

41997

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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 )  
                                  ) ss.  
COUNTY OF LOS ANGELES)

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. 93773, 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 68, Block 4, Klamath Forest Estates  
as recorded in Klamath County, Oregon.

Assessor's Parcel Number 3510-015-002

Dated: February 12, 1992

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

State of California  
County of Los Angeles

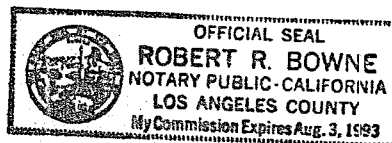
)  
) ss  
)

5001

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 on 2/25/92 in Burbank, CA

Robert R. Bowne  
ROBERT R. BOWNE

# CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

39119053267 5002

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST (GIVEN)		1B. MIDDLE		1C. LAST (FAMILY)		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
		MUSSETTA		HIRSCH		BIGGS		2A. DATE OF DEATH—MO. DAY, YR. 22. HOUR			
								DECEMBER 14, 1991 0835 Fem			
DECEDENT PERSONAL DATA		4. RACE		5. HISPANIC—SPECIFY		6. DATE OF BIRTH—MO. DAY, YR.		7. AGE IN YEARS		8. UNDER 1 YEAR	
		CAUCASIAN		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		AUGUST 8, 1910		81		MONTHS DAYS HOURS MINUTES	
8. STATE OF BIRTH		9. CITIZEN OF WHAT COUNTRY		10A. FULL NAME OF FATHER		10B. STATE OF BIRTH		11A. FULL MAIDEN NAME OF MOTHER		11B. STATE OF	
IL		USA		ALFRED RANDALL		IL		RUTH COLAHAN		ILLINOIS	
12. MILITARY SERVICE?		13. SOCIAL SECURITY NO.		14. MARITAL STATUS		15. NAME OF SURVIVING SPOUSE IF WIFE, ENTER MAIDEN NAME					
19 — TO 19 — <input checked="" type="checkbox"/> NONE		560-12-8349		WIDOWED		NONE					
16A. USUAL OCCUPATION		16B. USUAL KIND OF BUSINESS OR INDUSTRY		16C. USUAL EMPLOYER		16D. YEARS IN OCCUPATION		17. EDUCATION—YEARS COMPLETED			
MILLINER		MANUFACTURING		BELAIR MODES		40		12			
USUAL RESIDENCE		18A. RESIDENCE—STREET AND NUMBER OR LOCATION						18B. CITY		18C. ZIP CODE	
		624 SOUTH REESE PLACE						BURBANK		91506	
18D. COUNTY		18E. NUMBER OF YEARS IN THIS COUNTY		18F. STATE OR FOREIGN COUNTRY		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT					
LOS ANGELES		70		CALIFORNIA		TERRE HIRSCH, SON					
PLACE OF DEATH		19A. PLACE OF DEATH		19B. IF HOSPITAL SPECIFY ONE: IP, ER/OP, DOA		19C. COUNTY		814 FAIRMOUNT ROAD			
		BROADVIEW CONV HOSP.				LOS ANGELES		BURBANK, CALIFORNIA 91501			
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION		19E. CITY		21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		22. WAS DEATH REPORTED TO CORONER? HOSPITAL NUMBER		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
4570 GRIFFIN AVENUE		LOS ANGELES				91-11496					
CAUSE OF DEATH		IMMEDIATE CAUSE (A)		DUE TO (B)		DUE TO (C)		23. WAS SHOUP PERFORMED?		24A. WAS AUTOPSY PERFORMED?	
		Arteriosclerotic Cardiovascular Disease						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
								24B. WAS IT USED IN DETERMINING CAUSE OF DEATH?		25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21	
								<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		None	
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 SINCE MONTH, DAY, YEAR		27B. DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR		27C. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		27D. DATE SIGNED	
										NO	
CORONER'S USE ONLY		I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER		28B. DATE SIGNED		29. MANNER OF DEATH—Specify one: natural, accident, suicide, homicide, pending investigation or could not be determined			
				Wm. J. Warden, Del. Coroner		12-16-91		NATURAL			
		30A. PLACE OF INJURY		30B. INJURY AT WORK		30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR			
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
FUNERAL DIRECTOR AND LOCAL REGISTRAR		34A. DISPOSITION(S)		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS		34C. DATE MO. DAY, YEAR		35A. SIGNATURE OF EMBALMER		35B. LICENSE NUMBER	
		CR/BURIAL		FOREST LAWN MEMORIAL PARK LOS ANGELES, CA 90068		12-22-1991		NOT EMBALMED		NONE	
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		36B. LICENSE NO.		36C. SIGNATURE OF LOCAL REGISTRAR		36D. REGISTRATION DATE		37. REGISTRATION DATE			
FOREST LAWN HOLLYWOOD HILLS		F 904		[Signature]		DEC 18 1991					
STATE REGISTRAR		A.		B.		C.		D.		E.	
										CENSUS TRACT	

VS-11 (REV. 1-80)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

01-0-5-000

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

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Director of Health Services and Registrar

STATE OF OREGON,  
County of Klamath ss.

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 5000  
Evelyn Biehn County Clerk  
By Pauline Mullendore  
Deputy.

Fee, \$20.00