

47047

Vol. M85 Page 4196

After recording mail to:

JOSEPH H. CALDERON
135 S. Center St.
P. O. Box 1823
Turlock, CA 95381

'85 MAR 21 PM 12 25

D E C L A R A T I O N
DEATH OF MANUEL N. FRIEND
STATE OF CALIFORNIA
COUNTY OF STANISLAUS

ARTICLE I

Declarant is an adult person whose name is NORA J. FRIEND.

ARTICLE II

The name of the decedent, was a Joint Tenant, and whose interest terminated by reason of his death is, MANUEL N. FRIEND.

ARTICLE III

Decedent died on February 10, 1985.

ARTICLE IV

A certified copy of the death certificate of decedent is attached hereto.

64-
13.00

ARTICLE V

Declarant was the spouse of decedent, and is a surviving Joint Tenant.

ARTICLE VI

The Deed wherein declarant and decedent were named as Joint Tenants was the following:

Date of Deed: November 11, 1976, recorded in the County of Klamath on November 24, 1976, in Volume 76 at page 18959.

The real property in the County of Klamath, State of Oregon described as follows:

Lot 1, Block 33, Klamath Falls Forest Estates Highway 66 Unit, Plat No. 2 as recorded in Klamath County, Oregon and also subject to all conditions, restrictions, reservations, easements, exceptions, rights and/or rights of way affecting said property.

I declare under penalty of perjury that the foregoing is true and correct and that this declarations is executed on this 21 day of February, 1985, at Turlock, California.

Nora J. Friend

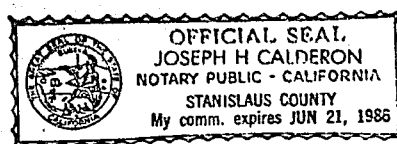
NORA J. FRIEND

STATE OF CALIFORNIA)
COUNTY OF STANISLAUS) ss.

On February 21, 1985, before me, the undersigned Notary Public in and for said State, personally appeared NORA J. FRIEND personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledge that she executed the same.

WITNESS my hand and official seal.

Joseph H. Calderon
JOSEPH H. CALDERON, Notary Public



CERTIFICATE OF DEATH

STATE OF CALIFORNIA

4198

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE	
MANUEL		NATHAN	
1C. LAST		1D. FIRST	
FRIEND		FRIEND	
2A. DATE OF DEATH—MONTH, DAY, YEAR		2B. HOUR	
February 10, 1985		1130	
3. SEX		4. RACE/ETHNICITY	
Male		Cauc.	
5. SPANISH/Hispanic		6. DATE OF BIRTH	
<input checked="" type="checkbox"/>		February 22, 1921	
7. AGE		8. IF UNDER 1 YEAR	
63 YEARS		MONTHS DAYS	
9. IF UNDER 24 HOURS		HOURS MINUTES	
10. BIRTH NAME AND BIRTHPLACE OF MOTHER		11. BIRTH NAME AND BIRTHPLACE OF FATHER	
Talitha Cooper - IL		Nathan J. Friend - IL	
12. CITIZEN OF WHAT COUNTRY		13. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE	
U.S.A.		19 unk TO 19 46	
14. SOCIAL SECURITY NUMBER		15. MARITAL STATUS	
337-14-1061		Married	
16. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)		17. KIND OF INDUSTRY OR BUSINESS	
Nora Wood		Farming	
18. PRIMARY OCCUPATION		19. NUMBER OF YEARS THIS OCCUPATION	
Rancher		11	
20. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		21. VARIOUS / self	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. CITY OR TOWN	
311 Bruce		Turlock	
19C. COUNTY		19D. STATE	
Stanislaus		CA	
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		21. PLACE OF DEATH	
Nora Friend wife		At Home	
311 Bruce		Stanislaus	
Turlock, CA 95380		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	
		311 Bruce	
		21D. CITY OR TOWN	
		Turlock	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. WAS DEATH REPORTED TO CORONER?	
(A) Squamous cell cancer of lung		No	
(B) Severe emphysema		24. WAS BIOPSY PERFORMED?	
(C)		Yes	
		25. WAS AUTOPSY PERFORMED?	
		No	
26. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION	
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 ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)		28C. DATE SIGNED	
12-21-84		2/12/85	
2 LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)		28D. PHYSICIAN'S LICENSE NUMBER	
1-11-85		A38740	
28E. TYPE PHYSICIAN'S NAME AND ADDRESS		28F. DATE OF DEATH	
Mussa BaniSadre, M.D.		2/12/85	
1800 Coffee Rd., Suite F-33		Modesto, Ca 95355	
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		37. DATE—MONTH, DAY, YEAR	
Burial		Feb. 14, 1985	
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE	
Inglewood Park Cemetery		6930 Clark Andrews	
CA.			
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.	
Whitehurst Norton Chapel		F 504	
41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY REGISTRAR	
Kam Kelly M.D.		FEB 13 1985	
STATE REGISTRAR			

VS-11(1-85)

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

ATTEST: FEB 13 1985

Kam Kelly M.D.

LOCAL REGISTRAR OF VITAL STATISTICS
OF STANISLAUS COUNTY, CALIFORNIA

STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for record on the 21st day of March A.D., 19 85 at 12:25 o'clock P M, and duly recorded in Vol M85, of Deeds on page 4196.

EVELYN BIEHN, COUNTY CLERK

Fee: \$ 13.00

by: Pam Smith, Deput: