

ROBERT S. WALWICK, ESQ.

AND WHEN RECORDED MAIL TO

NAME ROBERT S. WALWICK, ESQ.
ADDRESS 322 North Nevada Street
CITY & STATE Oceanside, CA. 92054

Title Order No. _____ Escrow No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF CALIFORNIA,

County of SAN DIEGO

ss.

DOROTHY A. MATTOS

That MANUEL JOSEPH MATTOS, JR., of legal age, being first duly sworn, deposes and says: Certificate of Death, is the same person as MANUEL J. MATTOS, JR. the decedent mentioned in the attached certified copy of named as one of the parties in that certain Deed dated July 3, 1978 executed by THE BANK OF CALIFORNIA, a National Banking Association to MANUEL J. MATTOS, JR. and DOROTHY A. MATTOS, husband and wife as joint tenants, recorded as Instrument No. on July 11, 1978, in book M78, page 14799, of Official Records of Record of Deeds, Klamath County, OR., ~~County of California~~ covering the following described property situated in the County of KLAMATH, State of ~~California~~ OREGON:

BLOCK 58, LOT 1, OF THE 5TH ADDITION TO NIMROD RIVER PARK,
AS SHOWN ON MAP IN OFFICIAL RECORDS OF SAID COUNTY.

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 June 5, 1990

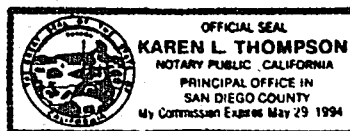
Dorothy A. Mattos
DOROTHY A. MATTOS

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State, this 5th day of June, 1990

(Seal)

Karen L. Thompson
KAREN L. THOMPSON

Name (Typed or Printed)
Notary Public in and for said County and State



FOR NOTARY SEAL OR STAMP

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

18460

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST Manuel		1B. MIDDLE Joseph		1C. LAST Mattos, Jr.		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 2A. DATE OF DEATH (MONTH, DAY, YEAR) 2B. HOUR December 23, 1987 2140			
3. SEX Male		4. RACE/ETHNICITY White		5. SPANISH/HISPANIC NO		6. DATE OF BIRTH April 15, 1927		7. AGE 60 YEARS		8. IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HOURS HOURS MINUTES	
9. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) California				9. NAME AND BIRTHPLACE OF FATHER Manuel J. Mattos-California							
11A. CITIZEN OF WHAT COUNTRY U.S.A.		11B. IF DECEASED WAS EVER IN MILITARY, GIVE DATES OF SERVICE. 1945 TO 1946		12. SOCIAL SECURITY NUMBER 571-30-1314		13. MARITAL STATUS Married		14. NAME OF SURVIVING SPOUSE OF WIFE, ENTER BIRTH NAME Dorothy Anne Leonard			
15. PRESENT OCCUPATION Meat Cutter				16. NUMBER OF YEARS THIS OCCUPATION 20		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Rancho Market		18. KIND OF INDUSTRY OR BUSINESS Retail Meat			
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 4745 Mahogany Dr.						19B.		19C. CITY OR TOWN Oceanside			
19D. COUNTY San Diego				19E. STATE California		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Stephanie Colson-Daughter 14382 Carnitas St. Poway, Calif. 92064					
21A. PLACE OF DEATH Tri-City Medical Center				21B. COUNTY San Diego							
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 4002 Vista Way				21D. CITY OR TOWN Oceanside							
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE											
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.		(A) Arteriosclerotic cardiovascular disease						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		24. WAS DEATH REPORTED TO CORONER? Yes	
		(B)								25. WASopsy PERFORMED? No	
		(C)								26. WAS AUTOPSY PERFORMED? Yes	
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A None											
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.				28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE				28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER	
28E. TYPE PHYSICIAN'S NAME AND ADDRESS											
29. SPECIFY ACCIDENT, SUICIDE, ETC. Natural death				30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR	
33. 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) Investigation											
35B. DISPOSITION Cremation				37. DATE—MONTH, DAY, YEAR Dec. 29, 1987		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Ft. Rosecrans National Cemetery Pt. Loma, San Diego, Calif.				39. EXAMINER'S LICENSE NUMBER AND SIGNATURE DAVID J. STARK, Coroner 12-24-87	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Allen Brothers Mortuary, Inc.				40B. LICENSE NO. 1120		41. LOCAL REGISTRAR—SIGNATURE Ronald L. Ramos, M.D.				42. DATE ACCEPTED BY LOCAL REGISTRAR DEC 28 1987	
STATE REGISTRAR		A.		B.		C.		D.		E.	

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the _____ 13th day of _____ Sept. _____ A.D., 19 90 at 11:31 o'clock _____ A.M., and duly recorded in Vol. M90 of _____ Deeds _____ on Page 18399.

FEE \$13.00

Evelyn Biehn - County Clerk

By Ronald L. Ramos, M.D.

COUNTY OF SAN DIEGO-DEPT. OF HEALTH SERVICES 1700 PACIFIC HWY.
 THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF THE
 SAN DIEGO DEPT. OF HEALTH SERVICES, THIS IS A TRUE COPY OF THE
 ORIGINAL DOCUMENT FILED.
 REQUIRED FEE PAID.
 DATE ISSUED: DEC 29 1987
 REGISTRAR OF VITAL STATISTICS
Ronald L. Ramos, M.D.