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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER		3600		09188	
1A. NAME OF DECEDENT—FIRST		JAY		10. BIRTH NAME AND BIRTHPLACE OF MOTHER	
3. SEX		Male		2A. DATE OF DEATH—MONTH, DAY, YEAR	
4. RACE/ETHNICITY		White/American		DECEMBER 16, 1987	
5. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		MA		12B. HOUR	
9. NAME AND BIRTHPLACE OF FATHER		J. Alston Wainwright, MA		1540	
11A. CITIZEN OF WHAT COUNTRY		U.S.A.		7. AGE	
11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE		1952 TO 1956		53 YEARS	
12. SOCIAL SECURITY NUMBER		028-26-7035		IF UNDER 1 YEAR	
13. MARITAL STATUS		Married		MONTHS	
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)		Nancy Stout		IF UNDER 24 HOURS	
15. PRIMARY OCCUPATION		Quality Assurance Manager		DAYS	
16. NUMBER OF YEARS THIS OCCUPATION		7		HOURS	
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		Magnavox Company		MINUTES	
18. KIND OF INDUSTRY OR BUSINESS		Electronics Industry			
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		63472 Sunnysands			
19B. CITY OR TOWN		Joshua Tree			
19C. COUNTY		San Bernardino			
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		Nancy Wainwright (Wife)			
21A. PLACE OF DEATH		Hi-Desert Medical Center			
21B. COUNTY		San Bernardino			
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		6601 White Feather Road			
21D. CITY OR TOWN		Joshua Tree			
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE		CARDIAC ARREST			
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.		CORONARY ARTERY DISEASE			
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		CHRONIC RENAL FAILURE			
24. WAS DEATH REPORTED TO CORONER?		NO			
25. WASopsy PERFORMED?		No			
26. WAS AUTOPSY PERFORMED?		NO			
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		NO			
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES		D. Kumar Ramiseti			
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		D. Kumar Ramiseti			
28C. DATE SIGNED		12-17-87			
28D. PHYSICIAN'S LICENSE NUMBER		A-36545			
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY			
31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR			
32B. HOUR		32C. DATE SIGNED			
33A. 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)		33B. CORONER—SIGNATURE AND DEGREE OR TITLE			
33C. DATE SIGNED		33D. DATE SIGNED			
36. DISPOSITION		Burial			
37. DATE—MONTH, DAY, YEAR		December 19, 1987			
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		Mountain Valley Memorial Park			
39. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		Wiefels & Son/Yucca Valley			
40A. LICENSE NO.		F1056			
40B. LOCAL REGISTRAR—SIGNATURE		George R. Pettersen, M.D.			
40C. DATE ACCEPTED BY LOCAL REGISTRAR		December 18, 1987			
40D. DATE ACCEPTED BY LOCAL REGISTRAR		December 18, 1987			
40E. DATE ACCEPTED BY LOCAL REGISTRAR		December 18, 1987			
40F. DATE ACCEPTED BY LOCAL REGISTRAR		December 18, 1987			

This must be in red to be a
"CERTIFIED COPY"I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY
OF A CERTIFICATE ON FILE IN THE SAN BERNARDINO COUNTY
HEALTH DEPARTMENT, IF THE WORDS CERTIFIED COPY ARE
IN RED.George R. Pettersen M.D.
GEORGE R. PETERSEN, M.D., M.P.H.
DIRECTOR OF PUBLIC HEALTH

REGISTRAR OF VITAL STATISTICS

RECORDING REQUESTED BY

ROGER L. MINOR

A PROFESSIONAL CORPORATION

ATTORNEYS AND COUNSELORS AT LAW
21707 HAWTHORNE BOULEVARD, SUITE 204
TORRANCE, CALIFORNIA 90503

AND WHEN RECORDED MAIL TO

Name
Street
Address
City &
State

Ms. Nancy L. Wainwright
63472 Sunny Sands Drive
Joshue Tree, CA 92252

CAT. NO. NN00110
TO 426 CA (4-85)

Affidavit - Death of Joint Tenant

SPACE ABOVE THIS LINE FOR RECORDER'S USE

THIS FORM FURNISHED BY TICOR TITLE INSURANCE COMPANY OF CALIFORNIA

ALL
PTN

STATE OF CALIFORNIA,

County of Los Angeles } ss.

Nancy L. Wainwright
That Jay A. Wainwright, of legal age, being first duly sworn, deposes and says:
Certificate of Death, is the same person as Jay A. Wainwright
named as one of the parties in that certain Bargain & sale Deed dated April 10, 1980
executed by WELLS FARGO REALTY SERVICES, INC., a California Corporation
to Jay A. Wainwright & Nancy L. Wainwright, husband & wife
as joint tenants, recorded as Instrument No. _____, on April 16, 1980,
Book/Reel M80, Page/Image 7100, of Official Records of Klamath County, in
County, California, covering the following described property situated in the _____
County of Klamath, State of ~~California~~ Oregon:

Lot 47, Block 5 of Aprague River Valley Acres as per plat recorded
in records of said County.

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 \$ _____

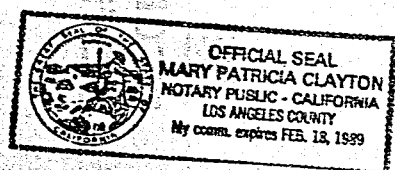
Dated August 5, 1988

Nancy L. Wainwright
NANCY L. WAINWRIGHT

SUBSCRIBED AND SWORN TO before me

this 5 day of August, 1988

Signature Mary Patricia Clayton



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Roger L. Minor
of Aug. A.D., 19 88 at 11:52 o'clock A. M., and duly recorded in Vol. M88
of _____ Deeds on Page 13939

FEE \$13.00

By Evelyn Biehn County Clerk
Pauline Mullendore