

RECORDING REQUESTED BY  
THOMASON & ROBERTS  
46563

'85 MAR 6 PM 2 31

AND WHEN RECORDED MAIL TO

Name THOMASON & ROBERTS  
Street Address 66 Linoberg Street  
City & State Sonora, CA 95370

SPACE ABOVE THIS LINE FOR RECORDER'S USE

MAIL TAX STATEMENTS TO

Name Marguerite Brennan  
Street Address 17083 Mountain Side Dr.  
City & State Soulsbyville, CA 95372

## Affidavit - Death of Joint Tenant

181619

AJT 873 HD

THIS FORM FURNISHED BY TRUSTORS SECURITY SERVICE

STATE OF CALIFORNIA,

COUNTY OF Tuolumne } ss.

Marguerite Brennan

That Francis Emmett Brennan Jr., of legal age, being first duly sworn, deposes and says:  
the decedent mentioned in the attached certified copy of

Certificate of Death, is the same person as Francis E. Brennan  
named as one of the parties in that certain Warranty Deed dated December 11, 1970  
executed by Valiant Development Corp. and Outdoor Land Development Corp.  
to Francis E. Brennan and Marguerite Brennan, husband and wife

as joint tenants, recorded as Instrument No. 47530 on \_\_\_\_\_, in  
book M-70, page 11185, of Official Records of Klamath County, Oregon

~~XXXXXX~~ covering the following described property situated in the ~~State of California~~ XXXXXX Oregon:  
County of Klamath State of Oregon

Lot 28, Block 20, Klamath Falls Forest  
Estates Highway 66 Unit, Plat No. 1,  
as recorded in Klamath County, Oregon.

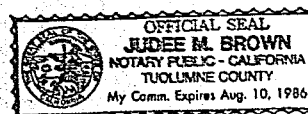
Dated 2-19-85

Marguerite Brennan  
Marguerite Brennan

SUBSCRIBED AND SWORN TO before me

this 19th day of February, 1985

Signature Judee M. Brown  
Name (Typed or Printed) Judee M. Brown



(This area for official notarial seal)

Title Order No. \_\_\_\_\_ Escrow, Loan or Attorney File No. \_\_\_\_\_

MAIL TAX STATEMENTS AS DIRECTED ABOVE

Assessors Identification Number:

MAP BOOK

PAGE

PARCEL

900

## CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		2A. DATE OF DEATH (MONTH, DAY, YEAR) 12B. HOUR	
FRANCIS		January 25 1985 2300	
1B. MIDDLE		3. SEX	
Emmett		Male	
1C. LAST		4. RACE/ETHNICITY	
BRENNAN Jr		White	
5. SPANISH/HISPANIC NO		6. DATE OF BIRTH	
NO		April 24, 1915	
7. AGE		8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	
69 YEARS		Co.	
9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
Francis Emmett Brennan-Unk.		Theodosia Wall-Unk.	
11. CITIZEN OF WHAT COUNTRY		13. MARITAL STATUS	
USA		Married	
12. SOCIAL SECURITY NUMBER		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)	
521-03-6341		Marguerite Dahling	
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION	
Fire Captain		25	
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS	
City of Richmond		Fire Department	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. CITY OR TOWN	
17083 Mountain Side Dr.		Soulsbyville	
19D. COUNTY		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
Tuolumne		Emmett Brennan-Son	
21A. PLACE OF DEATH		21B. COUNTY	
Doctors Medical Center		Stanislaus	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN	
Florida & Orangeburg		Modesto	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?	
(A) HEART FAILURE (CONGESTIVE) WEEKS		24. WAS DEATH REPORTED TO CORONER?	
(B) ISCHEMIC HEART DISEASE YEARS		25. WASopsy PERFORMED?	
(C)		26. WAS AUTOPSY PERFORMED?	
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		27. TYPE OF OPERATION	
RESPIRATORY FAILURE POSSIBLE SEPSIS PERMANENT PALER 1-19-85		1-28-85 636515	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	
1-19-85 1-25-85		Robert Combs, M.D., 600 Coffee Rd., Modesto CA	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY	
31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR	
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	
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR	
Cremation		Jan. 30, 1985	
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE	
Ceres Crematory Ceres, California		5547 James Darg	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		41. LOCAL REGISTRAR—SIGNATURE	
Terzich & Wilson Funeral Home		Ken Kelly M.D.	
40B. LICENSE NO.		42. DATE ACCEPTED BY LOCAL REGISTRAR	
762		JAN 29 1985	
STATE REGISTRAR		F.	

VS-11 (7-83)

87804-449 8-83 40CM DUP © C3\*

I certify this instrument to be a true certified copy of the record in this office.

ATTEST: JAN 29 1985

LOCAL REGISTRAR OF VITAL STATISTICS  
OF STANISLAUS COUNTY, CALIFORNIA

STATE OF OREGON: COUNTY OF KLAMATH:s's

I hereby certify that the within instrument was received and filed for record on the 6th day of March A.D., 1985 at 2:31 o'clock P.M., and duly recorded in Vol M85 of Deeds on page 3334

EVELYN BIEHN, COUNTY CLERK

Fee: \$ 9.00

by: Pat Smith, Deputy