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Vol. m92 Page 22116

Recording Requested By:

For Recorders Use:

Mail to:

THE WILLIAM K. MCFARLANE LIVING TRUST  
c/o: Mr. William K. McFarlane  
231 N. Carol Drive  
Anaheim, CA 92801

## AFFIDAVIT OF DEATH and SURVIVORSHIP

NAME OF DECEASED: ELIZABETH J. MCFARLANEI, WILLIAM K. MCFARLANE of (address) 231 N. Carol Drive  
Anaheim, CA 92801

affirm from personal knowledge that the above named decedent is the person named in the  
certified copy of the CERTIFICATE OF DEATH attached hereto and made a part hereof.

Further, that the name(s) of the survivor(s) is/are WILLIAM K. MCFARLANE.

Further, that said decedent on date of death was an owner as a joint tenant/life tenant of the real  
property legally described as follows:

Lot 1, Block 98, Klamath Falls Forest Estates Highway 66 Unit, Plat No.  
4 as recorded in Klamath County, Oregon

WITNESS my signature this 4th day of September, 1992.

William K. McFarlane  
Affiant: **WILLIAM K. MCFARLANE**

## NOTARIAL VERIFICATION:

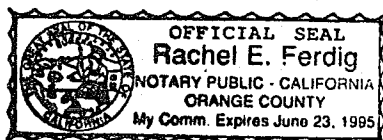
State of Calif.  
County of Orange )ss.

The undersigned, being duly sworn, says: That he/she has read the foregoing document, and knows the contents  
thereof, and the same is true of his/her own knowledge.

Signature of Affiant William K. McFarlane  
(include name of corporation, partnership, etc., if any)

Subscribed and sworn to before me this 4th day of September, 1992.

WITNESS my hand and seal.



Rachel E. Ferdig  
Notary Public

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

**3-92-30-007481 22117**

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (Given) <b>Elizabeth</b>		1B. MIDDLE <b>Jean</b>	
1C. LAST (FAMILY) <b>McFarlane</b>		2A. DATE OF DEATH—MO. DAY, YR. <b>June 29, 1992</b>	
4. RACE <b>White</b>		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
6. DATE OF BIRTH—MO. DAY, YR. <b>September 8, 1928</b>		7. AGE IN YEARS <b>63</b>	
8. STATE OF BIRTH <b>IL</b>		10B. STATE OF BIRTH <b>IL</b>	
9. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		10A. FULL NAME OF FATHER <b>Daniel Lawton</b>	
11A. FULL MAIDEN NAME OF MOTHER <b>Gertrude Wetmore</b>		11E. STATE OF BIRTH <b>IL</b>	
12. MILITARY SERVICE		13. SOCIAL SECURITY NO. <b>353-16-0689</b>	
14. MARITAL STATUS <b>Married</b>		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) <b>Ken McFarlane</b>	
16A. USUAL OCCUPATION <b>Homemaker</b>		16B. USUAL KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
16C. USUAL EMPLOYER <b>Self</b>		16D. YEARS IN OCCUPATION <b>40</b>	
16E. EDUCATION—YEARS COMPLETED <b>12</b>		16F. ZIP CODE <b>92801</b>	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION <b>231 No. Carol Drive</b>		18B. CITY <b>Anaheim</b>	
18C. COUNTY <b>Orange</b>		18E. NUMBER OF YEARS IN THE COUNTY <b>32</b>	
18F. STATE OR FOREIGN COUNTRY <b>California</b>		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Ken McFarlane - Husband 231 No. Carol Drive Anaheim CA 92801</b>	
19A. PLACE OF DEATH <b>Residence</b>		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA <b>---</b>	
19C. COUNTY <b>Orange</b>		19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>231 No. Carol Drive</b>	
19E. CITY <b>Anaheim</b>		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input checked="" type="checkbox"/> YES <b>92-038654A</b> <input type="checkbox"/> NO	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) <b>CHRONIC MYELOGENOUS LEUKEMIA</b>		23. WASopsy PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
24. 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>		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 26? IF YES, LIST TYPE OF OPERATION AND DATE. <b>BONE MARROW BIOPSY 1/7/91</b>	
1 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 <b>12/12/70</b>		27B. SIGNATURE AND DESIGNS OF TITLE OF CERTIFIER <b>[Signature]</b>	
27C. CERTIFIER'S LICENSE NUMBER <b>G-34878</b>		27D. DATE SIGNED <b>6/30/92</b>	
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS <b>Joel Lester, M.D. 1801 W. Romneya, Anaheim CA</b>		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER <b>[Signature]</b>	
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 type="checkbox"/> NO	
30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
34A. DISPOSITION(S) <b>Burial</b>		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS <b>Holy Sepulcher Cemetery-Orange CA</b>	
34C. DATE MO. DAY, YEAR <b>July 2, 1992</b>		34D. SIGNATURE OF EMBALLER <b>[Signature]</b>	
34E. LICENSE NUMBER <b>E6308</b>		35A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>McAulay &amp; Wallace Mortuary</b>	
35B. LICENSE NO. <b>FD-190</b>		37. SIGNATURE OF LOCAL REGISTRAR <b>[Signature]</b>	
38. REGISTRATION DATE <b>7-1-92</b>		39. CENSUS TRACT	
STATE REGISTRAR		CENSUS TRACT	

VS-11 (REV. 3-91)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

WESS 187500-00-00-0

CERTIFICATE OF DEATH

AMENDED AND RE-REGISTERED  
JULY 1992

22118

COUNTY OF ORANGE  
HEALTH CARE AGENCY  
PUBLIC HEALTH & MED SERVICES  
SANTA ANA, CALIFORNIA

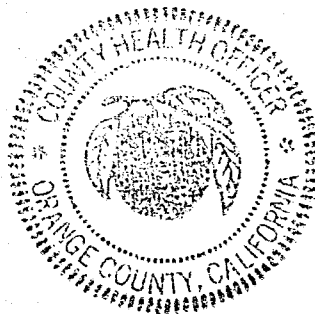
This is to certify, if impressed  
with the seal of the Orange  
County Health Officer, that this  
is a true copy of the permanent  
record filed in this office.

*L. Rex Ehling, M.D.*

L. Rex Ehling, M.D.  
Health Officer and Local Registrar of  
Births and Deaths of Orange County

JUL 21 1992

Date



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of \_\_\_\_\_ the \_\_\_\_\_ 24th \_\_\_\_\_ day  
of \_\_\_\_\_ Sept. \_\_\_\_\_ A.D., 19 92 at 2:50 o'clock \_\_\_\_\_ P. M., and duly recorded in Vol. \_\_\_\_\_ M92  
of \_\_\_\_\_ Deeds \_\_\_\_\_ on Page 22116

Evelyn Biehn • County Clerk

By

*Quentin Mueller*

FEE \$20.00