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RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Name: BERTHA BRADLEY
Street Address: 3232 NORTHVIEW DRIVE
City & State: SACRAMENTO, CA. 95833

SPACE ABOVE THIS LINE FOR RECORDER'S USE

'89 MAY 25 AM 11 20

Affidavit — Death of Joint Tenant

STATE OF CALIFORNIA

County of SACRAMENTO ss.

BERTHA BRADLEY, of legal age, being first duly sworn, deposes and says:
That JOHN BRADLEY, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOHN BRADLEY named as one of the parties in that certain DEED dated April 18, 1981 executed by SEIJI FURUYA, A SINGLE MAN to JOHN BRADLEY AND WIFE, BERTHA BRADLEY, as joint tenants, recorded as Instrument No. 1016, on, in book Vol. M 81, page 10973, of Official Records of KLAMATH County, ~~California~~, covering the following described property situated in the KLAMATH FALLS FOREST ESTATES, LOT 19, County of KLAMATH State of ~~California~~ OREGON.

+ Bertha Bradley

I declare under penalty of perjury, that the foregoing statement is true and correct.

BERTHA BRADLEY
Print Name

Bertha Bradley
Sign Name

Dated April 30 1989

SUBSCRIBED AND SWORN TO before me this 30th day of April 1989

Signature Margarite Saunders
Notary Public

OFFICIAL SEAL
MARGARITE SAUNDERS
NOTARY PUBLIC - CALIFORNIA
SACRAMENTO COUNTY
My Comm. Expires Oct. 12, 1991

(Notarial Seal)

9060

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER: 2922

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST
JOHN	Theodore	BRADLEY

2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
MAY 30, 1987	0320

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH	7. AGE (YEARS / IF UNDER 1 YEAR: MONTHS / DAYS / IF UNDER 24 HOURS: HOURS / MINUTES)
Male	White/American	NO	November 28, 1918	68

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
WV	Theodore Bradley - NC	Mable Mc Mahan - NC

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)
U. S. A.	19 40 TO 19 45	235-10-9591	Married	Bertha Fernandez

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	18. KIND OF INDUSTRY OR BUSINESS
Machinist	25	Mare Island	Shipyard

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
3232 Northview Drive		Sacramento

19D. COUNTY	19E. STATE
Sacramento	CA

20. NAME AND ADDRESS OF INFORMANT - RELATIONSHIP
Bertha Bradley - Wife
3232 Northview Drive
Sacramento, CA 95833

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
KAISER FOUNDATION HOSPITAL	SACRAMENTO

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
2025 MORSE AVENUE	SACRAMENTO

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE — (A) CARDIAC ARREST — 1 MIN.

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

DUE TO, OR AS A CONSEQUENCE OF — (B) MYOCARDIAL FAILURE — 3 HOURS

DUE TO, OR AS A CONSEQUENCE OF — (C) CONGESTIVE HEART FAILURE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? YES

25. WAS BIOPSY PERFORMED? NO

26. WAS AUTOPSY PERFORMED? NO

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A
Squamous cell carcinoma of lung

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? DATE 5/29/87

23. TYPE OF OPERATION
Right Upper and middle lobectomy

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)	I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)
5/29/1987	5/30/1987

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: R. Stanton MD

28C. DATE SIGNED: 5/30/87

28D. PHYSICIAN'S LICENSE NUMBER: A042183

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: R.STANTON,M.,D.,2025 MORSE AVE., SACRAMENTO, CA 95825

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.	30. PLACE OF INJURY	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

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

35C. DATE SIGNED

36. DISPOSITION	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Cremation	June 2, 1987	North Sacramento Memorial Crematory; Sacramento, CA	6122

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	40B. LICENSE NO	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
North Sacramento Funeral Home	F720	Earl F. Adam M.D.	JUN 02 1987

STATE REGISTRAR	A.	B.	C.	D.	E.	F.

9061

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Bertha Bradley the 25th day of May A.D., 19 89 at 11:20 o'clock A.M., and duly recorded in Vol. M89, of Deeds on Page 9059.

Evelyn Biehn County Clerk

By Darlene Mullendore

FEE $18.00