

49642

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol 145 Page: 8613

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR	
		Willie		Edward		Kaatz, Sr.		April 29, 1985		0250	
3. SEX		4. RACE/ETHNICITY		5. SPANISH/HISPANIC		6. DATE OF BIRTH		7. AGE		IF UNDER 1 YEAR MONTHS DAYS HOURS MINUTES	
Male		White		NO		March 6, 1925		60			
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER		11A. CITIZEN OF WHAT COUNTRY		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE		12. SOCIAL SECURITY NUMBER	
TX		William Kaatz - TX		Freida Lemmer - TX		USA		19 47 TO 19 50		459-20-4966	
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS		19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. CITY OR TOWN	
Truck Driver		9 1/2		TG&Y Company		Trucking		33360 Mission Trail		Lake Elsinore	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. CITY OR TOWN		19C. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		21A. PLACE OF DEATH		21B. COUNTY	
33360 Mission Trail		Lake Elsinore		California		Alma Kaatz, wife		Corona Community Hospital		Riverside	
21A. PLACE OF DEATH		21B. COUNTY		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN		22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN	
Corona Community Hospital		Riverside		800 S. Main St.		Corona		(A) <i>Cardio Respiratory Failure</i>		24. WAS DEATH REPORTED TO CORONER?	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN		22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN		(B) <i>Squamous Cell Carcinoma of Right Lung = Met to Liver and Kidney</i>		25. WAS BOPSY PERFORMED?	
800 S. Main St.		Corona		(A) <i>Cardio Respiratory Failure</i>		(B) <i>Squamous Cell Carcinoma of Right Lung = Met to Liver and Kidney</i>		(C) <i>Hypocalcemia</i>		26. WAS AUTOPSY PERFORMED?	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN		24. WAS DEATH REPORTED TO CORONER?		25. WAS BOPSY PERFORMED?		26. WAS AUTOPSY PERFORMED?		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION (CEREBRAL) DATE BY (P.S.)	
(A) <i>Cardio Respiratory Failure</i>		(B) <i>Squamous Cell Carcinoma of Right Lung = Met to Liver and Kidney</i>		(C) <i>Hypocalcemia</i>		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION (CEREBRAL) DATE BY (P.S.)		28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION (CEREBRAL) DATE BY (P.S.)		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 SIGNED		28D. PHYSICIAN'S LICENSE NUMBER		29. SPECIFY ACCIDENT, SUICIDE, ETC.	
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 SIGNED		28D. PHYSICIAN'S LICENSE NUMBER		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 FILED AN (INQUEST-INVIGATION)	
35B. 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	
Cremation		May 1, 1985		Riverside Crematory, Riverside, CA		40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE	
Thomas Miller Mortuary		66		42. DATE ACCEPTED BY LOCAL REGISTRAR		43. DATE ACCEPTED BY LOCAL REGISTRAR		44. DATE ACCEPTED BY LOCAL REGISTRAR		45. DATE ACCEPTED BY LOCAL REGISTRAR	
STATE REGISTRAR		A.		B.		C.		D.		E.	

VS-11(1-85)

*****This must be in red to be a "CERTIFIED COPY"*****

COUNTY OF RIVERSIDE DEPARTMENT OF HEALTH CERTIFICATION

MAY 02 1985

Date Of Amendments, if any _____

I hereby certify that this is a true copy of a certificate on file in the County of Riverside, Department of Health, if the certification is in red.

*Edward J. Gallagher, M.D.*Edward J. Gallagher, M.D.
Director of Health & Local Registrar

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS
OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

NAME ALMA KAATZ
STREET ADDRESS 33360 Mission Trail
CITY Lake Elsinore
STATE California
ZIP 92330

Title Order No. _____ Escrow No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT—DEATH OF JOINT TENANT

STATE OF CALIFORNIA

COUNTY OF RIVERSIDE
ALMA KAATZ

} ss.

_____, of legal age, being first duly sworn, deposes and says:
_____, the decedent mentioned in the attached certifiedThat WILLIE E. KAATZ
copy of Certificate of Death, is the same person as WILLIE E. KAATZ
named as one of the parties in that certain BARGAIN/SALES DDED dated NOVEMBER 8, 1981,
executed by WELLS FARGO REALTY SERVICES, INC.to WILLIE E. KAATZ And ALMA D. KAATZ, Husband and Wife
as joint tenants, recorded as Instrument No. 6542, on MPVE, BER 16, 1981, in
Book M81, Page 20007, of the Official Records in the Office of the County Recorder of _____KLAMATH County, State of Oregon, concerning the following described real property situated in the
City of _____, County of KLAMATH, State of Oregon.Lots 10 and 13, Block 25, Oregon Pines, as same as shown on plat
filed June 30, 1969 duly recorded in the office of the county
recorder of said county.That the value of all real and personal property owned by the decedent at the date of death, including the full value of the above described
real property, did not then exceed the sum of \$50,000.00Dated June 3, 1985

(Signature of Joint Tenant)

ALMA D. KAATZ

(Type or Print Full Name of Joint Tenant)

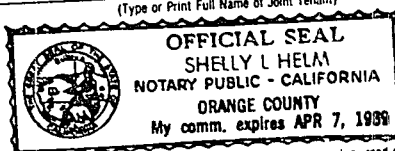
Alma D. Kaatz

(Signature of Joint Tenant)

SUBSCRIBED AND SWORN TO BEFORE ME

this 3rd day of June, 1985

(Type or Print Full Name of Joint Tenant)

Shelly L. Helm
(Signature of Notary)AFFIDAVIT—DEATH OF JOINT TENANT
WOLCOTTS FORM 300—Rev. 11-82
(price class 3)This standard form is intended for the typical situations encountered in the field indicated. However, before you sign, read it, fill in all blanks, and make
whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use.
© 1982 WOLCOTTS, INC.

STATE OF OREGON: COUNTY OF KLAMATH:ss

I hereby certify that the within instrument was received and filed for
record on the 10th day of June A.D., 1985 at 12:57 o'clock P M,
and duly recorded in Vol N85, of _____ Deeds on page 3613.

EVELYN BIEHN, COUNTY CLERK

by: Ann Smith, DeputyFee: \$ 9.00