

RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:

JOHN T. ANDERSON
Attorney at Law
1741 E. Wardlow Road
Long Beach, CA 90807

MAIL TAX STATEMENTS TO:

Mrs. Cecelia P. Moncure
2232 W. Lincoln Street
Long Beach, CA 90810

Account No. 358696

AFFIDAVIT OF DEATH

STATE OF CALIFORNIA)

COUNTY OF LOS ANGELES)

CECELIA P. MONCURE, legal age, being first duly sworn,
deposes and says:

That BILLY MONCURE, the decedent mentioned in
the attached certified copy of Certificate of Death, is the same
person as BILL MONCURE, covering the following described property
situated in Klamath County, State of Oregon:

Township 36 South, Range 12 East W.M.
Section 36: South 1/2 of North 1/2 of South 1/2 of
Southeast 1/4 of Southwest 1/4 (5 acres) and North 1/2
of North 1/2 of South 1/2 of South 1/2 of Southeast 3/4
of Southwest 1/4 (2 1/2 acres).

DATED: 6-22-89 ,

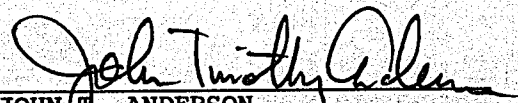

CECELIA P. MONCURE

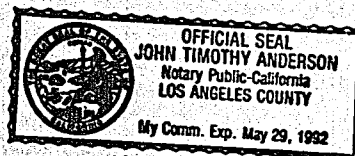
89 AUG 2 AM 10 02

14210

SUBSCRIBED AND SWORN TO

before me this 22nd day
of June, 1989.


JOHN T. ANDERSON
Notary Public for the State of
California



CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

7052

152

DECEDENT PERSONAL DATA 7	1A. NAME OF DECEASED—FIRST NAME Billy		1B. MIDDLE NAME Moncure		1C. LAST NAME Moncure		2A. DATE OF DEATH—MONTH, DAY, YEAR 10 January 1970		2B. HOUR 1:00 p.		
	3. SEX Male	4. COLOR OR RACE Cauc.	5. BIRTHPLACE Cedar Creek, Tex.		6. DATE OF BIRTH 29 December 1917		7. AGE (LAST BIRTHDAY) 52		8. IF UNDER 28 YEARS YES		
	9. NAME AND BIRTHPLACE OF FATHER Ben Moncure, Sr., Cedar Creek, Texas			9. MAIDEN NAME AND BIRTHPLACE OF MOTHER Ellis Canon - Cedar Creek, Texas			10. CITIZEN OF WHAT COUNTRY U.S.A.		11. SOCIAL SECURITY NUMBER 460 14 1153		
	12. MARRIED (NEVER MARRIED, WIDOWER, DIVORCED, SEPARATED) Married		13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MARRIED NAME) Cecelia Moncure (Vasile)		14. LAST OCCUPATION Machinist		15. NUMBER OF YEARS IN 3		16. NAME OF LAST EMPLOYING COMPANY OR FIRM Union Oil Company		17. KIND OF INDUSTRY OR BUSINESS Refinery
PLACE OF DEATH	18A. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER INPATIENT FACILITY Naval Hospital				18B. STREET ADDRESS—STREET AND NUMBER, OR LOCATION 7500 E. Carson Street				18C. RURAL CITY CORPORATE LIMITS (SPECIFY YES OR NO) yes		
	18D. CITY OR TOWN Long Beach, California				18E. COUNTY Los Angeles		18F. LENGTH OF STAY IN COUNTY OF DEATH 10		18G. LENGTH OF STAY IN CALIFORNIA 10		
USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 2232 West Lincoln St.				19B. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) yes		20. NAME AND MAILING ADDRESS OF INFORMANT Mrs. Cecelia Moncure 2232 W. Lincoln St. Long Beach, Calif.				
	19C. CITY OR TOWN Long Beach				19D. COUNTY Los Angeles		19E. STATE California				
PHYSICIAN'S OR CORONER'S CERTIFICATION	21A. CORONER (ENTER NAME OF THE OFFICIAL WHO HAS THE BODY AND PLACE WHERE DEATH OCCURRED) Dr. A. J. A. 1-69		21B. PHYSICIAN (ENTER NAME OF THE PHYSICIAN WHO HAS THE BODY AND PLACE WHERE DEATH OCCURRED) Dr. R. S. Flagg		21C. PLACE OF DEATH (ENTER NAME OF THE HOSPITAL OR OTHER INSTITUTION WHERE DEATH OCCURRED) Naval Hospital		21D. ADDRESS Long Beach, California		21E. DATE SIGNED 12 JAN 70		
	22A. SPECIALS: ENTOMBMENT OR CREMATION Burial		22B. DATE Jan 15 1970		22C. NAME OF CEMETERY OR CREMATORY All Souls Cem - Beach		22D. EMBALMER—SIGNATURE Edward P. Brown		22E. EMBALMER'S LICENSE NUMBER 3993		
FUNERAL DIRECTOR AND LOCAL REGISTRAR	23. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Shogler/Stricklin Mort.				24. LOCAL REGISTRAR Edward P. Brown		25. DATE OF DEATH JAN 13 1970				
	26. PART B. DEATH WAS CAUSED BY (A) Neurostatic-adenocarcinoma to Brain, liver, bone, lymph				26. PART C. DEATH WAS CAUSED BY (B) Carcinoma stomach		26. PART D. DEATH WAS CAUSED BY (C) Other significant conditions		26. PART E. DEATH WAS CAUSED BY (D) Other significant conditions		
MEDICAL AND HEALTH DATA	27. CAUSE OF DEATH (1) Neurostatic-adenocarcinoma to Brain, liver, bone, lymph				27. CAUSE OF DEATH (2) Carcinoma stomach		27. CAUSE OF DEATH (3) Other significant conditions		27. CAUSE OF DEATH (4) Other significant conditions		
	28. PART A. OTHER SIGNIFICANT CONDITIONS Bilateral Bronchopneumonia				28. PART B. OTHER SIGNIFICANT CONDITIONS Bilateral Bronchopneumonia		28. PART C. OTHER SIGNIFICANT CONDITIONS Bilateral Bronchopneumonia		28. PART D. OTHER SIGNIFICANT CONDITIONS Bilateral Bronchopneumonia		
INJURY INFORMATION	29. SPECIAL INQUIRY NO				30. PLACE OF INJURY NO		31. INJURY AT WORK NO		32. DATE OF INJURY NO		
	33. PLACE OF INJURY NO				34. INJURY AT WORK NO		35. DATE OF INJURY NO		36. HOUR NO		
40. DESCRIBE HOW INJURY OCCURRED (EXTENT SEVERITY OF INJURY WHICH CAUSED DEATH SHOULD BE ENTERED IN ITEM 26)											
STATE REGISTRAR	A. 5723				B. 5723				C. 5723		

CITY OF LONG BEACH
DEPT. OF PUBLIC HEALTH
THIS IS TO CERTIFY THAT THIS
IS A TRUE COPY OF THE DOCUMENT
FILED IN THIS OFFICE.

FEB 27 '70


E. D. LITVACK, M.D., HEALTH OFFICER
Local Registrar, Vital Statistics

STATE OF OREGON, ss.
County of Klamath

Filed for record at request of:

John T. Anderson
on this 2nd day of Aug. A.D., 19 89
at 10:02 o'clock A M. and duly recorded
in Vol. MB9 of Deeds Page 14209

Evelyn Biehn County Clerk

By

Pauline Mullendore

Deputy.

Fee, 23.00