

Recording requested by:
Attorneys

When recorded mail to:
DAVID G. BJORNSTROM
ANDERSON, ZEIGLER, DISHARON & GRAY
P. O. Box 1498
Santa Rosa, CA 95402

AFFIDAVIT - DEATH OF TENANT BY THE ENTIRETY

STATE OF CALIFORNIA)
COUNTY OF SONOMA) ss

SHARON J. DELANEY, of legal age, being first duly sworn,
deposes and says:

JAMES MICHAEL DELANEY, the decedent mentioned in the attached
certified copy of Certificate of Death, is the same person as
JAMES M. DELANEY, named as one of the parties in that certain
Warranty Deed dated October 8, 1987, executed by Frederick W.
Dassler and Bertie L. Dassler to R. M. Scott and C. A. Scott,
husband and wife and James M. Delaney and Sharon J. Delaney,
husband and wife, recorded as Instrument No. 80291 on October 9,
1987, Official Records of Klamath County, Oregon, covering the
following described property situated in the County of Klamath,
State of Oregon:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

Dated: Oct. 18, 1993

Sharon J. Delaney
SHARON J. DELANEY

Subscribed and sworn to before
me on October 18, 1993

Deborah Rich
Notary Public

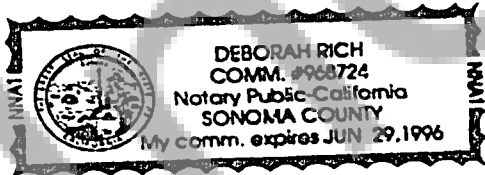


EXHIBIT "A"

A portion of the NW1/4 NE1/4 of Section 30, Township 39 South, Range 11 East of the Willamette Meridian, Klamath County, Oregon, described as follows:

Beginning at the Northeast corner of the NW1/4 NE1/4 of Section 30, Township 39 South, Range 11 East of the Willamette Meridian; thence West along the section line 363 feet, more or less, to the Easterly right of way line of the Bonanza-Malin County Road; thence South 0 degrees 16 1/2' East 1320 feet, more or less, along said right of way line, to the South line of said NW1/4 NE1/4; thence East along the South line of said NW1/4 NE1/4 355 feet, more or less, to the Southeast corner of said NW1/4 NE1/4; thence North along the East line of said NW1/4 NE1/4, 1320 feet, more or less, to the point of beginning, being that portion of the NW1/4 NE1/4 of Section 30, Township 39 South, Range 11 East of the Willamette Meridian, lying East of the Bonanza-Malin County Road.

CERTIFICATE OF DEATH										3 93 38		28060	
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)		2A. DATE OF DEATH—MO, DAY, YR		2B. HOUR		3. SEX			
JAMES		MICHAEL		DELANEY		AUGUST 17, 1993		1132		M			
4. RACE		5. HISPANIC—SPECIFY		6. DATE OF BIRTH—MO, DAY, YR		7. AGE IN YEARS		8. IF UNDER 1 YEAR		9. IF UNDER 24 HOURS			
White		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		November 8, 1938		54		MONTHS		DAYS		HOURS	
10. STATE OF BIRTH		11. CITIZEN OF WHAT COUNTRY		12. FULL NAME OF FATHER		13. STATE OF BIRTH		14. FULL MAIDEN NAME OF MOTHER		15. STATE OF BIRTH			
CA		U.S.A.		Russell James Delaney		SD		Kathrine Arian		NY			
16. MILITARY SERVICE		17. SOCIAL SECURITY NO.		18. MARITAL STATUS		19. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)							
19 60 TO 19 60 <input type="checkbox"/> NONE		549-50-2933		Married		Sharon Kirsch							
20. USUAL OCCUPATION		21. USUAL KIND OF BUSINESS OR INDUSTRY		22. USUAL EMPLOYER		23. YEARS IN OCCUPATION		24. EDUCATION—YEARS COMPLETED					
Business Consultant		Retail		SENN-Delaney & Assoc.		31		16					
25. RESIDENCE—STREET AND NUMBER OR LOCATION		26. CITY		27. ZIP CODE									
5901 Enterprise Road		Glen Ellen		95442									
28. COUNTY		29. NUMBER OF YEARS IN THIS COUNTY		30. STATE OR FOREIGN COUNTRY		31. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT							
Sonoma		12		California		Sharon Delaney - Wife							
32. PLACE OF DEATH		33. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA		34. COUNTY		35. TIME INTERVAL BETWEEN ONSET AND DEATH		36. WAS DEATH REPORTED TO CORONER		37. REFERRAL NUMBER		38. NO	
UCSF MEDICAL CENTER		IP		SAN FRANCISCO				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
39. STREET ADDRESS—STREET AND NUMBER OR LOCATION		40. CITY		41. STATE		42. WAS DEATH REPORTED TO CORONER		43. YES		44. NO			
505 PARNASSUS AVENUE		SAN FRANCISCO		CALIFORNIA		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
45. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		46. IMMEDIATE CAUSE		47. DUE TO		48. TIME INTERVAL		49. WAS DEATH REPORTED TO CORONER		50. YES		51. NO	
		(A) CARDIORESPIRATORY FAILURE		▶ 3 HRS				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
		(B) SEPTIC SHOCK		▶ 8 DAYS				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
		(C) INTESTINAL LYMPHOMA		▶ 8 MOS				<input type="checkbox"/> YES <input type="checkbox"/> NO					
52. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21		53. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25. IF YES, LIST TYPE OF OPERATION AND DATE.											
MALABSORPTION; RENAL FAILURE		LAPAROTOMY 5/93											
54. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		55. SIGNATURE AND TITLE OF CERTIFIER		56. CERTIFIER'S LICENSE NUMBER		57. DATE SIGNED							
58. DECEDENT ATTENDED SINCE: MONTH, DAY, YEAR		59. DECEDENT LAST SEEN ALIVE: MONTH, DAY, YEAR		60. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS		61. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER		62. DATE SIGNED					
5/7/93		8/17/93		SAMUEL SPIVACK, MD, 505 PARNASSUS AVE, SF, 94143									
63. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		64. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, poisoning investigation or could not be determined		65. PLACE OF INJURY		66. INJURY AT WORK		67. DATE OF INJURY		68. HOUR			
						<input type="checkbox"/> YES <input type="checkbox"/> NO		MONTH, DAY, YEAR					
69. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		70. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)											
71. DISPOSITION(S)		72. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS		73. DATE MO, DAY, YR		74. SIGNATURE OF ENBALMER		75. LICENSE NO.					
Burial		Calvary Catholic Cemetery Santa Rosa, California		Aug. 21, 1993		William S. Herman		7445					
76. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		77. LICENSE NO.		78. SIGNATURE OF LOCAL REGISTRAR		79. REGISTRATION DATE							
Daniels Chapel of the Roses		F-209		[Signature]		AUG 19 1993							
80. STATE REGISTRAR		81. A.		82. B.		83. C.		84. D.		85. CENSUS TRACT			

VS-11 (REV. 7-92)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

This is to certify that, if bearing the seal of the San Francisco Department of Health, this is a true copy of the documents filed in this office.

DATED: September 30, 1993

STATE OF OREGON, ss.
County of Klamath

Filed for record at request of:

David G. Bjornstrom
on this 26th day of Oct A.D. 19 93
at 10:19 o'clock A.M. and duly recorded
in Vol. M93 of Deeds Page 28058.

Evelyn Biehn County Clerk
By [Signature] Deputy.

Fee, \$20.00

[Signature]
Sandra R. Hernández, M.D.
Health Officer and
Local Registrar,
San Francisco, CA