

1 RETURN:
 2 STANLEY A. HUTCHINSON
 Attorney at Law
 3 80 So. Lake Ave., Ste. 823
 Pasadena, CA 91101
 (818) 795-1680

4 MTL-1396-1685
 5 Attorney for MILDRED ALLEN

6
 7 AFFIDAVIT OF DEATH OF JOINT TENANT

8
 9 I, MILDRED ALLEN, do hereby declare that my husband, PAUL F.
 10 ALLEN, with whom I held title to real property in the County of
 11 Klamath, State of Oregon, legally described below, pursuant to the
 12 Warranty Deed dated July 28, 1975, is the same person as PAUL FRANKLIN
 13 ALLEN, SR. mentioned in the attached certified copy of Death
 14 Certificate.

15 Said real property is legally described as:

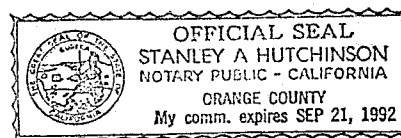
16 The South one-half of Lot 41 Block 11 Klamath Falls
 17 Forest Estates Highway 66 Unit, Plat No. 1, as
 recorded in Klamath County, Oregon.

18
 19
 20 Dated: March 22, 1989 Mildred Allen
 21 MILDRED ALLEN

22
 23 State of California)
) ss.
 24 County of Los Angeles)

25 SUBSCRIBED AND SWORN TO before
 26 me on this 22nd day of
March, 19 89.

27 Stanley A. Hutchinson
 28 STANLEY A. HUTCHINSON, Notary Public



STANLEY A. HUTCHINSON
 ATTORNEY AT LAW
 80 S. Lake Avenue Suite 823
 Pasadena, CA 91101
 TELEPHONE (818) 795-1680

*89 APR 19 AM 8 31

CERTIFICATE OF DEATH STATE OF CALIFORNIA

6505

| | | | |
|---|--|---|--|
| STATE FILE NUMBER | | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER | |
| 1A. NAME OF DECEDENT—FIRST Paul | | 2A. DATE OF DEATH (MONTH, DAY, YEAR) 2B. HOUR November 10, 1988 1122 | |
| 1B. MIDDLE Franklin | | 1C. LAST Allen, Sr. | |
| 3. SEX Male | | 4. RACE/ETHNICITY Caucasian | |
| 5. SPANISH/HISPANIC NO | | 6. DATE OF BIRTH January 14, 1923 | |
| 7. AGE 65 YEARS | | IF UNDER 1 YEAR MONTHS DAYS HOURS MINUTES | |
| 8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Ohio | | 9. NAME AND BIRTHPLACE OF FATHER Edgar E. Allen- Ohio | |
| 10. BIRTH NAME AND BIRTHPLACE OF MOTHER Clara Norgdren- Ohio | | 11. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Mildred Nimrichter | |
| 11A. CITIZEN OF WHAT COUNTRY USA | | 11B. IF DECEDENT WAS EVER IN MILITARY GIVE DATES OF SERVICE 19 43 to 19 46 | |
| 12. SOCIAL SECURITY NUMBER 292-18-2942 | | 13. MARITAL STATUS Married | |
| 14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Mildred Nimrichter | | 15. KIND OF INDUSTRY OR BUSINESS Asphalt Sales & Construction | |
| 15. PRIMARY OCCUPATION Operating Engineer | | 16. NUMBER OF YEARS THIS OCCUPATION 25 | |
| 17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Industrial Asphalt | | 18. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 8052 Wentworth St. | |
| 19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 8052 Wentworth St. | | 19B. CITY OR TOWN Sunland | |
| 19C. COUNTY Los Angeles | | 19D. STATE CA. | |
| 20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Mildred Allen- Wife | | 21. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP 8052 Wentworth St. | |
| 21A. PLACE OF DEATH Verdugo Hills Hospital | | 21B. CITY OR TOWN Sunland, Ca. 91040 | |
| 21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 1812 Verdugo Blvd. | | 21D. CITY OR TOWN Glendale | |
| 22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) Arteriosclerotic Cardiovascular Disease | | 23. WAS DEATH REPORTED TO CORONER? 83-10980 | |
| 24. CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST. (B) DUE TO, OR AS A CONSEQUENCE OF | | 25. WAS BIOPSY PERFORMED? NO | |
| 26. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A None | | 27. WAS AUTOPSY PERFORMED? NO | |
| 28. TYPE PHYSICIAN'S NAME AND ADDRESS None | | 29. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION NO | |
| 29A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. (ENTER MO. DA. YR.) | | 29B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Deputy Coroner - Harry R. Caspell | |
| 29C. I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.) | | 29D. PHYSICIAN'S LICENSE NUMBER | |
| 29E. TYPE PHYSICIAN'S NAME AND ADDRESS | | 29F. DATE SIGNED | |
| 29G. SPECIFY ACCIDENT, SUICIDE, ETC. | | 29H. PLACE OF INJURY | |
| 29I. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) | | 29J. INJURY AT WORK | |
| 29K. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) | | 29L. DATE OF INJURY—MONTH, DAY, YEAR 29M. HOUR | |
| 30. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INVESTIGATION) | | 30A. CORONER—SIGNATURE AND DEGREE OR TITLE Deputy Coroner - Harry R. Caspell | |
| 30B. CORONER'S SIGNATURE AND DEGREE OR TITLE | | 30C. DATE SIGNED 11/11/88 | |
| 30D. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Burial | | 30E. NAME AND ADDRESS OF CEMETERY OR CREMATORY Forest Lawn Mem. Park-Glendale, Ca. | |
| 30F. DATE—MONTH, DAY, YEAR 11-15-1988 | | 30G. EMBALMER'S LICENSE NUMBER AND SIGNATURE 6873 | |
| 30H. LICENSE NO. F-569 | | 30I. LOCAL REGISTRAR—SIGNATURE Robert P. [Signature] | |
| 30J. NAME OF FUNERAL HOME (OR PERSON ACTING AS SUCH) The Bade Mortuary-Tujunga, Ca. | | 30K. DATE ACCEPTED BY LOCAL REGISTRAR NOV 14 1988 | |
| 30L. STATE REGISTRAR A. B. C. | | 30M. STATE REGISTRAR B. C. D. | |
| 30N. STATE REGISTRAR C. D. E. | | 30O. STATE REGISTRAR D. E. F. | |

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Mountain Title Co.
on this 18th day of April A.D., 19 89
at 8:31 o'clock AM. and duly recorded
in Vol. M89 of Deeds Page 6504.
Evelyn Biehn County Clerk
By Deane Middleton
Deputy.

Fee, \$13.00

THIS IS A TRUE CERTIFIED COPY OF THE RECORD
FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT
OF HEALTH SERVICES IF IT BEARS THIS SEAL IN
PURPLE INK.

NOV 15 1988

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Director of Health Services and Registrar