

30136

## AFFIDAVIT TO AMEND A RECORD

Vol. m91 Page 10436

STATE FILE NUMBER

☐ BIRTH☒ DEATH☐ FETAL DEATH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

## PART I INFORMATION ON ORIGINAL CERTIFICATE

TYPE OR PRINT IN BLACK INK ONLY	1A. NAME—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)
	JOHN	S	USSERY
	2. SEX	3. DATE OF EVENT—MONTH, DAY, YEAR	4A. CITY OF OCCURRENCE
	Male	February 5, 1991	Los Angeles
	4B. COUNTY OF OCCURRENCE		Los Angeles
	5. FULL NAME OF FATHER		6. FULL MAIDEN NAME OF MOTHER
	James R. Ussery		Rosa Lee Boyt

## PART II STATEMENT OF CORRECTIONS

LIST ONE ITEM PER LINE	7. CERTIFICATE ITEM NUMBER	8A. INCORRECT INFORMATION ON ORIGINAL CERTIFICATE	8B. INFORMATION AS IT SHOULD BE STATED
	13		550-05-4435
	18A	8816 TOBIAS AVE #2	4318 Avalon Place
	18B	PANORAMA CITY	Klamoth Falls
	18C	91412	97603
	18D	Los Angeles	Klamoth Falls
	18E	0	2
	18F	CALIFORNIA	Oregon

REASON FOR CORRECTION 9. To correct a record

## PART III SUPPORTING AFFIDAVITS

FIRST SUPPORTING AFFIDAVIT	I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.		
	10A. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	10B. TITLE OR RELATIONSHIP TO PERSON IN ITEM 1	10C. DATE SIGNED
	<i>James R. Ussery</i>	Funeral Director	2/7/91
	10D. AGE OF PERSON COMPLETING THE AFFIDAVIT	10E. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE, ZIP)	
	Adult	5940 Van Nuys Blvd. Van Nuys, Ca. 91401	
SECOND SUPPORTING AFFIDAVIT	I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.		
	11A. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	11B. TITLE OR RELATIONSHIP TO PERSON IN ITEM 1	11C. DATE SIGNED
	<i>William A. Mitchell</i>	Funeral Director	2/7/91
	11D. AGE OF PERSON COMPLETING THE AFFIDAVIT	11E. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE, ZIP)	
	Adult	5940 Van Nuys Blvd. Van Nuys, Ca. 91401	
STATE/LOCAL REGISTRAR USE ONLY	12. OFFICE OF STATE OR LOCAL REGISTRAR		13. DATE ACCEPTED FOR REGISTRATION
	<i>Robert C. Matis</i>		FEB 13 1991

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS 24 (REV. 1/89)  
88 30368THIS IS A TRUE CERTIFIED COPY OF THE RECORD  
FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT  
OF HEALTH SERVICES IF IT BEARS THIS SEAL IN  
PURPLE INK.

FEB 13 1991

38

Director of Health Services and Registrar

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Frances Ussery the 3rd day  
of June A.D., 19 91 at 11:54 o'clock A.M., and duly recorded in Vol. M91  
of Deeds on Page 10436.

FEE \$8.00

Return: Frances Ussery

4318 Avalon Pl., Klamath Falls, Or. 97603

Evelyn Biehn County Clerk

By *Danette Mullendore*