

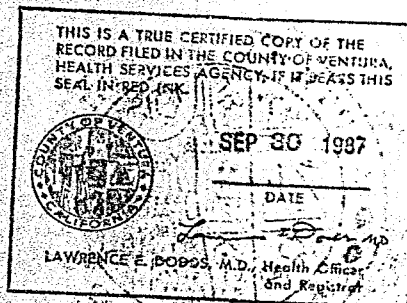
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Vol. M87 Page 18846  
5600 2345CERTIFICATE OF DEATH  
STATE OF CALIFORNIA

|                           |  |                                                                                                                                                                                                                                                                                                    |  |                                                                                    |  |                                                                                      |  |                                                                                                                                 |  |                                                                                                                       |  |                                                                                      |  |
|---------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------|--|
| STATE FILE NUMBER         |  | 1A. NAME OF DECEDENT—FIRST<br>REECE                                                                                                                                                                                                                                                                |  | 1B. MIDDLE<br>NEAL                                                                 |  | 1C. LAST<br>JENKINS                                                                  |  | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER<br>2A. DATE OF DEATH—MONTH, DAY, YEAR   2B. HOUR<br>September 5, 1987   2145 |  |                                                                                                                       |  |                                                                                      |  |
| DECEDENT PERSONAL DATA    |  | 3. SEX<br>Male                                                                                                                                                                                                                                                                                     |  | 4. RACE/ETHNICITY<br>Cauc                                                          |  | 5. SPANISH/Hispanic<br>No                                                            |  | 6. DATE OF BIRTH<br>February 8, 1917                                                                                            |  | 7. AGE<br>70 YEARS                                                                                                    |  | 8. IF UNDER 1 YEAR<br>MONTHS   DAYS   HOURS   MINUTES                                |  |
|                           |  | 8. BIRTHPLACE OF DECEDENT<br>(STATE OR FOREIGN COUNTRY)<br>TN                                                                                                                                                                                                                                      |  | 9. NAME AND BIRTHPLACE OF FATHER<br>Fred Jenkins - TN                              |  | 12. SOCIAL SECURITY NUMBER<br>233-12-9903                                            |  | 13. MARITAL STATUS<br>Married                                                                                                   |  | 14. NAME OF SURVIVING SPOUSE IF WIFE, ENTER<br>BIRTH NAMES<br>Lillian Dillion                                         |  | 15. KIND OF INDUSTRY OR BUSINESS<br>Rock Company                                     |  |
|                           |  | 11A. CITIZEN OF WHAT COUNTRY<br>U.S.A.                                                                                                                                                                                                                                                             |  | 11B. IF DECEASED WAS EVER IN<br>MILITARY GIVE DATES OF SERVICE<br>19 n/a to 19 n/a |  | 17. EMPLOYER IF SELF-EMPLOYED, SO STATE<br>Rocklite                                  |  | 18. NAME AND BIRTHPLACE OF MOTHER<br>Salley Cooley - TN                                                                         |  | 19. CITY OR TOWN<br>Oak View                                                                                          |  | 20. STATE<br>California                                                              |  |
| USUAL RESIDENCE           |  | 15. PRIMARY OCCUPATION<br>Head Burner                                                                                                                                                                                                                                                              |  | 16. NUMBER OF YEARS<br>THIS OCCUPATION<br>15                                       |  | 17. EMPLOYER IF SELF-EMPLOYED, SO STATE<br>Rocklite                                  |  | 18. NAME AND BIRTHPLACE OF MOTHER<br>Salley Cooley - TN                                                                         |  | 19. CITY OR TOWN<br>Oak View                                                                                          |  | 20. STATE<br>California                                                              |  |
|                           |  | 19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)<br>88 E. Portal Rd.                                                                                                                                                                                                            |  | 19B. COUNTY<br>Ventura                                                             |  | 19C. CITY OR TOWN<br>Oak View                                                        |  | 20. STATE<br>California                                                                                                         |  | 21. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP<br>Mrs. Reece Jenkins - wife<br>88 E. Portal Rd.<br>OakView, CA 93022  |  | 22. TYPE OF OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23<br>No            |  |
| PLACE OF DEATH            |  | 21A. PLACE OF DEATH<br>Residence                                                                                                                                                                                                                                                                   |  | 21B. COUNTY<br>Ventura                                                             |  | 21C. CITY OR TOWN<br>Oak View                                                        |  | 21D. STATE<br>California                                                                                                        |  | 21E. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP<br>Mrs. Reece Jenkins - wife<br>88 E. Portal Rd.<br>OakView, CA 93022 |  | 22. TYPE OF OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23<br>No            |  |
| CAUSE OF DEATH            |  | 22. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE<br>(A) cardiopulmonary arrest<br>DUE TO, OR AS A CONSEQUENCE OF<br>(B) Recurrent pneumonia<br>DUE TO, OR AS A CONSEQUENCE OF<br>(C) OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN<br>Emphysema; Black Lung Disease |  | 23. DATE AND PLACE STATED FROM THE CAUSE<br>9/1/82                                 |  | 24. LAST SAW DECEDENT ALIVE<br>(ENTER MO. DA. YR.)<br>9/4/87                         |  | 25. TYPE PHYSICIAN'S NAME AND ADDRESS<br>Doug Nelson, M.D., 204 - A Pirie, Ojai, CA                                             |  | 26. DATE SIGNED<br>9/7/87                                                                                             |  | 27. PHYSICIAN'S LICENSE NUMBER<br>A4807                                              |  |
| PHYSICIAN'S CERTIFICATION |  | 28. SPECIFY ACCIDENT, SUICIDE, ETC.<br>No                                                                                                                                                                                                                                                          |  | 29. PLACE OF INJURY<br>No                                                          |  | 30. INJURY AT WORK<br>No                                                             |  | 31. DATE OF INJURY—MONTH, DAY, YEAR<br>9/7/87                                                                                   |  | 32. HOUR<br>A4807                                                                                                     |  | 33. DATE SIGNED<br>9/7/87                                                            |  |
| INJURY INFORMATION        |  | 33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)<br>No                                                                                                                                                                                                                                |  | 34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)<br>No           |  | 35. CORONER—SIGNATURE AND DEGREE OR TITLE<br>No                                      |  | 36. DATE SIGNED<br>9/7/87                                                                                                       |  | 37. NAME AND ADDRESS OF CEMETERY OR CREMATORY<br>Ivy Lawn Memorial Park, Ventura, CA                                  |  | 38. EMBALMER'S LICENSE NUMBER AND SIGNATURE<br>7400 Bill Dorman                      |  |
| CORONER'S USE ONLY        |  | 39. DISPOSITION<br>Burial                                                                                                                                                                                                                                                                          |  | 40. DATE—MONTH, DAY, YEAR<br>9/11/87                                               |  | 41. NAME AND ADDRESS OF CEMETERY OR CREMATORY<br>Ivy Lawn Memorial Park, Ventura, CA |  | 42. EMBALMER'S LICENSE NUMBER AND SIGNATURE<br>7400 Bill Dorman                                                                 |  | 43. DATE SIGNED<br>9/11/87                                                                                            |  | 44. NAME AND ADDRESS OF CEMETERY OR CREMATORY<br>Ivy Lawn Memorial Park, Ventura, CA |  |
|                           |  | 40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)<br>Ted Mayr Funeral Home                                                                                                                                                                                                                  |  | 40B. LICENSE NO.<br>667                                                            |  | 41. LOCAL REGISTRAR—SIGNATURE<br>Lawrence E. Dodds                                   |  | 42. DATE ACCEPTED BY LOCAL REGISTRAR<br>SEP 10 1987                                                                             |  | 43. NAME AND ADDRESS OF CEMETERY OR CREMATORY<br>Ivy Lawn Memorial Park, Ventura, CA                                  |  | 44. EMBALMER'S LICENSE NUMBER AND SIGNATURE<br>7400 Bill Dorman                      |  |
| STATE REGISTRAR           |  | A.                                                                                                                                                                                                                                                                                                 |  | B.                                                                                 |  | C.                                                                                   |  | D.                                                                                                                              |  | E.                                                                                                                    |  | F.                                                                                   |  |

VS-1111-RS



RECORDING REQUESTED BY

E.A.KUHLHOFF

18847

AND WHEN RECORDED MAIL TO

Name E.Kuhlhoff  
 Street P.O.Box 665  
 Address Oak View, Ca. 93022  
 City & State

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**Affidavit - Death of Joint Tenant**CAT. NO. NN00110  
TO 426 CA (1-84)

THIS FORM FURNISHED BY TICOR TITLE INSURANCE

STATE OF CALIFORNIA,

County of VENTURA } ss.

LILLIAN JENKINS, of legal age, being first duly sworn, deposes and says:  
 That Reece Neal Jenkins, the decedent mentioned in the attached certified copy of  
 Certificate of Death, is the same person as Reece N. Jenkins  
 named as one of the parties in that certain Deed dated February 16, 1981,  
 executed by Delores Milicevich and C. J. Featherston  
 to Reece N. Jenkins and Lillian M. Jenkins, husband and wife as tenants by the entirety  
 as joint tenants, recorded as Instrument No. 96573, on March 3, 1981, in  
 Book/Reel 81, Page/Image 3688, of Official Records of Klamath County, Oregon  
 covering the following described property situated in the  
 County of Klamath, State of Oregon

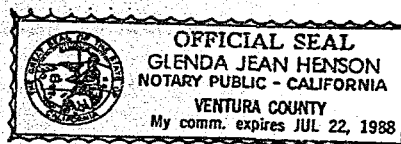
Block 70, Lot 92 of the 5th addition to NIMROD RIVER PARK

That the value of all real and personal property owned by said decedent at date of death, including the property above described, did not then exceed the sum of \$                     Dated October 1987

SUBSCRIBED AND SWORN TO before me

this 15 day of OctoberSignature Glenda Jean HensonLillian Jenkins

Lillian Jenkins



(This area for official notarial seal)

Title Order No.                     Escrow or Loan No.                     

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of                      the 19th day  
 of October A.D., 19 87 at 12:08 o'clock P M., and duly recorded in Vol. M87,  
 of Deeds on Page 18846

FEE \$10.00

Evelyn Biehn,  
 By                      County Clerk Smith