

30951

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

NAME STEPHEN G. McKEE, J.D.
 STREET ADDRESS 25375 Orchard Village
 CITY, STATE Suite 105
 ZIP Valencina, CA 91355

Title Order No. _____ Escrow No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT—DEATH OF JOINT TENANT

STATE OF CALIFORNIA

COUNTY OF CALIFORNIA

SHIRLEY W. DWYER

} ss.

That THOMAS WILLIAM DWYER, SR., of legal age, being first duly sworn, deposes and says:
 copy of Certificate of Death, is the same person as THOMAS W. DWYER, the decedent mentioned in the attached certified
 named as one of the parties in that certain DEED OF REYCONVEYANCE dated APRIL 9, 1984,
 executed by ANDREW A. PATTERSON for TRANSAMERICA TITLE INSURANCE COMPANY
 to THOMAS W. DWYER AND SHIRLEY W. DWYER, husband and wife
 as joint tenants, recorded as Instrument No. 35332, on April 9, 1984, in
 Book M184, Page 5783, of the Official Records in the Office of the County Recorder of Klamath, in
 _____ County, State of OREGON, concerning the following described real property situated in the
 City of _____, County of Klamath, State of Oregon:

Lot 3 in Block 14 OREGON SHORES SUBDIVISION TRACT 1053 in the County of Klamath, State
 of Oregon.

That the value of all real and personal property owned by the decedent at the date of death, including the full value of the above described
 real property, did not then exceed the sum of \$ _____

Dated April 24, 1991, 19 _____Shirley W. Dwyer
(Signature of Joint Tenant)

SHIRLEY W. DWYER

(Type or Print Full Name of Joint Tenant)

(Signature of Joint Tenant)

SUBSCRIBED AND SWORN TO BEFORE ME

this 24 day of April, 1991Patricia L. McKee
(Signature of Notary)

STATE OF CALIFORNIA 11859

DEPARTMENT OF HEALTH SERVICES

86-087946

CERTIFICATE OF DEATH STATE OF CALIFORNIA

38619025602

STATE FILE NUMBER 86-087946		CERTIFICATE OF DEATH STATE OF CALIFORNIA		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 38619025602	
1A. NAME OF DECEDENT—FIRST THOMAS		1B. MIDDLE WILLIAM		1C. LAST DWYER SR.	
3. SEX Male		4. RACE/ETHNICITY White		5. DATE OF BIRTH April 1, 1921	
6. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Washington		7. AGE 65		8. DATE OF DEATH (MONTH, DAY, YEAR) May 15, 1986	
9. NAME AND BIRTHPLACE OF FATHER John Dwyer - Unknown		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Martha Wabrusheik-Unknown		11. CITIZEN OF WHAT COUNTRY U.S.A.	
12. SOCIAL SECURITY NUMBER 537-10-5210		13. MARITAL STATUS Married		14. NAME OF SURVIVING SPOUSE OF WIFE, BIRTH NAME Shirley Wray	
15. PRIMARY OCCUPATION Safety Engineer		16. NUMBER OF YEARS THIS OCCUPATION 16		17. EMPLOYER IF SELF-EMPLOYED, NO STATE Millie & Severson	
18A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 20401-632 Soledad Canyon Road		18B. CITY OR TOWN Canyon Country		18C. STATE California	
19A. PLACE OF DEATH Henry Mayo Memorial Hospital		19B. COUNTY Los Angeles		19C. CITY OR TOWN Valencia	
20. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 23845 McBean Parkway		21. CITY OR TOWN Valencia		22. STATE California	
23. DEATH WAS CAUSED BY PNEUMONIA		24. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 72 hrs		25. WAS DEATH REPORTED TO CORONER? No	
26. ACQUIRED IMMUNODEFICIENCY SYNDROME 8 mos.		27. WAS DEATH REPORTED TO CORONER? No		28. WAS DEATH REPORTED TO CORONER? No	
29. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 23A BRAIN MASS		30. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 23 OR 29? BRN BRIDRSY		31. DATE 5-1-86	
32A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 9-23-85		32B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Ellsworth Pryor, M.D.		32C. DATE 5-16-86	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) 23928 Lyons Avenue, Newhall, CA		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) BRN BRIDRSY		35. DATE 5-16-86	
36. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED AS REQUIRED BY LAW I HAVE MADE AN EXHAUSTIVE INVESTIGATION 9-23-85		37. CORONER—SIGNATURE AND DEGREE OR TITLE Ellsworth Pryor, M.D.		38. DATE 5-16-86	
39. NAME OF FUNERAL HOME (FOR PERSON ACTING AS SUCH) Eternal Valley Memorial Park		40. LICENSE NO. F-1163		41. DATE OF DEATH MAY 19 1986	
42. NAME OF FUNERAL HOME (FOR PERSON ACTING AS SUCH) Eternal Valley Memorial Park		43. LICENSE NO. F-1163		44. DATE OF DEATH MAY 19 1986	
45. NAME OF FUNERAL HOME (FOR PERSON ACTING AS SUCH) Eternal Valley Memorial Park		46. LICENSE NO. F-1163		47. DATE OF DEATH MAY 19 1986	

This is to certify that this document is a true copy of the official record filed with the Office of State Registrar.

Kenneth W. Kizer, MD, MPH, Director and State Registrar of Vital Statistics

by: *David W. Mitchell*

DAVID MITCHELL, CHIEF
OFFICE OF STATE REGISTRAR

DATE ISSUED
NOV 03 1989

276616

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Stephen G. McKee the 20th day of June A.D., 19 91 at 12:33 o'clock P M., and duly recorded in Vol. M91 of Deeds on Page 11858

FEE \$13.00

Evelyn Biehn, County Clerk

By *Pauline M. Mendenhall*