## COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

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

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B. STATE OF	CC 5	1 1	)alke	<u> </u>	WING SPOUSE IF W	IFE, ENTER MAIDEN	NAME
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	<ul> <li>First property</li> </ul>		/_	I am a ch s	MYSKUN /27C. 247	SICIAN'S LICENSE N	2 71.16
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OR BUI	CIAL	ECTOR (OR PERSON ACTING A					
OR BU	re of Funeral DIR	BUTEN, KIV.	. 400		F.		ヘツルつ
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OR BU	rk B. Shav	Gompany, Inc	. 400	Ε.			0742
	A. NAME OF EBERNICE 4. RACE White 8. STATE OF BIRTH II. 12. MILITARY 19. TO 16A. USUAL OF HOME THAN RESIDENCE AT HOME TO 15D. STREET 26800 21. DEATH MIMEDIATE CAUSE DUE TO 125. OTHER TAND FLACE STANDARD AND SEGRE	STATE FILE NUMBER  1A. NAME OF DECEDENT PRIST BERNICE  8. STATE OF   9. CITIZEN OF WISH BIRTH COUNTRY  IL USA  12. MILITARY SERVICET  19 TO :9 INONE  16A. USUAL OCCUPATION  HOMETIAKET  18BA. RESIDENCE—STREET AND N  26800 SETELIOTE  18D. COUNTY  San Bettietion  18D. County  San Bettietion  18D. County  San Bettietion  18D. STREET ANDRESS—STREET  26800 SETELIOTE  19D. STREET ANDRESS—STREET  CAUSE  DUE TO (B)  CUE TO (C)  25. OTHER SIGNIFICANT CONDITION  NO US  1 CERTIFY THAT DEATH OCCUPAND FACE STATED FROM THE  27A. DECEDENT ATTEMED SIN  MONTH, DAY, YEAR  1 CERTIFY THAT DEATH OCCUPAND FACE STATED FROM THE GAIN  11 CERTIFY THAT DEATH OCCUPAND FACE STATED FROM THE GAIN  11 CERTIFY THAT DEATH OCCUPAND FACE STATED FROM THE GAIN  12 SAN MANNER OF CEATH—INC.  129. MANNER OF CEATH—INC.  129. MANNER OF CEATH—INC.  129. MANNER OF CEATH—INC.  120. LOCATION ISTREET AND  122. LOCATION ISTREET AND	STATE FILE NUMBER  1A. NAME OF DECEDENT—PIRST BERNICE  4. RACE  4. RACE  5. SPANISH/HISPANIC  14. YES  8. STATE OF 19. CITIZEN OF WHAT  15. MILLTARY SERVICET  19. TO 19. YES  16A. USUAL OCCUPATION  16A. USUAL OCCUPATION  16B. USUAL KINDO  26AOO STREET AND NUMBER OF LOCATION  16B. COUNTY  SER BETTIETOTO  16B. OCCUPATION  16B. USUAL KINDO  26BOO STREET AND NUMBER OF LOCATION  16B. USUAL KINDO  26BOO STREET OCCUPATION  16B. USUAL KINDO  16B. U	STATE FILE NUMBER  STATE OF CALIFORMATE  A, NAME OF DECEDENT—FIRST BERNICE  4. RACE  White  8. STANDHIPHISPANC  II.  White  8. STANDHIPHISPANC  III.  WAS  SARGERY  WAS  B. STANDHIPHISPANC  III.  MARTAL  AUGUST DAIKE  112. MILITARY SERVICET  SIRTH  COUNTRY  III.  MARTAL  AUGUST DAIKE  113. SOCIAL SECURITY  III. MARTAL  MACTICAL  AUGUST DAIKE  114. MARTAL  MACTICAL  115. STANDHIPHISPANC  III. MARTAL  MACTICAL  116. USUAL XIND OF BUSINESS  III.  116. USUAL XIND OF BUSINESS	STATE FILE NUMBER  STATE OF CALIFORNIA USE BLACK INK ONLY USE BLACK INK OF BLACK INK ON THE ANAMERY OF SAFE OF SAFE INC. JATE OF SAFE OF SAFE INC. JULY USE BLACK INK OF BLACK INK ON THE ANAMERY OF CAUSE BLACK INK ON THE ANAMERY OF PARTY INC. USE BLACK INK OF BLACK INK ON THE ANAMERY OF COUNTY USE BLACK INK OF BLACK INK ON THE ANAMERY OF COUNTY USE BLACK INK OF BLACK INK ON THE ANAMERY OF COUNTY USE BLACK INK OF BLACK INK ON THE ANAMERY OF COUNTY USE BLACK INK OF BLACK INK ON THE ANAMERY OF COUNTY USE BLACK INK OF BLACK IN THE MOUNT BLACK INK ON THE ANAMERY OF COUNTY USE BLACK INK OF BLACK IN THE MOUNT BLACK INK ON THE ANAMERY OF COUNTY USE BLACK INK OF BLACK IN THE MOUN	STATE FILE NUMBER  STATE OF CALIFORNIA  USE BLACK INK ONLY  AND DECEDENT—PRINTS  IA. MADE OF DECEDENT—PRINTS  WAE  White  S. SPANISHYHISPANIC  WE S. SPANISHYHISPANIC  WITH ON THE STATE OF 11A, FULL MADE OF FATHER  White  S. STATE OF 9. CITIZEN OF WHAT  IDA. FULL NAME OF FATHER  IS. MADE OF FATHER  II. MATCH A 48  SECRIFY  12. MILITARY SERVICES  13. SOCIAL SECRIFY  14. MARTINA  III. MATCH A 18. MARTINA  III. MATCH A	STATE FILE NUMBER  IA. NAME OF DECERENT—BIRST (GUEN)  MAE  IVAC QUINDY  MAE  IVAC QUINDY  MAE  IVAC QUINDY  MAE  IVAC QUINDY  A SOURCE OF SHITH-MORTH, DAY, THAN DAY,

STATE OF CALIFORNIA COUNTY OF SAN BERNARDINO DATE ISSUED

FEB 07 1989

033314

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,

COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar. TEATION OF ENSURE YOUR THESE PHILCALE



WHEN RECORDED,
PLEASE MAIL THIS INSTRUMENT TO

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

Order No. Escrow No\_ Loan No.\_

SPACE ABOVE THIS LINE FOR RECORDER'S USE

٠	OREGON				
	STATE OF &ASKONKKYA,				
	County of				
	KL-MATH. ss.				
	<del></del> /				٠
	Fardairly Onimber				
				ıly sworn, deposes ar	
	That Bernice Mae Quinly			he attached certified	copy of
	Certificate of Death is the same person as	Bernice M. C	wirby		4000
	marice as one or the parties in that certain.	RANT DEED		ated August 10,	1977
	executed by State of Oregon, Count	y of Klamath			
	to Fredrick J. Quinky on Berni	ce M. Quinby			
	as joint tenants, recorded as Instrument No	<i>33886</i>		on 10 <i>Յագ 77</i>	, in
	Book 177 , Page 14512 of O				
	Book of O	fficial Records of	- Klamain	County, &a	IIIOKNIA, UM
	covering the following described property situate	ed in the County o	of <u>Klamath</u>	, State of Cd	Kifornia: Uz
	Lot 34_	Block 7			
		<del></del>			
	KLAMATH FALLS FOREST ESTATE	S HIGHWAY 66	UNIT, HAT	NO. 1	
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	Dated: March 3, 1989				
	Dated: L.L. W.C.L. S, 15t 8-1	$\overline{}$	white (	Sauly ,	
			<u> </u>		
			•		
	SUBSCRIBED AND SWORN TO before me, the				
	undersigned a Notary Public in and for said State,				4
	ordersigned a restary robite in and for said state,	•		OFFICIAL SEAL JUDY K. RECKARD	P
	2			NOTARY PUBLIC - CALIFORNIA SAN BERNARDINO COUNTY	D D
	this 3rcl day of March, 1929	•		My Comm Expires June 9, 1989	<b>§</b>
	WITNESS my hand and official seal.		~~~~	~~~~~~	
	Signature Juay C' Rech	and			
_	Judy E. Pectard		A		
	Name (Typed or Printed)	•	(This year for	official notarial seal)	
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				Form 115	50 (12/64)
E	OF OREGON: COUNTY OF KLAMATH: SS.				
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e.	or record at request of Fredrick J.			the21st	da
и					
	March A.D., 19 _89 at11:2 of Deeds		A.M., and duly Page472	recorded in VolM	189