

41996

Vol. 92 Page 4997

Recording Requested By  
ROBERT R. BOWNE

When Recorded Mail To:  
ROBERT R. BOWNE  
245 East Olive Avenue, Suite 500  
Burbank, CA 91502

Mail Tax Statements to:  
Mr. Terre A. Hirsch  
Mr. Michael L. Hirsch  
c/o 245 East Olive Ave., Suite 500  
Burbank, CA 91502

AFFIDAVIT DEATH OF TRUSTOR OR BENEFICIARY

STATE OF CALIFORNIA )  
COUNTY OF LOS ANGELES ) ss.

MICHAEL L. HIRSCH and TERRE A. HIRSCH, of legal age,  
being first duly sworn, deposes and says:

That MUSSETTA R. BIGGS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MUSSETTA R. BIGGS, as one of the parties in that certain Individual Quitclaim Deed dated June 28, 1988, executed by MUSSETTA R. BIGGS, wherein the decedent is a Trustor of the BIGGS LIVING TRUST dated the 20th day of August, 1987, as well as the beneficiary under said Trust; it being further acknowledged that MICHAEL L. HIRSCH and TERRE A. HIRSCH are the surviving co-Trustors under Declaration of Trust. The original Individual Quitclaim Deed aforementioned is recorded as instrument no. 93772, on November 14, 1988, Official Records of the County of Klamath, State of Nevada, covering the following described property situated in the County of Klamath, State of Oregon:

Lot 66, Block 4, Klamath Forest Estates  
as recorded in Klamath County, Oregon.

Assessor's Parcel Number 3510-015-004

Dated: February 12, 1992

Michael L. Hirsch  
MICHAEL L. HIRSCH  
Terre A. Hirsch  
TERRE A. HIRSCH

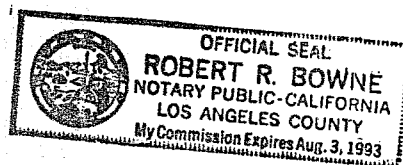
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State of California                    )  
County of Los Angeles                ) ss

On February 12, 1992, before me, the undersigned, a Notary Public in and for said State, personally appeared MICHAEL L. HIRSCH, and TERRE A. HIRSCH proved to me on the basis of satisfactory evidence to be the person who executed the within and foregoing instrument and acknowledged to me that he executed the same.

Robert R. Bowne  
ROBERT R. BOWNE

(SEAL)



I declare under penalty of perjury that the foregoing is true and correct and that this declaration is made 2/25/92 in Burbank, CA

Robert R. Bowne  
ROBERT R. BOWNE

391190532674999

# **CERTIFICATE OF DEATH** STATE OF CALIFORNIA USE BLACK INK ONLY

STATE FILE NUMBER		1B. MIDDLE <b>HIRSCH</b>		1C. LAST (FAMILY) <b>BIGGS</b>		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN) <b>MUSSETTA</b>		6. DATE OF BIRTH—MO. DAY, YR. <b>AUGUST 8, 1910</b>		7. AGE IN YEARS <b>81</b>		2A. DATE OF DEATH—MO. DAY, YR. <b>DECEMBER 14, 1991</b>	
4. RACE <b>CAUCASIAN</b>		5. MARRIAGE—SPECIFY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		10B. STATE OF BIRTH <b>IL</b>		10A. FULL MAIDEN NAME OF MOTHER <b>RUTH COLAHAN</b>	
8. STATE OF BIRTH <b>IL</b>		9. CITIZEN OF WHAT COUNTRY <b>USA</b>		10A. FULL NAME OF FATHER <b>ALFRED RANDALL</b>		11B. STATE OF BIRTH <b>ILLINOIS</b>	
12. MILITARY SERVICE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		13. SOCIAL SECURITY NO. <b>560-12-8349</b>		14. MARITAL STATUS <b>WIDOWED</b>		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) <b>NONE</b>	
16A. USUAL OCCUPATION <b>MILLINER</b>		16B. USUAL KIND OF BUSINESS <b>MANUFACTURING</b>		16C. USUAL EMPLOYER <b>BELAIR MODES</b>		16D. YEARS IN OCCUPATION <b>40</b>	
17. EDUCATION—YEARS COMPLETED <b>12</b>		18B. CITY <b>BURBANK</b>		18C. ZIP CODE <b>91506</b>			
18A. RESIDENCE—STREET AND NUMBER OR LOCATION <b>624 SOUTH REESE PLACE</b>		18D. COUNTY <b>LOS ANGELES</b>		18E. NUMBER OF YEARS IN THIS COUNTY <b>70</b>		18F. STATE OR FOREIGN COUNTRY <b>CALIFORNIA</b>	
19A. PLACE OF DEATH <b>BROADVIEW CONV HOSP.</b>		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA <b>LOS ANGELES</b>		19C. COUNTY <b>LOS ANGELES</b>		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>TERRE HIRSCH, SON 814 FAIRMOUNT ROAD BURBANK, CALIFORNIA 91501</b>	
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>4570 GRIFFIN AVENUE</b>		21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) <b>(A) Arteriosclerotic Cardiovascular Disease</b>		22. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		23. WASopsy PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IMMEDIATE CAUSE <b>(B)</b>		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 checked="" type="checkbox"/> NO		25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 <b>NONE</b>	
DUE TO (C) <b>NONE</b>		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. <b>NO</b>		27C. CERTIFIER'S LICENSE NUMBER <b>12-16-91</b>		27D. DATE SIGNED	
PHYSICIAN'S CERTIFICATION I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 27A. DECEDENT ATTENDED BY: MONTH, DAY, YEAR 27B. DECEDENT LAST SEEN ALIVE: MONTH, DAY, YEAR 27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS <b>Dr. Coroner</b>		27F. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER <b>Dr. Coroner</b>		27G. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS <b>Dr. Coroner</b>		27H. DATE SIGNED <b>12-16-91</b>	
CORONER'S USE ONLY 29. MANNER OF DEATH—Specify one: natural, accident, suicide, homicide, pending investigation or could not be determined. <b>NATURAL</b>		30A. PLACE OF INJURY <b>FOREST LAWN HOLLYWOOD HILLS</b>		30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR <b>12-22-1991</b>	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY) <b>FOREST LAWN HOLLYWOOD HILLS</b>		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) <b>NOT EMBALMED</b>		34C. DATE MO. DAY, YEAR <b>12-22-1991</b>		34D. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>	
34A. DISPOSITION(S) <b>CR/BURIAL</b>		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS <b>FOREST LAWN MEMORIAL PARK LOS ANGELES, CA 90068</b>		35A. SIGNATURE OF REGISTRAR <b>NOT EMBALMED</b>		35B. LICENSE NUMBER <b>NONE</b>	
35A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>FOREST LAWN HOLLYWOOD HILLS</b>		35B. LICENSE NO. <b>F 904</b>		35C. REGISTRATION DATE <b>DEC 18 1991</b>		35D. CENSUS TRACT <b>01-0-3-0001</b>	
STATE REGISTRAR <b>VS-11 (REV. 1-80)</b>		36. MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS		37. SIGNATURE OF REGISTRAR <b>VS-11 (REV. 1-80)</b>		38. SIGNATURE OF DEPUTY REGISTRAR <b>VS-11 (REV. 1-80)</b>	

THIS 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.



MAR 2, 1992

71

Director of Health Services and Registrar

STATE OF OREGON, ss.  
County of Klamath

Filed for record at request of:

on this 10th day of March A.D., 19 92  
at 2:10 o'clock P M. and duly recorded  
in Vol. M92 of Deeds Page 4997  
Evelyn Biehn County Clerk  
By Pauline Mullender Deputy.

Fee, \$20.00