

83585

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3320

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
83585		Otis		William		Butler		2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR	
STATE OF CALIFORNIA		Male		White		Butler		December 24, 1987		1604	
3. SEX		4. RACE/ETHNICITY		5. SPANISH/HISPANIC NO		6. DATE OF BIRTH		7. AGE		IF UNDER 1 MONTHS	
DECEDENT PERSONAL DATA		8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		August 9, 1922		65 YEARS		1 YEAR	
Oklahoma		Oklahoma		Otis William Butler		Arkansas		10. BIRTH NAME AND BIRTHPLACE OF MOTHER		Mildred Critchfield- Kansas	
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)			
USA		1940 TO 1945		514-10-3680		Married		Maxine Rucker			
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS		19. CITY OR TOWN			
Owner		15		Butler's Gulf Station		Service Station		Oxnard			
USUAL RESIDENCE		19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B.		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		Mrs. Maxine Butler			
352 Harvard Ave.		Ventura		CA		352 Harvard Ave.		Oxnard, CA.			
19D. COUNTY		21A. PLACE OF DEATH		21B. COUNTY		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN			
Ventura		St. John's Regional Medical Center		Ventura		333 N. F. St.		Oxnard			
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		(A) CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE		(B) DUE TO, OR AS A CONSEQUENCE OF		(C) DUE TO, OR AS A CONSEQUENCE OF		24. WAS DEATH REPORTED TO CORONER?		25. WAS BIOPSY PERFORMED?	
CAUSE OF DEATH		Cerebral Aneurysm		Ventricular Fibrillation		Coronary Artery Disease		12hr		12hr	
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		28. DATE SIGNED		28B. PHYSICIAN'S LICENSE NUMBER		NO		NO	
27. NO		28. 11/19/80		12/23/87		63371		26. WAS AUTOPSY PERFORMED?		NO	
PHYSICIAN'S CERTIFICATION		28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER		29. SPECIFY ACCIDENT, SUICIDE, ETC.	
28A. 11/19/80		12/23/87		Howard J. Hoos MD- 943 W. 7th St.- Oxnard, CA		11/87		63371		30. PLACE OF INJURY	
INJURY INFORMATION		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		31. NO		32A. 12/23/87		32B. 12:00		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	
35A. I HAVE HELD AN (INQUEST- INVESTIGATION)		35B. 12/23/87		35C. DATE SIGNED		36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	
35A. I HAVE HELD AN (INQUEST- INVESTIGATION)		35B. 12/23/87		35C. 12/23/87		Cremation		Dec. 30, 1987		Ivy Lawn Crematory, Ventura, Ca	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE		40. DATE SIGNED	
James A. Reardon Mortuary		725		Lawrence E. Dodds, M.D.		DEC 28 1987		7165 Victor Ketterman		40. DATE SIGNED	
STATE REGISTRAR		A.		B.		C.		D.		E.	
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.



DEC 30 1987

DATE

Lawrence E. Dodds, M.D.

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

AFFIDAVIT - DEATH OF JOINT TENANT

865

STATE OF CALIFORNIA)
) ss.
 COUNTY OF SANTA BARBARA)

MAXINE BUTLER, being of legal age and being first duly sworn, deposes and says: That OTIS WILLIAM BUTLER, the Decedent mentioned in the attached certified copy of Certificate of Death, is the same person as O. W. BUTLER, JR. named as one of the tenants by the Entirety in the Deed, dated May 13, 1977, executed by the Bank of California, a national banking association, as trustee, by H.R. Billings, Vice-President and Trust Officer, and Dolores Milicevich, Trust Operations Officer, recorded as Instrument No. 29852, Vol. 77, Page 8771, Record of Deeds of Klamath County, Oregon, covering the following described property situated in the County of Klamath, State of Oregon:

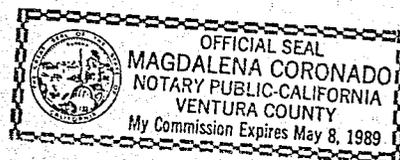
Block 23, Lots 8 & 9, of the 2nd addition to Nimrod River Park as shown on map in official records of said county.

DATED this 8th day of January, 1988.

Maxine Butler
 MAXINE BUTLER

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State, this 8th day of JANUARY, 1988.

Magdalena Coronado
 Notary Public



(SEAL)

H.A. HENDERSON & ANGLE
 ATTORNEYS AND COUNSELORS AT LAW
 530 E. MONTECITO STREET
 SUITE 101
 P.O. BOX 4460
 SANTA BARBARA, CA 93140

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Henderson & Angle
 of January A.D., 19 88 at 10:35 o'clock A M., and duly recorded in Vol. M88 day
 of _____ Deeds on Page 864.

FEE \$10.00

Evelyn Biehn, County Clerk
 By *Alan Smith*