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Vol. m92 Page 16536

RECORDATION REQUESTED BY:

DUANE M. TOYOFUKU, ESQ.  
98-450 Kam Hwy.  
Pearl City, Hawaii 96782  
PH: 483-1700

AFTER RECORDATION MAIL TO:

DUANE M. TOYOFUKU, ESQ.  
98-450 Kam Hwy.  
Pearl City, Hawaii 96782  
Ph: 483-1700

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AFFIDAVIT-DEATH JOINT TENANT

State of Hawaii )  
 ) SS.  
City and County of Honolulu )

PATRICIA M. OKAZAKI, of legal age, being first duly sworn, deposes and says: That GEORGE S. OKAZAKI, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as GEORGE S. OKAZAKI, named as one of the parties in that certain Bargain and Sale Deed dated January 23, 1983, executed by WELLS FARGO REALTY SERVICES, INC., as Trustee, under Trust No. 7219, a California corporation to GEORGE S. OKAZAKI and PATRICIA M. OKAZAKI, husband and wife, as Tenants by the Entirety, recorded in Vol M83, Page 1606 and Vol M83, Page 7917, of County of Klamath, State of Oregon, covering the following described property situate in the said County, State of Oregon:

The following described real property in the County of Klamath, State of Oregon:

Lot 14, Block 12, Oregon Shores Subdivision Tract 1053 as shown on the map filed on October 3, 1973, in Volume 20, Pages 21 and 22 of maps in the office of the county recorder of said county.

SUBJECT TO: 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.

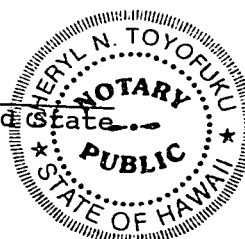
Being the same premises conveyed to Grantor by Bargain and Sale Deed dated January 23, 1983, recorded in Vol M83, Page 1606 and Vol M83, Page 7917.

*Patricia Marie Okazaki*  
PATRICIA MARIE OKAZAKI

Subscribed and Sworn to before me  
this 23 day of April, 1992.

*Cheryl N. Toyofuku*  
Notary Public Commissioned for said County and State

My Commission expires: 10-18-93



CERTIFICATE OF DEATH

STATE  
FILE NO. 151

16538

1. DECEASED - FIRST NAME <b>GEORGE</b>		MIDDLE NAME <b>SAKAE</b>		LAST NAME <b>OKAZAKI</b>		2. SEX <b>MALE</b>		3. DATE OF DEATH (MONTH, DAY, YEAR) <b>OCTOBER 18, 1991</b>			
4a. RACE <b>Japanese</b>		4b. IS PERSON OF SPANISH ORIGIN? <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Mexican <input type="checkbox"/> Cuban <input type="checkbox"/> Chinese & American <input type="checkbox"/> Other & Unknown Record Origin		5a. AGE - LAST BIRTHDAY (YEARS) <b>51</b>		5b. UNDER 1 YR. MO. <b>03</b> DAYS <b>03</b> HOURS <b>00</b> MIN. <b>00</b>		6. DATE OF BIRTH (MONTH, DAY, YEAR) <b>February 11, 1940</b>		7a. COUNTY OF DEATH <b>Honolulu</b>	
7a-1. ISLAND OF DEATH <b>Oahu</b>		7b. CITY, TOWN OR LOCATION OF DEATH <b>Aiea</b>		7c. HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>Pali Momi Medical Center</b>				7d. IF HOSP. OR INST. INDICATE DOA, OF EMER. RM., INPATIENT (SPECIFY) <b>Emergency room</b>			
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>Hawaii</b>		9. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>Patricia Marie Sardinha</b>			12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No) <b>No</b>		
13. SOCIAL SECURITY NUMBER <b>575-38-8502</b>		14a. USUAL OCCUPATION, ONE KIND OF WORK DONE DURING MOST OF WORKING LIFE (EVEN IF RETIRED) <b>Aircraft Air Craft Mechanic</b>				14b. KIND OF BUSINESS OR INDUSTRY <b>Airlines Air Lines</b>		14c. EDUCATION Fourth highest grade completed <b>Col. 2</b>			
15a. RESIDENCE - STATE <b>Hawaii</b>		15b. COUNTY <b>Honolulu</b>		15c. CITY, TOWN, OR LOCATION <b>Pearl City</b>		15d. MOORE CITY UNITS (SPECIFY YES OR NO) <b>Yes</b>		15e. NUMBER AND STREET <b>1962 Hoolehua Street 96782</b>			
16. FATHER - FIRST NAME <b>Kiyoshi</b>		MIDDLE NAME		LAST NAME <b>Okazaki</b>		17. MOTHER - FIRST NAME <b>Fuuko</b>		MIDDLE NAME		MAIDEN NAME <b>Takagi</b>	
18a. INFORMANT - NAME <b>Patricia Marie Okazaki</b>				18b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>1962 Hoolehua Street, Pearl City, Hawaii 96782</b>							
19a. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Mililani Memorial Park</b>				19c. LOCATION <b>Waipio</b>		STATE <b>Hawaii</b>			
19d. DATE (MONTH, DAY, YEAR) <b>October 28, 1991</b>		19e. PERMIT NUMBER <b>#279</b>		20a. FUNERAL HOME - NAME <b>Mililani Mem. Park &amp; Mortuary</b>		20b. FUNERAL DIRECTOR - SIGNATURE <i>Keiko M. M...</i>					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and circumstances stated and described below (Items #21b through #27g where applicable) (Signature and Title) <i>Melvin M. Kaneshiro, M.D.</i>		21b. DATE SIGNED (MO., DAY, YR.) <b>10-21-91</b>		21c. TIME OF DEATH <b>6:48 P</b>		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and circumstances stated and described below (Items #22b through #27g where applicable) (Signature and Title) <i>Keiko M. M...</i>		22b. DATE SIGNED (MO., DAY, YR.)		22c. TIME OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		21f. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		22d. PRONOUNCED DEAD (MO., DAY, YR.)		22e. PRONOUNCED DEAD (TIME)		22f. PRONOUNCED DEAD (TIME)	
23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (TYPE OR PRINT) <b>Melvyn M. Kaneshiro M.D., 2055 North King, Honolulu, Hawaii 96819</b>											
24a. REGISTRAR - SIGNATURE <i>K. Egan</i>				24b. DATE RECEIVED BY LOCAL REGISTRAR <b>OCT 21 1991</b>				24c. DATE FILED BY STATE REGISTRAR <b>OCT 21 1991</b>			
PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)											
IMMEDIATE CAUSE										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) <b>PROBABLE CARDIAC ARRHYTHMIA</b>											
DUE TO, OR AS A CONSEQUENCE OF:											
(b)											
DUE TO, OR AS A CONSEQUENCE OF:											
(c)											
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART (a)										26a. AUTOPSY (YES OR NO)	
<b>HYPERTENSION</b>											
<b>HYPERCHOLESTEROLEMIA</b>										26b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?	
27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNIDENTIFIED (SPECIFY)		27b. DATE OF INJURY (MONTH, DAY, YEAR)		27c. TIME OF INJURY		27d. DESCRIBE HOW INJURY OCCURRED					
27e. INJURY AT WORK? (SPECIFY YES OR NO)		27f. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)									
27g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)											

OCT 23 1991

I CERTIFY THIS IS A TRUE COPY  
OF THE RECORD ON FILE IN THE  
HAWAII STATE DEPARTMENT OF HEALTH  
*Blair T. Onaka, Ph.D.*  
STATE REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of \_\_\_\_\_ the 27th day  
of July A.D., 19 92 at 3:13 o'clock P M., and duly recorded in Vol. M92,  
of \_\_\_\_\_ Deeds \_\_\_\_\_ on Page 16536.

FEE \$20.00

Evelyn Biehn County Clerk  
By *Patricia M. Sardinha*