

70957

K-34002
CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. 187 Page 1618

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
Roy		William		Henckel		December 5, 1986		1905			
3. SEX		4. RACE/ETHNICITY		5. SPANISH/HISPANIC		6. DATE OF BIRTH		7. AGE		8. IF UNDER 1 YEAR	
Male		Caucasian		NO		June 12, 1901		85 YEARS		MONTHS DAYS IF UNDER 24 HOURS MINUTES	
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		13. MARITAL STATUS	
Nebraska		Arnold Henckel - Germany		Selma Unknown - Unknown		U.S.A.		565-24-0238		Married	
11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER OF SELF-EMPLOYED, SO STATE		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)		15. PRIMARY OCCUPATION		18. KIND OF INDUSTRY OR BUSINESS	
19 - - TO 19 - -		40		State of California		Madge Walters		Elevator Inspector		Government	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. CITY OR TOWN		19C. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		19D. COUNTY		21. PLACE OF DEATH	
4215 Pacific Avenue		Long Beach		California		Madge Henckel - Wife		Los Angeles		Residence	
21A. PLACE OF DEATH		21B. COUNTY		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		4215 Pacific Avenue		21D. CITY OR TOWN		Long Beach, California	
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		(A) CARDIOPULMONARY ARREST		(B) ARTERIO SCLEROTIC HEART DISEASE		(C) GENERALIZED ARTERIO SCLEROSIS		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		24. WAS DEATH REPORTED TO CORONER?	
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.		DUE TO, OR AS A CONSEQUENCE OF		DUE TO, OR AS A CONSEQUENCE OF		DUE TO, OR AS A CONSEQUENCE OF		OLD CVA, CHF		85-16133	
25. WAS BIOPSY PERFORMED?		26. WAS AUTOPSY PERFORMED?		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		28. DATE SIGNED		28B. PHYSICIAN'S LICENSE NUMBER		29. DATE	
No		No		Permanent Pacemaker		12-8-86		A21039		8-10-86	
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. TYPE PHYSICIAN'S NAME AND ADDRESS		28D. DATE		28E. PHYSICIAN'S LICENSE NUMBER		29. DATE	
1-22-74		Hang Sun Kim, M.D., 9400 Rosecrans, Bellflower, Ca.		11-7-86		12-8-86		A21039		8-10-86	
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)	
10						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-INVIGATION)	
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. CORONER—SIGNATURE AND DEGREE OR TITLE		39C. DATE SIGNED		40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	
Cremation		Dec. 9, 1986		Cremar 2299 S. Manchester Anaheim, Calif.		Not Embalmed		41. EMBALMER'S LICENSE NUMBER AND SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR		43. STATE REGISTRAR		44. DATE	
Coon & Souder Mortuary		F 332		Rajni Shukla		DEC 9 1986		VS-11 (1-85)		440.9	

THIS IS A TRUE CERTIFIED COPY OF THE
RECORD FILED IN THE CITY OF LONG BEACH
DEPARTMENT OF PUBLIC HEALTH IF IT BEARS
THIS STAMP IN PURPLE INK.

DEC 9 1986

INITIAL *SK* *R Shukla*
Health Officer and Registrar

RECORDING REQUESTED BY

K-34002

AND WHEN RECORDED MAIL TO

1619

Name

Street
Address

City &
State

Madge Henckel
4215 Pacific Ave
Long Beach, CA 90807

CAT. NO. NN00110
TO 426 CA (12-81)

Affidavit - Death of Joint Tenant

SPACE ABOVE THIS LINE FOR RECORDER'S USE

THIS FORM FURNISHED BY TICOR TITLE INSURERS

A.P.N.

ALL
PTN.

STATE OF CALIFORNIA,

County of Los Angeles

That Madge Henckel, of legal age, being first duly sworn, deposes and says: Certificate of Death, is the same person as the decedent mentioned in the attached certified copy of named as one of the parties in that certain Deed of Trust dated Dec 21 1986 executed by Marge Henckel and John Henckel to Key Bank and Trust Co. as joint tenants, recorded as Instrument No. 6635, on April 13, 1981, in Book/Reel M 81, Page/Image 6635, of Official Records of Klamath, County, California, covering the following described property situated in the Klamath, County of Klamath, State of Oregon:

That certain Island bounded by lot corner located in the southern quarter of the South West quarter of Section 10 in the North East Quarter of the Southeast Quarter of Township 38 South Range 11 East of the Willamette Meridian of Klamath County, Oregon is being expressly dedicated to the aforesaid Island shall in no way interfere the adjudicated water rights belong to the Grantors

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$

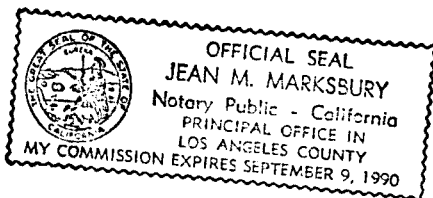
Dated Dec 18, 1986

Madge Henckel

SUBSCRIBED AND SWORN TO before me

this 18th day of Dec. 1986

Signature Jean M. Marksbury



Title Order No.

(This area for official notarial seal)

Escrow or Loan No.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of January A.D., 19 87 at 4:07 o'clock P M., and duly recorded in Vol. 30th day of Deeds on Page 1618 M87

FEE \$9.00

Evelyn Biehn, County Clerk

By [Signature]