

42777

Order No.
Escrow No.
Loan No.

WHEN RECORDED MAIL TO:

MR. DAVID J. REYNOLDS
ATTORNEY AT LAW
15 W. MANOR DR.
PACIFICA, CA. 94044

SPACE ABOVE THIS LINE FOR RECORDER'S USE.

AFFIDAVIT - DEATH OF SPOUSE

OREGON
STATE OF ~~CALIFORNIA~~
COUNTY OF KLAMATH

} ss.

EVELYN P. KASHACK

, being first duly sworn, deposes and says:

That ~~he~~she was validly married to EDWARD C. KASHACK immediately prior to the latter named party's death, and that the affiant in conjunction with the decedent held title as "husband and wife" or as "husband and wife as community property" to the following described property:

all that real property situated in the County of Klamath, State of Oregon described as: Lot 9, Block 20, Tract 1113, OREGON SHORES-UNIT #2, in the County of Klamath, State of Oregon.

That the affiant and the above-named decedent were married on
widower of decedent; and

and affiant is the widow/

That EDWARD CYCIL KASHACK died on MARCH 21, 1990 as evidenced by a certified copy of the Certificate of Death attached hereto; and

That the affiant has carefully examined all of the decedents' personal possessions, letters, papers, effects, and belongings, and is certain that either

- 1) no will was executed or otherwise declared by the decedent, based not only on affiant's failure to discover a will, but because affiant was never informed of decedent having executed or declared a will, and affiant is certain that he/she would have been consulted, or would at least have had knowledge of that fact if a testamentary disposition were attempted, or
- 2) if a will is present that it is the last complete will (with codicils and/or other amendments) and that this will devised the subject property to the affiant; and

That the above-described property has been at all times since acquisition considered the community property of decedent and affiant and that any and all contributions to said property from whatever source was also considered by decedent and affiant to be community in nature; and

That, with respect to the above-described property, there has not been nor will there be an election filed pursuant to Probate Code 202(b) or (c) in any probate proceedings in any court of competent jurisdiction; and

That this affidavit is made for the protection and benefit of the grantee or grantees of the subject property, in conjunction with the successors, assigns and personal representatives of the grantee or grantees and all other parties hereafter dealing with or who may acquire an interest in the property herein described, and particularly for the benefit of First American Title Insurance Company which is preparing to insure the title to said property in reliance upon the assurances of affiant contained in this affidavit and otherwise; and

That affiant will testify, declare, depose, or certify before any tribunal, officer, or person, in any case now pending or which may hereafter be instituted, to the truth of the particular facts hereinabove set forth.

Dated OCTOBER 1, 1990

State of California
County of San Mateo

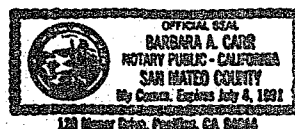
SUBSCRIBED AND SWORN TO before me, the
undersigned, a Notary Public in and for said State,

this 15th day of October 1990.

WITNESS my hand and official seal.

Signature

Barbara A. Carr



(This area for official notarial seal)

92 MAR 30 AM 11 49

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

3-90-41-001283

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST (GIVEN)		1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO. DAY, YR.		2B. HOUR	2C. SEX
		EDWARD		CYRIL	KASHACK	March 21, 1990		1000	M
DECEDENT PERSONAL DATA	4. RACE	5. SPANISH/HEBREW—SPECIFY		6. DATE OF BIRTH—MO. DAY, YR.		7. AGE IN YEARS	8. UNDER 1 YEAR	9. UNDER 24 HOURS	10. UNDER 24 HOURS
	White	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Oct. 26, 1928		61			
	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 BIRTH	
PA	USA	Michael Boran		PA	Helen Kashack		PA		
12. MILITARY SERVICE?	13. SOCIAL SECURITY NO.	14. MARITAL STATUS		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)					
19 47 TO 1967 <input type="checkbox"/> NONE	209-2076-88	Married		Evelyn Pauline Olsen					
16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER		16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED				
Warehouseman	U.S. Govt.	U.S. Navy		15	12				
USUAL RESIDENCE	18A. RESIDENCE—STREET AND NUMBER OR LOCATION				18B. CITY	18C. ZIP CODE			
	631 Edgemar Avenue				Pacifica	94044			
PLACE OF DEATH	18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF DECEASED				
	San Mateo	22	CA		Evelyn Kashack, Wife				
	19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, EP, OP, DOA	19C. COUNTY		631 Edgemar Ave				
CAUSE OF DEATH	19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION				19E. CITY	21. TIME INTERVAL BETWEEN ONSET AND DEATH			
	631 Edgemar Avenue				Pacifica	22. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)				23. WAS EMPOY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
	IMMEDIATE CAUSE (A) Cardiorespiratory arrest				10 mins				
	DUE TO (B) Hepatoma				1 mo				
DUE TO (C) Cirrhosis				10 yrs					
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21				26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.					
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.				27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN		27C. PHYSICIAN'S LICENSE NUMBER		27D. DATE SIGNED
	27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR				27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS				
	DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR								
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				30A. PLACE OF INJURY		30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR
	Natural								31. HOUR
	32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)				33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)				
FUNERAL DIRECTOR AND LOCAL REGISTRAR	34A. DISPOSITION(S)	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS			34C. DATE MO. DAY, YEAR	35A. SIGNATURE OF EXAMINER		35B. LICENSE NUMBER	
	CR/BU	Golden Gate Nat'l Cemetery			03/26/90	Denise Dacanay		7182	
STATE REGISTRAR	36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR		38. REGISTRATION DATE			
	Chapel by the Sea		982	Bradley P. Gilbert M.D.		3-26-90			
A.		B.	C.	D.	CENSUS TRACT				
				60290					

SAN MATEO COUNTY
DEPARTMENT OF HEALTH SERVICES

VITAL STATISTICS SECTION
225 - 37TH AVENUE
SAN MATEO, CALIFORNIA 94403

THIS IS TO CERTIFY THAT, IF BEARING THE RAISED
DEPARTMENT SEAL,
THIS IS A TRUE COPY OF THE DOCUMENT FILED IN THIS OFFICE.

Bradley P. Gilbert M.D.
Bradley P. Gilbert M.D.
HEALTH OFFICER AND REGISTRAR

DATE: March 29, 1990

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of David J. Reynolds the 30th day
of March A.D., 1992 at 11:49 o'clock A M., and duly recorded in Vol. M92
of Deeds on Page 6497.

FEE \$15.00

Evelyn Biehn County Clerk

By *Pauline M. M. M.*