY OF STATE	69. COUNTY OF STATE	70. COUNTY OF STATE
	Ventura	Ventura	Ventura	Ventura	Ventura

This is a true certified copy of the record
if it bears the seal, imprinted in purple ink,
of the County Recorder.

JAN 20 1984

RICHARD D. DEAN, COUNTY RECORDER
VENTURA COUNTY, CALIFORNIA



500
JAN 18

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for
record on the 16th day of January A.D., 1985 at 10:24 o'clock A M,
and duly recorded in Vol M85, of Deeds, on page 926.

Fee: \$ 9.00

EVELYN BIEHN, COUNTY CLERK
by: Ann Smith, Deputy