

24388

RECORDING REQUESTED BY

Vol. m91 Page 269

Return:

CLAYSON, MANN, AREND & YAEGER

P.O. Box 1447

Corona, Ca. 91718

AND WHEN RECORDED MAIL TO

NAME Colleen D. Way

ADDRESS P. O. Box 244

CITY & STATE Corona, CA 91718

Title Order No. _____ Escrow No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT-DEATH OF JOINT TENANT
WARRANTY DEED---RIGHT OF SURVIVORSHIP

STATE OF CALIFORNIA, OREGON
XXXXXXXX

County of KLAMATH

ss.

COLLEEN D. WAY

That George Blunt Way, of legal age, being first duly sworn, deposes and says:
Certificate of Death, is the same person as George B. Way, the decedent mentioned in the attached certified copy of
named as one of the parties in that certain Warranty Deed--Survivorship, dated April 22, 1982
executed by Fred W. Koehler, Jr.
to George B. Way and Colleen D. Way, Husband and Wife with right of survivorship,
recorded as Volume M82, Page 4956, on April 22, 1982, in
Instrument No. 11102, of Official Records of Deeds of Klamath
County, Oregon, covering the following described property situated in the
County of Klamath, State of Oregon:

Lot 42, Block 79, Klamath Falls Forest Estates
Highway 66 Unit, Plat #4 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 January 3, 1991.

Colleen D. Way
Colleen D. Way

SUBSCRIBED AND SWORN TO before me, the
undersigned, a Notary Public in and for said County
and State, this 3rd day
of January 3, 1991.

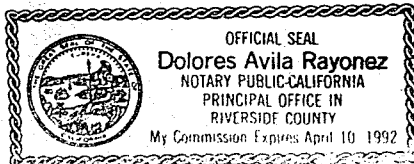
(Seal)

Dolores Avila Rayonez

Dolores Avila Rayonez

Name (Typed or Printed)

Notary Public in and for said County and State



FOR NOTARY SEAL OR STAMP

1988

270

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

38833002452

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
		George		Blunt		Way		2A. DATE OF DEATH (MONTH, DAY, YEAR) 2B. HOUR	
		3. SEX		4. RACE/ETHNICITY		5. SPANISH/HISPANIC		6. DATE OF BIRTH	
		Male		White		NO		May 21, 1927	
DECEDENT PERSONAL DATA		8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER		11. AGE	
		NV		George Way - Unknown		Orpha Vandyke - KS		60 YEARS	
		11A. CITIZEN OF		11B. IF DECEDENT WAS EVER IN		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS	
		USA		MILITARY GIVE DATES OF SERVICE.		573-24-9089		Married	
		15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)	
		Construction Worker		25		Tilden Coyle Construction		Colleen Nichols	
USUAL RESIDENCE		19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B.		19C. CITY OR TOWN		18. KIND OF INDUSTRY OR BUSINESS	
		8479 Bedford Motor Way		41902		Corona		Heavy Equipment Construction	
		19D. COUNTY		19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP			
		Riverside		CA		Colleen Way, wife			
PLACE OF DEATH		21A. PLACE OF DEATH		21B. COUNTY		8479 Bedford Motor Way			
		Residence		Riverside		Corona, CA 91719			
		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN					
		8479 Bedford Motor Way		Corona					
CAUSE OF DEATH		22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23		24. WAS DEATH REPORTED TO CORONER?	
		(A) <i>Carcinomatous</i>		None		Type of Operation		Yes 88M449	
		(B) <i>Adenocarcinoma of the pancreas</i>				DATE SIGNED		25. WAS BIOPSY PERFORMED?	
		(C)				3-28-88		YES	
						C-17392		26. WAS AUTOPSY PERFORMED?	
								No	
PHYSICIAN'S CERTIFICATION		28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER	
		ATTENDED DECEDENT SINCE (ENTER MO, DA, YR.)		LAST SAW DECEDENT ALIVE (ENTER MO, DA, YR.)		Charles E. Gunnoe, MD		3-28-88	
		6-1-1970		3-23-1988		Charles E. Gunnoe, MD, 720 Magnolia Ave, Corona, Ca 91719		C-17392	
INJURY INFORMATION		29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR	
								32B. HOUR	
CORONER'S USE ONLY		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)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE	
								35C. DATE SIGNED	
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE		40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	
Burial		March 29, 1988		Sunnyslope Cemetery, Corona, CA		5281		Thomas Miller Mortuary	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR			
		66		[Signature]		MAR 28, 1988			
STATE		A		B		C		D	

This must be in red to be a
"CERTIFIED COPY"

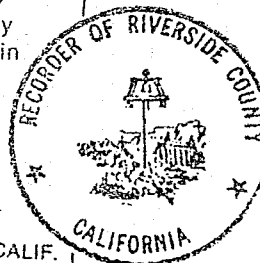
This is to certify, when stamped with
the seal of the Riverside County
Recorder, that this is a true copy
of the permanent record on file in
this office.

Date AUG 11 1989

William E. Smiley

Recorder
RIVERSIDE COUNTY, CALIF.

Certification must be in red to be a
"CERTIFIED COPY"



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____
of Jan. A.D., 19 91 at 9:48 o'clock A M., and duly recorded in Vol. M91
of Deeds on Page 269

FEE \$13.00

Evelyn Biehn County Clerk
By [Signature]