

33944

RECORDING REQUESTED BY

THERESA L. McCONVILLE
AND WHEN RECORDED MAIL TO:Vol. 991 Page 17366

NAME

Theresa L. McConville

STREET
ADDRESS

Attorney-at-Law

340 Rosewood Ave., Suite P

CITY

Camarillo, CA 93010

STATE

ZIP

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT — DEATH JOINT TENANT

State of ~~California~~ OregonCounty of Klamath } ss.

Dolores Potter

_____, of legal age, being first duly sworn, deposes and says:
That Dorothy M. Aerts, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Dorothy M. Aerts
named as one of the parties in that certain Bargain and Sale Deed dated April 4, 1979,
executed by Frank J. Aerts and Dorothy M. Aerts, husband and wife
to Frank J. Aerts and Dorothy M. Aerts, husband and wife
as joint tenants, recorded as Instrument No. _____ on April 10, 1979, in
Book _____, Page _____, of _____ Records of Klamath
County, ~~California~~ Oregon, covering the following described property situated in the said County, State of ~~California~~ Oregon:

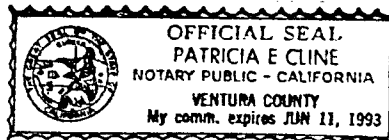
Block 10 - Lot 33, 2nd Addition to Nimrod River Park.

Subject to all conditions, covenants, reservations, restrictions,
easements, rights and rights of way of record, official records
of Klamath County, State of 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 \$ _____

Subscribed and Sworn to before me

This 3rd day of October, 1990
Patricia E. Cline (Sign)
Notary Public Commissioned for said County and State



Title Order No. _____

Escrow or Loan No. _____

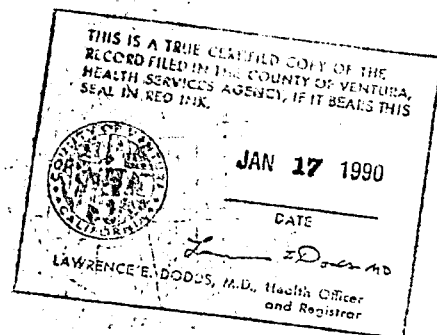
CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

39056000089 17367

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A NAME OF DECEDENT—FIRST (GIVEN) DOROTHY		1B MIDDLE M.	1C LAST (FAMILY) AERTS
4 RACE CAUCASIAN		5 SPANISH/HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	2A DATE OF DEATH—MO. DAY, YR. 2B HOUR 3 SEX JANUARY 6, 1990 0235 FEMALE
8 STATE OF BIRTH OH		9 CITIZEN OF WHAT COUNTRY U.S.A.	6 DATE OF BIRTH—MO. DAY, YR. NOVEMBER, 21, 1921
10A FULL NAME OF FATHER ANTHONY FLOHRE		10B STATE OF BIRTH OH	11A FULL MAIDEN NAME OF MOTHER UNKNOWN
12 MILITARY SERVICE? 19 TO 19 [X] NONE		13 SOCIAL SECURITY NO 289-18-1211	14 MARITAL STATUS MARRIED
15A USUAL OCCUPATION HOUSEWIFE		15B USUAL KIND OF BUSINESS OR INDUSTRY HOMEMAKER	15C USUAL EMPLOYER SELF
16A USUAL OCCUPATION HOUSEWIFE		16B USUAL KIND OF BUSINESS OR INDUSTRY HOMEMAKER	16C USUAL EMPLOYER SELF
16D YEARS IN OCCUPATION 39		17 EDUCATION—YEARS COMPLETED 6	
18A RESIDENCE—STREET AND NUMBER OR LOCATION 559 N. LOOP DR.		18B CITY CAMARILLO	18C ZIP CODE 93010
18D COUNTY VENTURA		18E NUMBER OF YEARS IN THIS COUNTY 35	18F STATE OR FOREIGN COUNTRY CALIFORNIA
19A PLACE OF DEATH PLEASANT VALLEY HOSPITAL		19B IF HOSPITAL SPECIFY ONE (IP, ER/OP, DOA) IP	19C COUNTY VENTURA
19D STREET ADDRESS—STREET AND NUMBER OR LOCATION 2309 ANTONIO AVE.		19E CITY CAMARILLO	20 NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT FRANK AERTS-HUSBAND 559 N. LOOP DR. CAMARILLO, CA. 93010
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) <i>Cardiac Pulmonary Arrest</i> ▶ 26 min DUE TO (B) <i>Metastatic Breast Cancer</i> ▶ 2 months DUE TO (C) <i>Breast Cancer</i> ▶ 17 yrs		22 WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
23 WAS BOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		24A WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
24B WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO		25 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 <i>Chronic Lung Disease; Pulmonary Arteriosclerosis</i>	
26 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE <i>Removal of Gallbladder Apr 12/14/89</i>		27C PHYSICIAN'S LICENSE NUMBER 27D DATE SIGNED <i>625061 1-8-90</i>	
27A DECEASED ATTENDED SINCE: MONTH, DAY, YEAR <i>7-7-75</i>		27B SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN <i>DR. HENRY Y. SASAKI</i>	
27C TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS <i>DR. HENRY Y. SASAKI, 2438 PONDEROSA DR. G-101 CAMARILLO, CA 93010</i>		28A SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>	
28B DATE SIGNED <i>1-8-90</i>		29 MANNER OF DEATH—Specify any natural account, suicide, homicide, pending investigation or could not be determined	
30A PLACE OF INJURY		30B INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	30C DATE OF INJURY MONTH, DAY, YEAR
31 HOUR		32 LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	
33 DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		34A DISPOSITION(S) CR/BU	
34B PLACE OF FINAL DISPOSITION—NAME AND ADDRESS CONEJO MOUNTAIN MEMORIAL PARK 2052 HOWARD RD. CAMARILLO, CA. 93010		34C DATE MO. DAY, YEAR JAN. 10, 1990	35A SIGNATURE OF EMBALMER NOT EMBALMED
35B LICENSE NUMBER		36A NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) PIERCE BROTHERS GRIFFIN, CAMARILLO	
36B LICENSE NO F892		37 SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
38 JAN 07 1990		39 STATE REGISTRAR A. B. C. D. E. F. G. H. I. J. K. L. M. N. O. P. Q. R. S. T. U. V. W. X. Y. Z.	

VS-11 (REV. 3-89)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS



AFFIDAVIT TO AMEND A RECORD

39056000089 17368

STATE CERTIFICATE NUMBER

☐ BIRTH☒ DEATH☐ FETAL DEATH☐ MARRIAGE

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

PART I INFORMATION AS REPORTED ON THE ORIGINAL REGISTERED CERTIFICATE

TYPE OR PRINT IN BLACK INK ONLY	1A FIRST NAME DOROTHY		1B MIDDLE NAME -M-	1C LAST NAME AERTS
	2 SEX FEMALE	3 DATE OF EVENT JANUARY 6, 1990	4 PLACE OF OCCURRENCE—CITY AND COUNTY CAMARILLO	
	5 NAME OF FATHER ANTHONY FLOHRE		6 BIRTH NAME OF MOTHER UNKNOWN	

PART II STATEMENT OF CORRECTIONS

LIST ONE ITEM PER LINE	7. ITEM NUMBER	8A ERRONEOUS INFORMATION AS STATED ON THE ORIGINAL RECORD	8B CORRECT INFORMATION THAT SHOULD HAVE BEEN STATED ON THE ORIGINAL RECORD AT THE TIME OF OCCURRENCE
	1B	-M-	M.
	6	NOVEMBER 21, 1921	NOVEMBER 21, 1921
REASON FOR CORRECTION	2 SLOPPY CORRECTION		

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.		
	10 SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT ► Irene Bravo	11 RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1 None - Intermediate Typist Clerk	12 AGE OF PERSON COMPLETING THE AFFIDAVIT Adult
	13 DATE SIGNED 1-17-90	14 ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE) 3147 Loma Vista Road, Ventura, California	
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.		
	15 SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT ► L. Williams	16 RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1 None - Supervising Clerk	17 AGE OF PERSON COMPLETING THE AFFIDAVIT Adult
	18 DATE SIGNED 1-17-90	19 ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE) 3147 Loma Vista Road, Ventura, California	
STATE OR LOCAL REGISTRAR USE ONLY	20 DATE ACCEPTED JAN 17 1990	21 OFFICE OF THE STATE OR LOCAL REGISTRAR ► Lawrence E. Dodus, M.D.	

STATE OF CALIFORNIA: DEPARTMENT OF HEALTH SERVICES OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 7-85; FORM VS-24)

STATE OF OREGON,
County of Klamath SS.

Filed for record at request of:

on this 30th day of Aug. A.D., 19 91
 at 9:54 o'clock A M. and duly recorded
 in Vol. M91 of Deeds Page 17366.
 Evelyn Biehn County Clerk
 By Pauline Mulendae
 Deputy.

Fee, \$18.00

