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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

5600 · 2345

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
REECE	NEAL	JENKINS

2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
September 5, 1987	2145

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH
Male	Cauc		February 8, 1917

7. AGE	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
70 YEARS				

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
TN	Fred Jenkins - TN	Salley Cooley - TN

11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
U.S.A.	19 n/a TO 19 n/a	233-12-9903	Married	Lillian Dillion

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Head Burner	15	Rocklite	Rock Company

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
88 E. Portal Rd.		Oak View

19D. COUNTY	19E. STATE
Ventura	California

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
Residence	Ventura

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
88 E. Portal Rd.	Oak View

30. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Mrs. Reece Jenkins - wife
88 E. Portal Rd.
OakView, CA 93022

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE (A)	cardiopulmonary arrest	5 min.	
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST. DUE TO, OR AS A CONSEQUENCE OF (B)	Recurrent pneumonia	8 mos.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF (C)			

24. WAS DEATH REPORTED TO CORONER? Yes #1329-87
25. WAS BIOPSY PERFORMED? No
26. WAS AUTOPSY PERFORMED? Yes

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A
Emphysema; Black Lung Disease

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? No
27A. TYPE OF OPERATION
27B. DATE

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)	I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)	28C. DATE SIGNED	28D. PHYSICIAN'S LICENSE NUMBER
9/1/82	9/4/87	9/7/87	A4807

28E. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Douglas K. Nelson

28F. TYPE PHYSICIAN'S NAME AND ADDRESS: Doug Nelson, M.D., 204 - A Pirie, Ojai, CA

INJURY INFORMATION

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)

CORONER'S USE ONLY

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	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Burial	9/11/87	Ivy Lawn Memorial Park, Ventura, CA	7400 Bill Ramsack

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
Ted Mayr Funeral Home	667	Lawrence E. Dodds MD	SEP 10 1987

STATE REGISTRAR

A.	B.	C.	D.	E.	F.

VS-11 (1-85)

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF VENTURA, HEALTH SERVICES AGENCY. IF IT BEARS THIS SEAL IN RED INK.

SEP 30 1987
DATE

LAWRENCE E. DODDS, M.D., Health Officer and Registrar

CKB 10

RECORDING REQUESTED BY

E.A.KUHLHOFF

18847

AND WHEN RECORDED MAIL TO

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

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

ALL PTN.

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 Lilliam 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

Lillian Jenkins

Lillian Jenkins

SUBSCRIBED AND SWORN TO before me this 15 day of October

Signature Glenda Jean Henson

OFFICIAL SEAL
GLENDA JEAN HENSON
NOTARY PUBLIC - CALIFORNIA
VENTURA COUNTY
My comm. expires JUL 22, 1988

(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.

Evelyn Biehn, County Clerk

By _____

FEE $10.00