

45360

RECORDING REQUESTED BY

Vol. 11389 Page 11389

David P. Kuhfal, J.D.

AND WHEN RECORDED MAIL TO

Name
Street
Address
City &
StateDavid P. Kuhfal
ATTORNEY AT LAW
291 E. LEXINGTON, STE. B
EL CAJON, CA 92020

SPACE ABOVE THIS LINE FOR RECORDER'S USE

MAIL TAX STATEMENTS TO

Name
Street
Address
City &
StateMARGARET ANDREWS
4711 Allied Road
San Diego, CA 92120

Affidavit - Death of Joint Tenant

181619

AJT 873 HI

THIS FORM FURNISHED BY TRUSTORS SECURITY SERVICE

STATE OF CALIFORNIA,

COUNTY OF SAN DIEGO } ss.

MARGARET ANDREWS of legal age, being first duly sworn, deposes and says:
That HARVEY M. ANDREWS the decedent mentioned in the attached certified copy of
Certificate of Death, is the same person as HARVEY M. ANDREWS
named as one of the parties in that certain BARGAIN & SALE DEED dated NOVEMBER 12, 1975
executed by NORFLEET J. HOWELL & BETTY M. GEORGINO
to HARVEY M. ANDREWS and MARGARET ANDREWS, husband and wife,
as joint tenants, recorded as Instrument No. 7460 on November 20, 1975 in
book Vol M 75, page 14663, of Official Records of Klamath County Oregon
~~XXXXXX~~ County, California, covering the following described property situated in the
Klamath County of Klamath State of ~~California~~ Oregon:

Lot 9, Block 7, Latakemie Shores, according to the duly recorded plat
thereof on file in the official records of said County.

SUBJECT TO: (1) Taxes for the fiscal year 1975, 1976
(2) Covenants, conditions, reservations, easements,
restrictions, rights, rights of way, and all matters
appearing of record.

TOGETHER WITH all and singular the tenements, hereditaments, appurtenances,
rights, privileges and easements belonging or in anywise appertaining to
any and all of the real property hereinabove described and defined and
the reversion, reversions, remainder and remainders, rents, issues,
profits and revenue thereof.

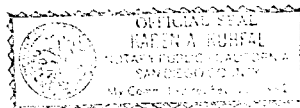
Dated FEBRUARY 1, 1992

Margaret Andrews
MARGARET ANDREWS

SUBSCRIBED AND SWORN TO before me

this 1 day of FEBRUARY JANUARY 1992

Signature David P. Kuhfal
DAVID A. KUHFA
Name (Typed or Printed)



(This area for official notarial seal)

Title Order No. _____ Escrow, Loan or Attorney File No. _____

MAIL TAX STATEMENTS AS DIRECTED ABOVE

PARCEL

PAGE

MAP BOOK

Assessors Identification Number:

COUNTY OF SAN DIEGO-DEPT. OF HEALTH SERVICES 3851 ROSECRANS. THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF SAN DIEGO DEPT. OF HEALTH SERVICES, THIS IS A TRUE COPY OF THE ORIGINAL DOCUMENT FILED. REQUIRED FEE PAID.

DATE ISSUED: January 6, 1988

REGISTRAR OF VITAL STATISTICS
Ronald L. Ramsey, M.D.

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

11390

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
		HARVEY		MILTON		ANDREWS		2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR	
3. SEX		4. RACE/ETHNICITY		5. SPANISH/HISPANIC		6. DATE OF BIRTH		7. AGE		IF UNDER 1 YEAR	
Male		White		NO		November 28, 1928		59 YEARS		IF UNDER 24 HOURS	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER		11A. CITIZEN OF WHAT COUNTRY		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE.		12. SOCIAL SECURITY NUMBER	
WI		Val Andrews		Gladys Cross		USA		1946 TO 1949		474-26-9032	
13. PRIMARY OCCUPATION		14. NUMBER OF YEARS THIS OCCUPATION		15. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		16. MARITAL STATUS		17. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)		18. KIND OF INDUSTRY OR BUSINESS	
Fire Chief		30		NAS Miramar		Married		Margaret Lunnetti		Federal Civil Service	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. COUNTY		19C. CITY OR TOWN		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		21. DATE SIGNED		22. PHYSICIAN'S LICENSE NUMBER	
4711 Allied Road		San Diego		San Diego		Margaret Andrews		1-4-88		G041884	
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		24. WAS DEATH REPORTED TO CORONER?		25. WAS BIOPSY PERFORMED?		26. WAS AUTOPSY PERFORMED?		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		28. DATE SIGNED	
None		No		No		No		None		1-4-88	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR		33. CORONER—SIGNATURE AND DEGREE OR TITLE	
										34. DATE SIGNED	
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED		36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	
						Inurnment		Jan. 6, 1988		El Camino Mem. Park 5600 Carroll Canyon Rd. San Diego, CA 92121	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		41. LOCAL REGISTRATION		42. DATE ACCEPTED BY LOCAL REGISTRAR		43. EMBALMER'S LICENSE NUMBER AND SIGNATURE		44. DATE SIGNED	
El Camino Mortuary		F1260		NOT EMBALMED		JAN 04 1988					

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of _____ of _____ May _____ A.D., 19 92 at 11:40 o'clock _____ the 27th day _____ of _____ Deeds _____ on Page 11389

FEE \$15.00

Evelyn Biehn County Clerk
By *Ronald L. Ramsey, M.D.*