

AND WHEN RECORDED MAIL TO

NAME Bayard R. Tanksley
ADDRESS 143 South B Street
CITY & STATE Oxnard, CA 93030

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT--DEATH OF JOINT TENANT

STATE OF CALIFORNIA,

County of Los Angeles

ss.

That John P. Gaither
JACQUELINE ANDREWS

, of legal age, being first duly sworn, deposes and says:

, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Jacqueline Gaither named as one of the parties in that certain Individual Grant Deed dated July 13, 1981, executed by John P. Gaither to John P. Gaither, Byron Gaither and Jacqueline Gaither as joint tenants, recorded as Instrument No. ---, on July 20, 1981, in book M81, Deeds page 12918, of Official Records of Klamath County, ~~California~~, covering the following described property situated in the Oregon County of Klamath, State of ~~California~~ Oregon:

THE NORTHEAST ONE QUARTER OF THE SOUTHWEST ONE QUARTER OF SECTION 28, TOWNSHIP 35 SOUTH, RANGE 11, EAST, WILLIAMETTE MERIDIAN.

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$

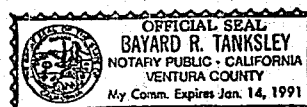
Dated 11-10-89

John P. Gaither
John P. Gaither

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State, this 10th day of November, 1989

Bayard R. Tanksley

FOR NOTARY SEAL OR STAMP



Title Order No. _____ Escrow No. _____

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER

22198

CERTIFICATE OF DEATH STATE OF CALIFORNIA USE BLACK INK ONLY

38919033361

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA	1A. NAME OF DECEDENT—FIRST (GIVEN) JACQUELINE		1B. MIDDLE —		1C. LAST (FAMILY) ANDREWS		2A. DATE OF DEATH— MONTH, DAY, YEAR July 12, 1989		2B. HOUR 3. SEX 1945 F	
	4. RACE White		5. SPANISH/HISPANIC ☐ YES ☒ NO		6. DATE OF BIRTH— MONTH, DAY, YEAR March 28, 1937		7. AGE IN YEARS 52		8. IF UNDER 1 YEAR MONTHS DAYS	
	8. STATE OF BIRTH CA		9. CITIZEN OF WHAT COUNTRY USA		10A. FULL NAME OF FATHER John Gaither		10B. STATE OF BIRTH OR		11A. FULL MAIDEN NAME OF MOTHER Charlotte Detweiler	
	12. MILITARY SERVICE? 19 — TO 19 — ☒ NONE		13. SOCIAL SECURITY NUMBER 167-48-4343		14. MARITAL STATUS Married		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Ronald Andrews		16. YEARS IN USUAL OCCUPATION 30	
USUAL RESIDENCE	16A. USUAL OCCUPATION Homemaker		16B. USUAL KIND OF BUSINESS OR INDUSTRY Homemaking		16C. USUAL EMPLOYER Own Home		17. NUMBER OF HIGHEST GRADE COMPLETED (1-12 OR COLLEGE 13-17) 12		18. CITY Glendale	
	18A. RESIDENCE—STREET AND NUMBER OR LOCATION 2323 Blanchard Drive		18B. COUNTY Los Angeles		18C. ZIP CODE 91208		19. STATE OR FOREIGN COUNTRY California		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Ronald Andrews, husband 2323 Blanchard Road Glendale, CA 91208	
PLACE OF DEATH	19A. PLACE OF DEATH Kaiser Foundation Hospital		19B. IF HOSPITAL, SPECIFY ONE: IP, NIP, OP, DOA IP		19C. COUNTY Los Angeles		19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 5601 De Soto Avenue		19E. CITY Woodland Hills	
	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)—TYPE OR PRINT IMMEDIATE CAUSE { (A) CARDIAC ARREST } MINUTES DUE TO { (B) PROBABLE PULMONARY THROMBOEMBOLISM } 36 HOURS DUE TO { (C) } 24. IF YES, WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☒ NO		22. WAS DEATH REPORTED TO CORONER? ☒ YES 89-52781 ☐ NO SERIAL NUMBER		23. WAS EXOPHY PERFORMED? ☒ YES ☐ NO		24A. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO		24B. IF YES, WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☒ NO	
PHYSICIAN'S CERTIFICATION	25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 BREAST CANCER, METASTATIC TO LUNG WITH CONCOMITANT AND SPONTANEOUS ACUTE SUBDURAL HEMATOMA		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? MONTH, DAY, YEAR 7-7-89 TYPE CRANIOTOMY		27. PHYSICIAN'S LICENSE NUMBER G46751		27D. DATE SIGNED 7-13-89		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Alan Edelman, MD, 5601 DeSoto, Woodland Hills, Ca 91367	
	27A. DECEDENT ATTENDED SINCE: DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR 7-7-89 MONTH, DAY, YEAR 7-13-89		27B. SIGNATURE AND PRINTED NAME OF PHYSICIAN Alan Edelman, MD		27C. SIGNATURE OF CORONER OR DEPUTY CORONER Robert S. Males		27D. DATE SIGNED 7-13-89		27E. SIGNATURE OF LOCAL REGISTRAR Robert S. Males	
CORONER'S USE ONLY	29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined		30A. PLACE OF INJURY		30B. INJURY AT WORK ☐ YES ☒ NO		30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR	
	32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		34. DATE OF DISPOSITION MONTH, DAY, YEAR July 15, 1989		35A. SIGNATURE OF EMBALMER David Serrano		35B. LICENSE NUMBER 7653	
FUNERAL DIRECTOR AND LOCAL REGISTRAR	34A. DISPOSITION Burial		34B. PLACE OF FINAL DISPOSITION Forest Lawn Memorial Park Los Angeles, CA 90068		34C. DATE OF DISPOSITION MONTH, DAY, YEAR July 15, 1989		34D. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Forest Lawn Hollywood Hills Mty.		34E. LICENSE NO. F-904	
	34F. STATE OF BIRTH A.		34G. STATE OF BIRTH B.		34H. STATE OF BIRTH C.		34I. STATE OF BIRTH D.		34J. STATE OF BIRTH E.	
STATE REGISTRAR	34K. STATE OF BIRTH F.		34L. STATE OF BIRTH G.		34M. STATE OF BIRTH H.		34N. STATE OF BIRTH I.		34O. STATE OF BIRTH J.	
	34P. STATE OF BIRTH K.		34Q. STATE OF BIRTH L.		34R. STATE OF BIRTH M.		34S. STATE OF BIRTH N.		34T. STATE OF BIRTH O.	

9-11 (REV. 1-89)

MAKE NO ERASURE, WHITEOUTS, OR OTHER ALTERATIONS

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder.

8-7-145

Charles Weissburd
CHARLES WEISSBURD
Registrar-Recorder

This copy not valid unless prepared on engraved border displaying the County of Los Angeles Seal and Signature of Registrar-Recorder.

SEP 22 1989
19-095560

STATE OF OREGON: COUNTY OF CLATSOP: ss.

Filed for record at request of Bayard R. Tanksley the 16th day of Nov. A.D., 19 89 at 12:01 o'clock P.M., and duly recorded in Vol. M89 of Deeds on Page 22197

FEE \$13.00

Evelyn Biehn, County Clerk
By *Randall M. Madsen*