

RECORDING REQUESTED BY  
**14522**

Letsinger Realty

Vol. 90 Page 8612

AND WHEN RECORDED MAIL TO

NAME ALICE MARSH  
ADDRESS 1020 W. Brown  
CITY & STATE Porterville, CA 93257

SPACE ABOVE THIS LINE FOR RECORDER'S USE

## AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF CALIFORNIA,

County of Tulare

ss.

That ALICE M. MARSH, of legal age, being first duly sworn, deposes and says:  
ROBERT WAYNE MARSH, the decedent mentioned in the attached certified copy of  
Certificate of Death, is the same person as ROBERT W. MARSH  
named as one of the parties in that certain WARRANTY DEED dated February 17, 1970,  
executed by TREE LAKE DEVELOPMENT CO.  
to ROBERT W. MARSH AND ALICE M. MARSH, husband and wife  
as joint tenants, recorded as Instrument No. 39066, on March 2, 1970, in  
book M70, page 1666, of Official Records of KLAMATH  
County, California, covering the following described property situated in the  
County of KLAMATH, State of California:

Lot 26 Block 42, Klamath Falls Forest Estates Highway 66, Unit Plat No. 2  
as recorded in Klamath County, Oregon.

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 April 13, 1990

Alice M. Marsh  
ALICE M. MARSH

SUBSCRIBED AND SWORN TO before me, the  
undersigned, a Notary Public in and for said County  
and State, this 16th day  
of April

Linda Good

FOR NOTARY SEAL OR STAMP



**LINDA GOOD**  
NOTARY PUBLIC  
TULARE COUNTY, CALIFORNIA  
My Commission Expires Oct. 10, 1993

Title Order No. \_\_\_\_\_ Escrow No. \_\_\_\_\_

# CERTIFICATE OF DEATH STATE OF CALIFORNIA USE BLACK INK ONLY

5400

8613

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST (GIVEN)		1B. MIDDLE		1C. LAST (FAMILY)		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
		Robert		Wayne		Marsh		2A. DATE OF DEATH—MO. DAY, YR. 2B. HOUR 3. SEX			
		Caucasian		5. SPANISH/HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MO. DAY, YR. 1931		7. AGE IN YEARS 58		8. IF UNDER 1 YEAR 9. IF UNDER 24 HOURS	
DECEDENT PERSONAL DATA		8. STATE OF BIRTH AR		9. CITIZEN OF WHAT COUNTRY U.S.A.		10A. FULL NAME OF FATHER Harvey Marsh		10B. STATE OF BIRTH AR		11A. FULL MAIDEN NAME OF MOTHER Mary Thompson	
		12. MILITARY SERVICE? 19 51 TO 19 55 <input type="checkbox"/> NONE		13. SOCIAL SECURITY NO. 564-34-1331		14. MARITAL STATUS Married		15. NAME OF SURVIVING SPOUSE OF WIFE, ENTER MAIDEN NAME Alice Clark		11B. STATE OF BIRTH AR	
USUAL RESIDENCE		16A. USUAL OCCUPATION Service Planner		16B. USUAL KIND OF BUSINESS OR INDUSTRY Utility		16C. USUAL EMPLOYER So. Calif. Edison Co.		16D. YEARS IN OCCUPATION 35		17. EDUCATION—YEARS COMPLETED 14	
		18A. RESIDENCE—STREET AND NUMBER OR LOCATION 1020 W. Brown		18B. COUNTY Tulare		18C. NUMBER OF YEARS IN THIS COUNTY 14		18D. STATE OR FOREIGN COUNTRY California		18E. CITY Porterville	
PLACE OF DEATH		19A. PLACE OF DEATH Sierra View District Hospital		19B. IF HOSPITAL SPECIFY ONE: IP, ER/OP, DOA ER		19C. COUNTY Tulare		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Alice Marsh - Wife 1020 W. Brown Porterville, Ca. 93257		18F. ZIP CODE 93257	
		19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 465 W. Putnam		19E. CITY Porterville		21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Cardiac Arrest		22. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CAUSE OF DEATH		DUE TO (B) ASCVD		DUE TO (C) ALS		24. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		24A. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.		27A. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN [Signature]		27B. PHYSICIAN'S LICENSE NUMBER C41839		27C. DATE SIGNED 01-18-1990	
PHYSICIAN'S CERTIFICATION		27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 1/18/90		27B. DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR 1/18/90		27C. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Richard Thistle, M.D.-465 W. Putnam-Porterville, Ca.		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER [Signature]		28B. DATE SIGNED	
		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 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR	
CORONER'S USE ONLY		32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		34A. DISPOSITION(S) CRE/RES		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS 1020 W. Brown Porterville, Ca.		34C. DATE MO. DAY, YEAR 01-20-1990	
		35A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Myers Funeral Service & Crematory		35B. LICENSE NO. FD-713		35C. SIGNATURE OF EMBALMER Not embalmed		35D. LICENSE NUMBER		35E. REGISTRATION DATE 1-19-90	
FUNERAL DIRECTOR AND LOCAL REGISTRAR		36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Myers Funeral Service & Crematory		36B. LICENSE NO. FD-713		36C. SIGNATURE OF LOCAL REGISTRAR [Signature]		36D. REGISTRATION DATE 1-19-90		36E. CENSUS TRACT	
		37A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Myers Funeral Service & Crematory		37B. LICENSE NO. FD-713		37C. SIGNATURE OF LOCAL REGISTRAR [Signature]		37D. REGISTRATION DATE 1-19-90		37E. CENSUS TRACT	
STATE REGISTRAR		38A. NAME OF STATE REGISTRAR		38B. LICENSE NO.		38C. SIGNATURE OF STATE REGISTRAR		38D. REGISTRATION DATE		38E. CENSUS TRACT	
		39A. NAME OF STATE REGISTRAR		39B. LICENSE NO.		39C. SIGNATURE OF STATE REGISTRAR		39D. REGISTRATION DATE		39E. CENSUS TRACT	

State of California } ss  
County of Tulare

I HEREBY CERTIFY the foregoing to be a full, true and correct copy of the original instrument filed for record January 19, 1990 Document No. \_\_\_\_\_

In Witness Whereof, I have hereunto set my hand and affixed my Official Seal, this January 19, 1990

BY Michael L. MacLean, M.D., Local Registrar  
Melbae Boyd Deputy Registrar

STATE OF OREGON, ss.  
County of Klamath

Filed for record at request of:

Letsinger Realty  
on this 7th day of May A.D., 1990  
at 11:39 o'clock A.M. and duly recorded  
in Vol. M90 of Deeds Page 8612  
Evelyn Biehn County Clerk  
By Pauline Mullendor  
Deputy.

Fee, \$13.00