15045

Recording Requested By:
When Recorded Mail To :
Mail Tax Statements to:

ROBERT J. DANLEY
P.O. Box 1453
Julian, California 92036

A.P.N. R 3811 01180 00800 000 00

Space Above For Recorder's Use.

'90 MAY 19 AM 11 46

AFFIDAVIT OF SURVIVING JOINT TENANT

I, PHYLLIS A. DANLEY of legal age, being first duly sworn, deposes and says:

A. Attached hereto and made a part hereof is a certified copy of the death certificate of JAMES PATRICK QUINN.

B. JAMES PATRICK QUINN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as one of the parties named in that certain document described as Warranty Deed and recorded in the Official Records of Klamath County, State of Oregon as follows:

DATE OF DOCUMENT	RECORDING DATE	INSTRUMENT NUMBER
October 24, 1972	November 6, 1972	70034

C. Lot 31, Block 117, Klamath Falls Forest Estates Highway 66 Unit, Plat No. 4.

D. I am the surviving joint tenant under said document.

Dated: April 24, 1990

Phyllis A. Danley
PHYLLIS A. DANLEY

SUBSCRIBED AND SWORN TO before me this 24th day of April, 1990.

Linda M. Galeano
(signature of Notary)

LINDA M. GALEANO
(Name typed or printed)

OFFICIAL SEAL
LINDA M. GALEANO
NOTARY PUBLIC - CALIFORNIA
SAN DIEGO COUNTY
My Comm. Expires Oct. 15, 1991

Notary Seal

9519

This is to Certify that, if bearing the Official Seal of the County of San Diego Department of Public Health, this is a true and correct copy of the original document filed.

FEE PAID: $2.00

DATED: JUN 16 1977

Director

COUNTY OF SAN DIEGO DEPARTMENT OF PUBLIC HEALTH
1600 Pacific Hwy., San Diego, CA 92101

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 3009 05544

1A. NAME OF DECEASED—FIRST NAME: James
1B. MIDDLE NAME: Patrick
1C. LAST NAME: Quinn
2A. DATE OF DEATH—MONTH, DAY, YEAR: 6-11-1977
2B. HOUR: 10:00 A.
3. SEX: Male
4. COLOR OR RACE: White
5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): New Jersey
6. DATE OF BIRTH: 3-15-1923
7. AGE (LAST BIRTHDAY): 54 YEARS
8. NAME AND BIRTHPLACE OF FATHER: John Quinn--Ireland
9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Catherine Rielly--Ireland
10. CITIZEN OF WHAT COUNTRY: U.S.A.
11. SOCIAL SECURITY NUMBER: 153-18-6116
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Phyllis Long
14. LAST OCCUPATION: Shop Planner
15. NUMBER OF YEARS IN THIS OCCUPATION: 3
16. NAME OF LAST EMPLOYING COMPANY OR FIRM: N.A.R.F.
17. KIND OF INDUSTRY OR BUSINESS: Civil Service
18A. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY:
18B. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION): 1635 El Street
18C. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): yes
18D. CITY OR TOWN: San Diego
18E. COUNTY: San Diego
18F. LENGTH OF STAY IN COUNTY OF DEATH: 12 YEARS
18G. LENGTH OF STAY IN CALIFORNIA: 13 YEARS
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 1635 Elm Street
19B. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): yes
19C. CITY OR TOWN: San Diego
19D. COUNTY: San Diego
19E. STATE: CA
20. NAME AND MAILING ADDRESS OF INFORMANT: Phyllis Quinn, 1635 Elm Street, San Diego, CA 92154
21A. CORONER / 21B. PHYSICIAN: I hereby certify that death occurred at the hour, date, and place stated above from the causes stated below and that I attended the deceased from June 10 77 to June 11 77 and last saw him alive on June 11 77
21C. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE: [signature] M.D.
21D. DATE SIGNED: 13 June 1977
21E. ADDRESS: VAMC, San Diego 92134
21F. PHYSICIAN'S LICENSE NUMBER: 4514
22A. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Cremation
22B. DATE: 6-16-77
23. NAME OF CEMETERY OR CREMATORY: Cremation Crematory Scatter at sea Anaheim, CA
24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER: not embalmed
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): TELOPHASE SOCIETY
26. IF NOT CERTIFIED BY CORONER WAS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO): No
27. LOCAL REGISTRAR—SIGNATURE: [signature] M.D.
28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR: JUN 15 1977
29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C
IMMEDIATE CAUSE (A): Metastatic lung cancer
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST: DUE TO, OR AS A CONSEQUENCE OF (B) / DUE TO, OR AS A CONSEQUENCE OF (C)
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 yr
30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I: none
31. WAS OPERATION OR BIOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY YES OR NO): lung biopsy
32A. AUTOPSY (SPECIFY YES OR NO): no
32B. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?
33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE
34. PLACE OF INJURY
35. INJURY AT WORK (SPECIFY YES OR NO)
36A. DATE OF INJURY—MONTH, DAY, YEAR
36B. HOUR
37A. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)
37B. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE, ITEM 19 — MILES
38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS?
39. WERE LABORATORY TESTS DONE FOR ALCOHOL?
40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)

A. | B. | C. | D. | E. | F. 10/01

13.00

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Michael B. Furman the 18th day of May A.D., 19 90 at 11:46 o'clock A M., and duly recorded in Vol. M90 of Deeds on Page 9518.

Evelyn Biehn County Clerk
By [signature]

FEE $13.00