

30190

RECORDING REQUESTED BY

Vol. mg / Page 10541

Robert G. Nykodym

AFTER RECORDING MAIL TO

Shela Camenisch  
3 Altarinda Rd. #301  
Orinda, Ca. 94563

SPACE ABOVE THIS LINE FOR RECORDER'S USE

## AFFIDAVIT — DEATH OF JOINT TENANT

ALL	PTN.

State of California, }  
County of Contra Costa } ss.

Rose M. Lundt, of legal age, being first duly sworn, deposes and says:  
That Glenn Eugene Lundt, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Glenn E. Lundt named as one of the parties in that certain Warranty Deed dated May 2, 1966, executed by Irwin L. Crume & May E. Crume to Mr. Glenn Lundt and Rose M. Lundt as joint tenants, recorded as Instrument No. \_\_\_\_\_ on May 2, 1966, in Book \_\_\_\_\_, Page \_\_\_\_\_, of \_\_\_\_\_ Records of Klamath County, ~~California~~ Oregon, covering the following described property situated in the said County, State of ~~California~~ Oregon:  
Lot 5 & 6 Blk. 2, Juniper Acres, accordingly to the duly recorded plat thereof on file in the Office of The County Clerk of 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 \$ 600,000.00

Rose M. Lundt  
Rose M. Lundt

Subscribed and Sworn to before me  
this 23rd day of January, 1991

Barbara M. Nakamoto (Sign)  
Notary Public Commissioned for said County and State

OFFICIAL SEAL  
BARBARA M. NAKAMOTO  
NOTARY PUBLIC - CALIFORNIA  
PRINCIPAL OFFICE IN  
CONTRA COSTA COUNTY  
My Commission Expires February 15, 1992

CERTIFICATE OF DEATH										6015	4957	10542
STATE OF CALIFORNIA—DEPARTMENT OF HEALTH OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS										LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
STATE FILE NUMBER		1a. NAME OF DECEASED—FIRST NAME		1b. MIDDLE NAME		1c. LAST NAME		2a. DATE OF DEATH—MONTH, DAY, YEAR		2b. HOUR		
		Glen		Eugene		Lundt		August 22, 1977		6:45 AM		
3. SEX		4. COLOR OR RACE		5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		6. DATE OF BIRTH		7. AGE (LAST BIRTHDAY)		IF UNDER 1 YEAR IF UNDER 24 HOURS		
male		white		North Dakota		September 13, 1915		61 YEARS				
8. NAME AND BIRTHPLACE OF FATHER		10. CITIZEN OF WHAT COUNTRY		11. SOCIAL SECURITY NUMBER		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)				
Hans K. Lundt—Wisconsin		U.S.A.		559-01-6640		Married		Rose Marie Voyd				
14. LAST OCCUPATION		15. NUMBER OF YEARS IN THIS OCCUPATION		16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE)		17. KIND OF INDUSTRY OR BUSINESS						
Gas Supervisor		35		Pacific Gas and Elect.		Public Utility						
18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY		18b. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION)		18c. COUNTY		18d. CITY OR TOWN		18e. LENGTH OF STAY IN COUNTY OF DEATH		18f. LENGTH OF STAY IN CALIFORNIA		
Kaiser Foundation Hospital		280 West MacArthur Blvd.		Alameda		Oakland		5 days		41 YEARS		
19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)		19c. CITY OR TOWN		19d. COUNTY		19e. STATE		20. NAME AND MAILING ADDRESS OF INFORMANT		
2575 Francis Drive		yes		Pinole		Contra Costa		California		Rose M. Lundt 2575 Francis Dr. Pinole, California		
21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW		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		21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE		21d. DATE SIGNED		21e. PHYSICIAN'S CALIFORNIA LICENSE NUMBER				
		9-69 8-22-77 8-22-77		Robert Cleland, M.D.		8/24/77		6-27821				
22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION		22b. DATE		23. NAME OF CEMETERY OR CREMATORY		24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER		25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER?		
Burial		8-24-77		St. Joseph Cemetery		3912		Wilson & Kratzer—Richmond		No		
29. PART I. DEATH WAS CAUSED BY:		29a. IMMEDIATE CAUSE (A)		29b. DUE TO, OR AS A CONSEQUENCE OF (B)		29c. DUE TO, OR AS A CONSEQUENCE OF (C)		30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.		31. WAS OPERATION OR DISPOSTY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY OPERATION AND/OR DISPOSTY)		
		BILATERAL PNEUMONIA		SEPSIS		PERFORATED INTESTINAL MASS		MYELOFIBROSIS		OPERATION		
33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.)		35. INJURY AT WORK (SPECIFY YES OR NO)		36a. DATE OF INJURY—MONTH, DAY, YEAR		36b. HOUR		37. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (ITEM 19)		
										MILES		
37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (ITEM 19)		38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS? (SPECIFY YES OR NO)		39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO)						
40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)												

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 E. SMITH, M.D., LOCAL REGISTRAR

BY Donna DEPUTY

DATE AUG 24 1977

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of \_\_\_\_\_ the \_\_\_\_\_ 5th \_\_\_\_\_ day  
of \_\_\_\_\_ June \_\_\_\_\_ A.D., 19 91 at 12:25 o'clock \_\_\_\_\_ P.M., and duly recorded in Vol. \_\_\_\_\_ M91  
of \_\_\_\_\_ Deeds \_\_\_\_\_ on Page 10541.

Evelyn Biehn, County Clerk  
By Pauline Williams

FEE \$13.00