

RECORDING REQUESTED BY

20324

ROBERT M. FROST

Vol. m90 Page 18798

AND WHEN RECORDED MAIL TO

NAME ROBERT M. FROST
ADDRESS FROST & WRIGHT
20980 Redwood Rd., #260
CITY & STATE Castro Valley, CA 94546

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT-DEATH OF JOINT TENANT

OREGON
STATE OF ~~CALIFORNIA~~

County of KLAMATH

ss.

EVELYN H. LANSDELL, of legal age, being first duly sworn, deposes and says:
That CLARENCE LOWER LANSDELL, the decedent mentioned in the attached certified copy of
Certificate of Death, is the same person as CLARENCE L. LANSDELL, dated September 10, 1979,
named as one of the parties in that certain Deed executed by H. R. Billings and C. J. Featherston
to CLARENCE L. LANSDELL and EVELYN H. LANSDELL, on September 18, 1979, in
as joint tenants, recorded as Instrument No. 74122, book M79, page 22196, of Official Records of Klamath
County, ~~California~~, covering the following described property situated in the
Oregon County of Klamath, State of ~~California~~:

BLOCK 66, LOT 45, OF THE Fifth 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 \$

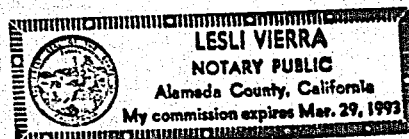
Dated Sept 6, 1990

Evelyn H. Lansdell
EVELYN H. LANSDELL

SUBSCRIBED AND SWORN TO before me, the
undersigned, a Notary Public in and for said County
and State, this 6th day
of September

Lesli Vierra

FOR NOTARY SEAL OR STAMP



Title Order No. _____ Escrow No. _____

1990 SEP 10 AM 11 39

18799

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

3-90-01

000937

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
DECEDENT PERSONAL DATA	1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO. DAY, YR.	2B. HOUR	2C. SEX
	Clarence	Lower	Lansdell	Feb. 5, 1990	1726	Male
	4. RACE	5. SPANISH/HISPANIC—SPECIFY	6. DATE OF BIRTH—MO. DAY, YR.	7. AGE IN YEARS	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MINUTES
	Caucasian	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Feb 14, 1919	70		
	8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
AL	USA	Charles Lansdell	AL	Ethel McDaniels	AL	
USUAL RESIDENCE	12. MILITARY SERVICE?	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)		
	19 49 TO 19 59 <input type="checkbox"/> NONE	466-09-6501	Married	Evelyn Lindsay		
	16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED	
	Head of Security	Aerospace	Ford Aerospace	5	12	
	18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE			
41251 Alline St.	Fremont	94538				
PLACE OF DEATH	18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT		
	Alameda	28	CA	Evelyn Lansdell Spouse		
	19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE, IP, ER/OP, DOA	19C. COUNTY	41251 Alline St. Fremont, CA 94538		
	Washington Hospital	ER	Alameda			
	19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY	22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER			
2000 Mowry Avenue	Fremont	<input checked="" type="checkbox"/> YES 90-0256 <input type="checkbox"/> NO				
CAUSE OF DEATH	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)			23. WAS BIOPSY PERFORMED?		
	IMMEDIATE CAUSE { (A) Cardiorespiratory failure			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	DUE TO { (B) coronary thrombosis and arteriosclerotic			24A. WAS AUTOPSY PERFORMED?		
	DUE TO { (C) cardiovascular disease			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
	DUE TO { (C) None			24B. WAS IT USED IN DETERMINING CAUSE OF DEATH?		
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.			
None			None			
PHYSI- CIAN'S CERTIFI- CATION	I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN		27C. PHYSICIAN'S LICENSE NUMBER	
	27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR		DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR		27D. DATE SIGNED	
	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS					
CORONER'S USE ONLY	I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER		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	
	Natural				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
FUNERAL DIRECTOR AND LOCAL REGISTRAR	34A. DISPOSITION(S)	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	34C. DATE MO. DAY, YEAR	35A. SIGNATURE OF EMBALMER	35B. LICENSE NUMBER	
	BU	Chapel of the Chimes	Feb 8, 1990	Keri E. Smith	7457	
	36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE		
	Berge-Pappas-Smith Mortuary	FD 668		FEB 7 1990		
STATE REGISTRAR	A.	B.	C.	D.	E.	F.

VS-11 (REV. 3-89)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

THIS IS TO CERTIFY THAT IF BEARING THE SEAL OF THE ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY, THIS IS A TRUE COPY OF A RECORD ON FILE IN THE VITAL REGISTRATION SECTION, ALAMEDA COUNTY PUBLIC HEALTH SERVICE, OAKLAND, CALIFORNIA.

CARL L. SMITH, M.D., LOCAL REGISTRAR

BY: [Signature] DEPUTYDATE: FEB 14 1990

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the _____ 19th day
of _____ Sept. A.D., 19 90 at 11:39 o'clock _____ A.M., and duly recorded in Vol. _____ M90
of _____ Deeds on Page 18798

FEE \$13.00

Evelyn Biehn, County Clerk

By [Signature]