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Vol. m89 Page 4722

## CERTIFICATION OF VITAL RECORD

## COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

## CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
USE BLACK INK ONLY

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST (GIVEN)		1B. MIDDLE	1C. LAST (FAMILY)		2A. DATE OF DEATH— MONTH, DAY, YEAR		2B. HOUR	3. SEX
		BERNICE		MAE	QUINBY		FEBRUARY 1, 1989		2105	F
4. RACE		5. SPANISH/HISPANIC		6. DATE OF BIRTH— MONTH, DAY, YEAR		7. AGE IN YEARS		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HOURS HOURS MINUTES
White		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Oct. 31, 1940		48				
8. STATE OF BIRTH		9. CITIZEN OF WHAT COUNTRY		10A. FULL NAME OF FATHER		10B. STATE OF BIRTH		11A. FULL MAIDEN NAME OF MOTHER		11B. STATE OF BIRTH
IL		USA		August Dalke		IL		Martha Herring		IL
12. MILITARY SERVICE?		13. SOCIAL SECURITY NUMBER		14. MARITAL STATUS		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)		16. YEARS IN USUAL OCCUPATION		17. NUMBER OF HIGHEST GRADE COMPLETED (1-12 OR COLLEGE 13-17)
19 TO 19 NONE		328-34-7841		Married		Frederick J. Quinby		20		12
16A. USUAL OCCUPATION		16B. USUAL KIND OF BUSINESS OR INDUSTRY		16C. USUAL EMPLOYER		18. CITY		19. ZIP CODE		
Homemaker		Homemaking		Self		Highland		92346		
18A. RESIDENCE—STREET AND NUMBER OR LOCATION		18B. NUMBER OF YEARS IN THIS COUNTY		18C. STATE OR FOREIGN COUNTRY		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT		21. WAS DEATH REPORTED TO CORONER?		
26800 Stratford		15		CA		Frederick Quinby -- Husband 26800 Stratford Highland, CA 92346		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
18D. COUNTY		18E. PLACE OF DEATH		18F. CITY		22. TIME INTERVAL BETWEEN ONSET AND DEATH		23. WAS EXPOSURE PERFORMED?		
San Bernardino		At Home		San Bernardino		Years		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
150. STREET ADDRESS—STREET AND NUMBER OR LOCATION		151. CITY		152. STATE		24. WAS AUTOPSY PERFORMED?		25. IF YES, WAS IT USED IN DETERMINING CAUSE OF DEATH?		
26800 Stratford		Highland		CA		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C. TYPE OR PRINT)		22. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21.		23. WAS OPERATION PERFORMED FOR ANY CONDITION IN 21 OR 22?		24. TYPE		25. DATE SIGNED		
IMMEDIATE CAUSE: <i>Acute carcinoma - wide spread metastases</i>						Medical		3 Feb. 1989		
DUE TO (B)		DUE TO (C)		26. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		27. PHYSICIAN'S LICENSE NUMBER		28. DATE SIGNED		
None				ROBERT RENTSCHLER M.D.		11234 ANDERSON ST. TOMA LINDA CA				
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR		27B. DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR		28A. SIGNATURE OF CORONER OR DEPUTY CORONER		29. MANNER OF DEATH—check one: natural, accident, suicide, homicide, pending investigation or could not be determined		30. INJURY AT WORK		31. DATE OF INJURY MONTH, DAY, YEAR
1987 31 Jan. 1989								<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		34. DATE OF DISPOSITION MONTH, DAY, YEAR		35. SIGNATURE OF EMBALMER		36. LICENSE NUMBER		
				Feb. 7, 1989		Mark D. Schaefer		E-7673		
34A. DISPOSITION		34B. PLACE OF FINAL DISPOSITION		34C. DATE OF DISPOSITION MONTH, DAY, YEAR		35A. SIGNATURE OF EMBALMER		36. LICENSE NUMBER		
Burial		Riv. Nat'l Cem. 22495 Van Buren, Riv., CA		Feb. 7, 1989		Mark D. Schaefer		E-7673		
35A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		35B. LICENSE NO.		37. SIGNATURE OF LOCAL REGISTRAR		38. REGISTRATION DATE		39. CENSUS TRACT		
Mark B. Shaw Company, Inc.		406		George R. Pettersen M.D.		Feb. 6, 1989		0742		
STATE REGISTRAR		B.		C.		D.		E.		
4-2-7								1749		

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

CERTIFIED COPY OF VITAL RECORDS

033314

STATE OF CALIFORNIA  
COUNTY OF SAN BERNARDINO

DATE ISSUED

FEB 07 1989

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

George R. Pettersen M.D.  
GEORGE R. PETERSEN, M.D.  
COUNTY HEALTH OFFICER  
REGISTRAR OF VITAL STATISTICS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

WHEN RECORDED,  
PLEASE MAIL THIS INSTRUMENT TO

Fredrick J. Quinby  
26800 Stratford St.  
Highland, CA 92346

4723

Order No. \_\_\_\_\_

Escrow No. \_\_\_\_\_

Loan No. \_\_\_\_\_

SPACE ABOVE THIS LINE FOR RECORDER'S USE

## AFFIDAVIT-DEATH OF JOINT TENANT

OREGON  
STATE OF ~~XXXXXXXXXX~~  
County of KLAMATH } ss.

Fredrick J. Quinby, of legal age, being first duly sworn, deposes and says:  
That Bernice Mae Quinby, the decedent mentioned in the attached certified copy of  
Certificate of Death is the same person as Bernice M. Quinby  
named as one of the parties in that certain GRANT DEED dated August 10, 1977  
executed by State of Oregon, County of Klamath  
to Fredrick J. Quinby or Bernice M. Quinby  
as joint tenants, recorded as Instrument No. 33886 on 10 Aug 77 in  
Book 1177, Page 14512 of Official Records of Klamath County, ~~California~~, Oregon  
covering the following described property situated in the County of Klamath, State of ~~California~~: Oregon

Lot 34

Block 7

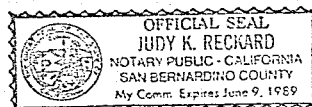
KLAMATH FALLS FOREST ESTATES HIGHWAY 66 UNIT, PLAT NO. 1

Dated: March 3, 1989

Evelyn Biehn

SUBSCRIBED AND SWORN TO before me, the  
undersigned a Notary Public in and for said State,

this 3rd day of March, 1989.  
WITNESS my hand and official seal.



Signature: Judy K. Reckard

Judy K. Reckard  
Name (Typed or Printed)

(This area for official notarial seal)

Form 1150 (12/64)

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Fredrick J. Quinby the 21st day  
of March A.D., 19 89 at 11:29 o'clock A.M., and duly recorded in Vol. M89  
of Deeds on Page 4722.

FEE \$13.00

Evelyn Biehn - County Clerk

By Debrae M. Anderson