38306 Vol. M91 Page 25488

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME
ADDRESS MARGARET BILLINGSLEY
8870 EL PRESIDENTE
CITY & STATE FOUNTAIN VALLEY, CA.
92708

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT—DEATH OF JOINT TENANT

T-427

'91 DEC 5 AM 10 05

STATE OF CALIFORNIA, } ss.
County of LOS ANGELES

MARGARET BILLINGSLEY, of legal age, being first duly sworn, deposes and says:
That JAMES DONALD BILLINGSLEY, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JAMES D. BILLINGSLEY named as one of the parties in that certain DEED dated OCTOBER 26 1971, executed by VALIANT DEVLOPMENT CORP. AND OUTDOOR DEVELOPMENT CORP.

to JAMES D. BILLINGSLEY AND MARGARET BILLINGSLEY,

as joint tenants, recorded as Instrument No. 58329, on NOVEMBER 12,1971, in ~~Book~~ VOL. M71, page 11886, of Official Records of KLAMATH County, ~~California~~, covering the following described property situated in the County of KLAMATH, State of ~~California~~ OREGON

LOT 8, BLOCK 15 KLAMATH FALLS FOREST ESTATES HIGHWAY 66 UNIT, PLAT NO. 1, AS RECORDED IN KLAMATH COUNTY OREGON

AIN # Map Book Page Parcel	COMMON ADDRESS LAND ONLY

Dated: 8-31-91

Margaret Billingsley
MARGARET BILLINGSLEY

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said State, this 31st day of August, 19 91

Signature J. Elizabeth Oliver
Notary Public in and for said State

FOR NOTARY SEAL OR STAMP

OFFICIAL NOTARY SEAL
J. ELIZABETH OLIVER
Notary Public — California
LOS ANGELES COUNTY
My Comm. Expires OCT 1, 1993

Title Order No. Escrow No.

25489

3-89-30-007101

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

- **1A. Name of Decedent—First (Given):** James
- **1B. Middle:** Donald
- **1C. Last (Family):** BILLINGSLEY
- **2A. Date of Death—Month, Day, Year:** June 25, 1989
- **2B. Hour:** Est. 1340
- **3. Sex:** Male
- **4. Race:** Caucasian
- **5. Spanish/Hispanic:** ☐ Yes ☒ No — Specify
- **6. Date of Birth—Month, Day, Year:** Oct 4, 1929
- **7. Age in Years:** 59 — If under 1 year: Months / Days — If under 24 hours: Hours / Minutes
- **8. State of Birth:** AR
- **9. Citizen of What Country:** U.S.A.
- **10A. Full Name of Father:** H.L. Billingsley
- **10B. State of Birth:** AR
- **11A. Full Maiden Name of Mother:** Faye Shepard
- **11B. State of Birth:** AR
- **12. Military Service?:** 19 47 To 19 77 ☐ None
- **13. Social Security Number:** 448-24-5867
- **14. Marital Status:** Married
- **15. Name of Surviving Spouse (if wife, enter maiden name):** Margaret Linton
- **16A. Usual Occupation:** Chief Petty Officer
- **16B. Usual Kind of Business or Industry:** U.S. Government
- **16C. Usual Employer:** U.S. Navy
- **16D. Years in Usual Occupation:** 28
- **17. Number of Highest Grade Completed (1–12 or College 13–17+):** 12
- **18A. Residence—Street and Number or Location:** 8870 El Presidente
- **18B. City:** Fountain Valley
- **18C. Zip Code:** 92708
- **18D. County:** Orange
- **18E. Number of Years in This County:** 23
- **18F. State or Foreign Country:** CA
- **19A. Place of Death:** Residence
- **19B. If Hospital, Specify One: IP, ER/OP, DOA:** —
- **19C. County:** Orange
- **19D. Street Address—Street and Number or Location:** 8870 El Presidente
- **19E. City:** Fountain Valley
- **20. Name, Relationship, Mailing Address and Zip Code of Informant:** Margaret Billingsley/Wife, 8870 El Presidente, Fountain Valley, CA 92708
- **21. Death Was Caused By:** (Enter only one cause per line for A, B, and C—Type or print)
  - Immediate Cause (A): Hypertensive cardiovascular disease
  - Due to (B):
  - Due to (C):
  - Time interval between onset and death:
- **22. Was Death Reported to Coroner?:** ☒ Yes 89-03389-MH ☐ No — Referral Number
- **23. Was Biopsy Performed?:** ☐ Yes ☒ No
- **24A. Was Autopsy Performed?:** ☐ Yes ☒ No
- **24B. If Yes, Was It Used in Determining Cause of Death?:** ☐ Yes ☐ No
- **25. Other Significant Conditions Contributing to Death but Not Related to Cause Given in 21:** None
- **26. Was Operation Performed for Any Condition in Item 21 or 25? Month, Day, Year / Type:** No
- **27A.** I certify that death occurred at the hour, date and place stated from the causes stated. Decedent attended since / Decedent last seen alive — Month, Day, Year
- **27B. Signature and Degree or Title of Physician:**
- **27C. Physician's License Number:**
- **27D. Date Signed:**
- **27E. Type Attending Physician's Name and Address:**
- **28A.** I certify that death occurred at the hour, date and place stated from the causes stated. Signature of Coroner or Deputy Coroner: BRAD GATES SHERIFF-CORONER By: [signature] Deputy
- **28B. Date Signed:** 06-27-89
- **29. Manner of Death** (specify one: natural, accident, suicide, homicide, pending investigation or could not be determined): Natural
- **30A. Place of Injury:**
- **30B. Injury at Work:** ☐ Yes ☐ 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:** Burial
- **34B. Place of Final Disposition:** Riverside National Cem. 22495 VanVurnBlvd. Rvsd. Ca
- **34C. Date of Disposition—Month, Day, Year:** Jun. 29, 1989
- **35A. Signature of Embalmer:** [signature]
- **35B. License Number:** 7499
- **36A. Name of Funeral Director (or person acting as such):** Saddleback Chapel
- **36B. License No.:** 1099
- **37. Signature of Local Registrar:** [signature]
- **38. Registration Date:** JUN 27 1989
- Census Tract

A. | B. | C. | D. | E. | F.

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

VS-11 (REV. 1-89)

THIS IS TO CERTIFY, IF IMPRESSED WITH THE SEAL OF THE ORANGE COUNTY HEALTH OFFICER, THAT THIS IS A TRUE COPY OF THE PERMANENT RECORD FILED IN THIS OFFICE.

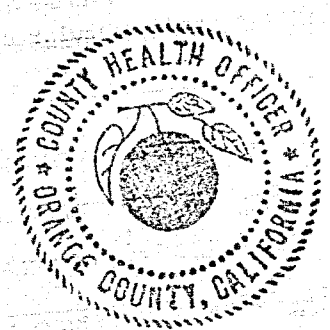
Fee: $7.00 No Fee Veterans Purposes

Date: JUN 29 1989

[signature] Rex Ehling, M.D.

Health Officer and Local Registrar of Births and Deaths of Orange County
Santa Ana, California

25490



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Oliver Law Offices the 6th day of Dec. A.D., 19 91 at 10:05 o'clock A M., and duly recorded in Vol. M91, of Deeds on Page 25488.

Evelyn Biehn County Clerk

By Pauline Muchmore

FEE $18.00