

'87 AUG '27 PM 12 35

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

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STATE FILE NUMBER
1A. NAME OF DECEDENT—FIRST 1B. MIDDLE 1C. LAST
Ross Caucasian Wemple
3. SEX 4. RACE/ETHNICITY 5. SPANISH/HISPANIC
Male 6. DATE OF BIRTH
July 15, 1987
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) 9. NAME AND BIRTHPLACE OF FATHER
Montana R.T. Wemple-Unk
11A. CITIZEN OF WHICH COUNTRY 11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE
U.S.A. 19 TO 19
12. SOCIAL SECURITY NUMBER 13. MARITAL STATUS
516-18-8278 Married
14. NAME OF SURVIVING SPOUSE OR WIFE, ENTER BIRTH NAME
Margaret Unk-Neb.
15. PRIMARY OCCUPATION 16. NUMBER OF YEARS THIS OCCUPATION 17. EMPLOYER OR SELF-EMPLOYED, SO STATE
Maintenance 16 San Diego County
18. KIND OF INDUSTRY OR BUSINESS
Government
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 19B.
838 Grossmont Avenue San Diego
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
El Cajon Aurel Wemple-Wife
838 Grossmont Avenue
El Cajon, Ca. 92020
21A. PLACE OF DEATH
Residence
21B. COUNTY
San Diego
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)
838 Grossmont Avenue
21D. CITY OR TOWN
El Cajon
22. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.
(A) DUE TO, OR AS A CONSEQUENCE OF
(B) DUE TO, OR AS A CONSEQUENCE OF
(C) DUE TO, OR AS A CONSEQUENCE OF
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A
24. WAS DEATH REPORTED TO CORONER?
YES 7-184
25. WAS CROPSY PERFORMED?
No
26. WAS AUTOPSY PERFORMED?
No
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION
None
28. DATE SIGNED
7/16/87
28D. PHYSICIAN'S LICENSE NUMBER
62520
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 HAD AN (INQUEST-INVESTIGATION)
35B. CORONER—SIGNATURE AND DEGREE OR TITLE
35C. DATE SIGNED
36. DATE—MONTH, DAY, YEAR
37. NAME AND ADDRESS OF CEMETERY OR CREMATORY
38. LOCAL REGISTRAR—SIGNATURE
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
40. LICENSE NO.
41. DATE ACCEPTED BY LOCAL REGISTRAR
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99. DATE ACCEPTED BY LOCAL REGISTRAR
100. DATE ACCEPTED BY LOCAL REGISTRAR

RECORDING REQUESTED BY

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

NAME RUPEL J. WEMPLE
 STREET 838 GROSSMONT AVE
 ADDRESS
 CITY PO BOX 271
 STATE
 ZIP EL CAJON CA 92022

Title Order No. _____

Escrow No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE _____

AFFIDAVIT—DEATH OF JOINT TENANT

STATE OF CALIFORNIA

COUNTY OF SAN DIEGO

} ss.

RUPEL J. WEMPLE, of legal age, being first duly sworn, deposes and says:

That ROSS C. WEMPLE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ROSS C. WEMPLE

named as one of the parties in that certain DEED OF TRUST dated APRIL 29, 1970

executed by MEADOW LAKE DEVELOPMENT CORP

to ROSS C. WEMPLE AND RUPEL J. WEMPLE

as joint tenants, recorded as Instrument No. _____, on _____, 19____, in

Book M-70, Page 3402

of the Official Records in the Office of the County Recorder of _____

KLAMATH, County, State of California, concerning the following described real property situated in the

City of KLAMATH, County of KLAMATH, State of California:

SEE ATTACHED PHOTOSTAT COPIES

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 \$ 25,000.00

Dated August 25th, 1987 Rupel J. Wemple
 (Signature of Joint Tenant)

(Type or Print Full Name of Joint Tenant)

SUBSCRIBED AND SWORN TO BEFORE ME

this 25th day of August, 1987

(Signature of Joint Tenant)

(Type or Print Full Name of Joint Tenant)

J. Carol Vician
 (Signature of Notary)

