

14197

AFFIDAVIT TO AMEND A RECORD

STATE NUMBER

☐ BIRTH☒ DEATH☐ FETAL DEATH☐ MARRIAGE

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

PART I INFORMATION AS REPORTED ON THE ORIGINAL REGISTERED CERTIFICATE

TYPE OR
PRINT IN
BLACK INK
ONLY

1A. FIRST NAME LEWIS	1B. MIDDLE NAME ALBERT	1C. LAST NAME KIMMEL SR.
2. SEX MALE	3. DATE OF EVENT DECEMBER 20, 1988	4. PLACE OF OCCURRENCE—CITY AND COUNTY SEPULVEDA LOS ANGELES COUNTY
5. NAME OF FATHER NOAH ALBERT KIMMEL		6. BIRTH NAME OF MOTHER MABEL ISABELL WEBER

PART II STATEMENT OF CORRECTIONS

LIST ONE ITEM PER LINE	7. ITEM NUMBER	8A. ERRONEOUS INFORMATION AS STATED ON THE ORIGINAL RECORD	8B. CORRECT INFORMATION THAT SHOULD HAVE BEEN STATED ON THE ORIGINAL RECORD AT THE TIME OF OCCURRENCE
	6	SEPTEMBER 13, 1914	20F2 SEPTEMBER 17, 1914
REASON FOR CORRECTION	9. WRONG INFORMATION GIVEN		

PART III SUPPORTING AFFIDAVITS

FIRST SUPPORTING AFFIDAVIT	I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.		
	10. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT ▶ <i>Linda Martin</i>	11. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1. SECRETARY	12. AGE OF PERSON COMPLETING THE AFFIDAVIT LEGAL
SECOND SUPPORTING AFFIDAVIT	I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.		
	13. DATE SIGNED 12-21-88	14. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE) 1075 E. DAILY DR., CAMARILLO, CA.	15. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT ▶ <i>Robert L. Lott</i>
STATE OR LOCAL REGISTRAR USE ONLY	16. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1. FUNERAL DIRECTOR		
	17. AGE OF PERSON COMPLETING THE AFFIDAVIT LEGAL	18. DATE SIGNED 12-21-88	19. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE) 1075 E. DAILY DR., CAMARILLO, CA.
20. DATE ACCEPTED DEC 29 1988		21. OFFICE OF THE STATE OR LOCAL REGISTRAR ▶ <i>Robert L. Lott</i>	

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 7-85) FORM VS-24

STATE OF OREGON, ss.
County of Klamath

Filed for record at request of:

Mountain Title coon this 16th day of June A.D., 19 93
at 1:34 o'clock PM. and duly recorded
in Vol. M93 of Deeds Page 14196.

Evelyn Biehn County Clerk

By Darlene Mullendore
Deputy.

Fee, \$15.00

