

Recording Requested By and Return to:

DONALD V. HEALY
24455 Arcadia Street
Newhall, CA 91321

MAIL TAX STATEMENT TO:

DONALD V. HEALY
24455 Arcadia Street
Newhall, CA 91321

M9C 1396-6424
AFFIDAVIT

DEATH OF ORMA K. HEALY, WIFE OF DONALD V.
HEALY, WHO HELD REAL PROPERTY AS TENANTS BY
THE ENTIRETY IN KLAMATH COUNTY, OREGON.

STATE OF CALIFORNIA)
COUNTY OF LOS ANGELES)

ss.

DONALD V. HEALY, of legal age, being first sworn, deposes and
says:

That ORMA OLGA-KESTNER HEALY, the decedent mentioned in the
attached certified copy of Certificate of Death, is the same person
as ORMA K. HEALY, named as one of the parties in that certain
Bargain and Sale Deed dated December 8, 1977, executed by Wells
Fargo Services, Inc., a California Corporation, as Trustee, who
Acquired Title as Grayco Land Escrow Ltd., as Trustee, a California
Corporation, to DONALD V. HEALY AND ORMA K. HEALY, HUSBAND AND
WIFE, AS TENANTS BY THE ENTIRETY, recorded as Instrument No. 43198,
on February 16, 1978, in Vol. M78 of Deeds, Page 2905, of Official

Records of Klamath County, Oregon, covering the following described property situated in the County of Klamath, State of Oregon:

LOT 2 IN BLOCK 3 OREGON SHORES SUB-DIVISION-
TRACT #1053, IN THE COUNTY OF KLAMATH, STATE
OF OREGON 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.

Dated: June 3, 1993

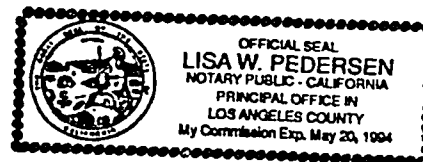
Donald V. Healy
DONALD V. HEALY

SUBSCRIBED AND SWORN TO before me
this 3rd day of June,
1993.

Lisa W. Pedersen
Signature

Lisa W. Pedersen

Name (typed or printed)



(this area for official notarial
seal)

14625

CERTIFICATE OF DEATH STATE OF CALIFORNIA USE BLACK INK ONLY

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN)		1B. MIDDLE	1C. LAST (FAMILY)
OLGA		KESTNER	HEALY
2A. DATE OF DEATH—MO., DAY, YR.		2B. HOUR	3. SEX
APRIL 1, 1993		0630	F
4. RACE		5. HISPANIC—SPECIFY	6. DATE OF BIRTH—MO., DAY, YR.
CAUCASIAN		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	JULY 11, 1915
7. AGE IN YEARS		8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY
77		MN	USA
10A. FULL NAME OF FATHER		10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER
FERDINAND KESTNER		MN	ISABELLE MITTWER
11B. STATE OF BIRTH		12. MILITARY SERVICE	
IA		13. SOCIAL SECURITY NO.	
14. MARITAL STATUS		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)	
MARRIED		DONALD VERNON HEALY	
16A. USUAL OCCUPATION		16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER
HOMEMAKER		HOMEMAKING	SELF
17. YEARS IN OCCUPATION		18. EDUCATION—YEARS COMPLETED	
47		12	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION		18B. CITY	
24455 ARCADIA ST.		NEWHALL	
18C. ZIP CODE		19. PLACE OF DEATH	
91321		NEWHALL COMM. HOSP.	
19A. PLACE OF DEATH		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY
24237 N. SAN FERNANDO RD.		IP	LOS ANGELES
20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT		21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	
DONALD V. HEALY - HUSBAND		(A) CARDIOPULMONARY ARREST	
24455 ARCADIA ST.		10 MIN	
NEWHALL, CA 91321		(B) PULMONARY EMBOLUS	
		10 MIN	
		(C) ARTERIOSCLEROTIC HEART DISEASE	
		YRS.	
22. WAS DEATH REPORTED TO CORONER REFERRAL NUMBER		23. WAS BIOPSY PERFORMED	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
24A. WAS AUTOPSY PERFORMED		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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.	
SMALL BOWEL NECROSIS, HYPERTENSION		BOWEL RESECTION 3-30-93	
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR		27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER	
5-3-68		Clyde V. Johnson MD	
27C. CERTIFIER'S LICENSE NUMBER		27D. DATE SIGNED	
C25692		4/1/93	
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER	
CLYDE JOHNSON, MD			
24237 N. SAN FERNANDO RD., NEWHALL, CA 91321		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)		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	34C. DATE MO., DAY, YR.
CR/RES.		24455 ARCADIA ST., NEWHALL, CA	04-07-93
35A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		35B. LICENSE NO.	35C. SIGNATURE OF EMBALMER
ETERNAL VALLEY MORTUARY		F-1163	NOT EMBALMED
36. SIGNATURE OF LOCAL REGISTRAR		37. REGISTRATION DATE	
Robert C. Harte		APR 07 1993	
38. CENSUS TRACT			
STATE REGISTRAR			

VS-11 (REV. 7-92)

MAKE NO ERASURES, W/TEOUTS, OR OTHER ALTERATIONS

C-1-7-1-559

A TRUE CERTIFIED COPY OF THE
COUNTY OF LOS ANGELES DEATH
SERVICES IF IT BEARS THIS STAMP.



APR 07 1993

51

Director of Health Services

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title co the 21st day
of June A.D., 19 93 at 1:22 o'clock P.M., and duly recorded in Vol. M93
of Deeds on Page 14623

Evelyn Biehn County Clerk

By Debra L. Harte

FEE \$20.00