

1887

AND WHEN RECORDED MAIL TO

Name
Street
Address
City &
StateMyrtle Albertazzi
136 Hillside
Napa, Ca. 94558

(SPACE ABOVE THIS LINE FOR RECORDER'S USE)

AFFIDAVIT—DEATH OF JOINT TENANT

State of CaliforniaCounty of Klamath

ss.

Myrtle Albertazzi, of legal age, being duly sworn, deposes and says
 That Louise Albertazzi, the decedent mentioned in the attached certified
 copy of Certificate of Death, is the same person as
 named as one of the parties in that certain Deed / Trust dated 11-9-78
 executed by Donald A. / Louise M. Levy

to _____,
 as joint tenants, recorded as Instrument No. _____, on _____, in
 Book 178, Page 15302, of Official Records of Klamath
 County, California, covering the following described property situated in the
 _____ County of Klamath, State of California.

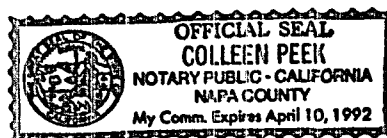
OREGON

Lot 2, Block 9
Tract #1003
Maryina Shul Addition

Dated June 23 - 1989Myrtle Albertazzi

SUBSCRIBED AND SWORN TO before me, the
 undersigned, a Notary Public in and for said County
 and State this 23rd day
 of June, 1989

[Signature]
 Notary Public in and for said County and State



(This area for official notarial seal)

89 JUN 26 PM 3 01

TAX PARCEL NO.

CERTIFICATE OF DEATH

3 88 28

11377

STATE FILE NUMBER

STATE OF CALIFORNIA

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST LOUIS		1B. MIDDLE P.		1C. LAST ALBERTAZZI		2A. DATE OF DEATH (MONTH, DAY, YEAR) June 25, 1988		2B. HOUR 1:45	
3 SEX Male	4. RACE/ETHNICITY Caucasian	5. SPANISH/HISPANIC NO		6. DATE OF BIRTH April 8, 1908		7. AGE 80	8. UNDER 1 YEAR MONTHS	9. UNDER 1 YEAR DAYS	10. UNDER 24 HOURS HOURS
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) CA		9. NAME AND BIRTHPLACE OF FATHER Angelo Albertazzi, Italy				10. BIRTH NAME AND BIRTHPLACE OF MOTHER Linda Firpo, Italy			
11A. CITIZEN OF WHAT COUNTRY USA		11B. IF DECEDENT WAS EVER IN MILITARY GIVE DATES OF SERVICE 1944 TO 1945		12. SOCIAL SECURITY NUMBER 547-38-1551B		13. MARITAL STATUS Married		14. NAME OF SURVIVING SPOUSE OF WIFE, ENTER BIRTH NAME Myrtle Hart	
15. PRIMARY OCCUPATION Real Estate Broker		16. NUMBER OF YEARS THIS OCCUPATION 30		17. EMPLOYER OF SELF-EMPLOYED, SO STATE Self-Employed		18. KIND OF INDUSTRY OR BUSINESS Real Estate			

DECEDENT PERSONAL DATA

USUAL RESIDENCE

PLACE OF DEATH

CAUSE OF DEATH

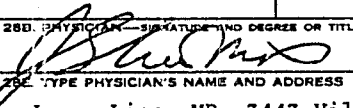
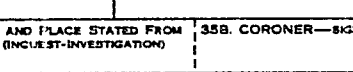
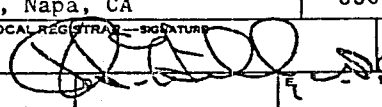
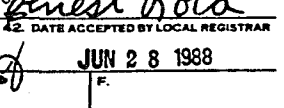
PHYSICIAN'S CERTIFICATION

INJURY INFORMATION

CORONER'S USE ONLY

STATE REGISTRAR

5-1111-85

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 136 Hillside Avenue		19B. Napa		19C. CITY OR TOWN Napa											
19D. COUNTY Napa		19E. STATE CA		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Myrtle Albertazzi Wife											
21A. PLACE OF DEATH 3033 Atlas Peak Rd.		21B. COUNTY Napa		21C. CITY OR TOWN Napa											
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 3033 Atlas Peak Rd.		21D. CITY OR TOWN Napa		21E. STATE CA											
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">(A) Cardiac Arrest</td> <td style="width: 10%;">mins.</td> <td rowspan="3" style="width: 10%;">APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</td> <td style="width: 20%;">24. WAS DEATH REPORTED TO CORONER? Yes, C88-305</td> </tr> <tr> <td>(B) Cardiomyopathy</td> <td>5 yrs.</td> <td>25. WAS BIOPSY PERFORMED? No</td> </tr> <tr> <td>(C) CAI</td> <td>10 yrs.</td> <td>26. WAS AUTOPSY PERFORMED? No</td> </tr> </table>						(A) Cardiac Arrest	mins.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	24. WAS DEATH REPORTED TO CORONER? Yes, C88-305	(B) Cardiomyopathy	5 yrs.	25. WAS BIOPSY PERFORMED? No	(C) CAI	10 yrs.	26. WAS AUTOPSY PERFORMED? No
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(C) CAI	10 yrs.		26. WAS AUTOPSY PERFORMED? No												
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A. Left Bundle Branch Block				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 STATED. I ATTENDED DECEDENT SINCE I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.) 1984 6/4/88		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE  James Lies, MD, 3443 Villa Lane, Napa, CA		28C. DATE SIGNED 6/27/88											
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK											
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)													
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 Entombment		37. DATE—MONTH, DAY, YEAR June 29, 1988		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Tulocay Cemetery, Napa, CA											
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE 3366 Ernest Rota		40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) CLAFFEY & ROTA FUNERAL HOME		40B. LICENSE NO. 969											
41. LOCAL REGISTRAR—SIGNATURE 		42. DATE ACCEPTED BY LOCAL REGISTRAR JUN 28 1988		43. STATE REGISTRAR—SIGNATURE 											

June 28, 1988

STATE OF OREGON, ss.
County of Klamath

Filed for record at request of:

Dpmald A. Ivey

on this 26th day of June A.D., 19 89
at 3:01 o'clock PM, and duly recorded
in Vol. M89 of Deeds Page 11376

Evelyn Biehn County Clerk:

By Caroline Newland

Deputy.

Fee, \$13.00

This is a true copy of the
certificate on file in my office.

REGISTRAR