01-03-94P01:59 RCVD

73830

Vol. m94 Page 99

RECORDING REQUESTED BY AND WHEN
RECORDED RETURN TO:

JOHN F. OGORZALEK
ATTORNEY AT LAW
4281 KATELLA AVENUE STE 209
LOS ALAMITOS, CA 90720

MAIL TAX STATEMENTS TO:

MRS. DORTHA JUNE PIERSON
5684 LOS PALOS CIRCLE
BUENA PARK, CA 90620

-SPACE ABOVE FOR RECORDER'S USE ----

A F F I D A V I T -- D E A T H O F J O I N T T E N A N T

STATE OF CALIFORNIA)
) ss.
COUNTY OF ORANGE)

DORTHA JUNE PIERSON, OF LEGAL AGE, BEING FIRST DULY SWORN, DEPOSES AND SAYS: THAT LEO ERVIN PIERSON THE DECEDENT MENTIONED IN THE ATTACHED CERTIFIED COPY OF CERTIFICATE OF DEATH, IS THE SAME PERSON AS LEO E. PIERSON NAMED AS ONE OF THE PARTIES IN THAT CERTAIN AGREEMENT FOR DEED AND PURCHASE OF REAL ESTATE DATED JUNE 6, 1966 SIGNED BY GERALD S. BLOCK and HERMAN RUBINS
TO LEO E. PIERSON AND DORTHA J. PIERSON AS JOINT TENANTS AND RECORDED AS INSTRUMENT NO. 6820 ON 6/6/66 IN BOOK M-66, PAGE 6014
OF THE OFFICIAL RECORDS IN THE OFFICE OF THE COUNTY RECORDER OF KLAMATH COUNTY, STATE OF OREGON, CONCERNING THE FOLLOWING DESCRIBED REAL PROPERTY SITUATED IN THE CITY OF KLAMATH FALLS, COUNTY OF KLAMATH, STATE OF OREGON:

Lot 14 of Block 12 of KLAMATH FOREST ESTATES as recorded in Klamath County, Oregon.

DATED: December 28, 1993

Dortha June Pierson
DORTHA JUNE PIERSON

SUBSCRIBED AND SWORN TO BEFORE ME
THIS 28TH. DAY OF DECEMBER, 1993

John F. Ogorzalek
JOHN F. OGORZALEK

WITNESS MY HAND AND OFFICIAL SEAL

John F. Ogorzalek
Comm. #985190
NOTARY PUBLIC - CALIFORNIA
ORANGE COUNTY
Comm. Expires Sept 29, ...

(OFFICIAL SEAL)

93-193

101 100

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

3-93-30-011390

STATE FILE NUMBER | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO., DAY, YR.	2B. HOUR	3. SEX
Leo	Ervin	Pierson	10/05/1993	1910	Male

4. RACE	5. HISPANIC—SPECIFY	6. DATE OF BIRTH—MO., DAY, YR.	7. AGE IN YEARS	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HOURS: HOURS	MINUTES
Caucasian	YES ____ X NO	05/08/1921	72				

8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
Iowa	USA	Floyd Pierson	Iowa	Florence Johnston	Nebraska

12. MILITARY SERVICE	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
19 41 TO 19 45 ☐ NONE	482-18-1312	Married	Dortha June Pifer

16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED
Electronics Inspector	Aerospace	Rockwell, Int.	21	14

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE
5684 Los Palos Circle	Buena Park	90620

18C. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Orange	30	California	June Pierson (Wife) 5684 Los Palos Circle Buena Park, CA 90620

PLACE OF DEATH

19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY	TIME INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORONER (REFERRAL NUMBER)
La Palma Intercommunity Hospital	ER/OP	Orange		X YES 93-05967MA ☐ NO

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY	23. WAS MONEY PERFORMED
7901 Walker	La Palma	☐ YES X NO

CAUSE OF DEATH

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		TIME INTERVAL BETWEEN ONSET AND DEATH	24A. WAS AUTOPSY PERFORMED
IMMEDIATE CAUSE (A)	Cardiopulmonary Arrest	20 Mins	☐ YES X NO
DUE TO (B)	Coronary Artery Disease	10 Yrs.	24B. WAS IT USED IN DETERMINING CAUSE OF DEATH ☐ YES ☐ NO
DUE TO (C)			

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.
Cardiomyopathy	No

PHYSICIAN'S CERTIFICATION

I 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	DECEDENT LAST SEEN ALIVE: MONTH, DAY, YEAR	27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER	27C. CERTIFIER'S LICENSE NUMBER	27D. DATE SIGNED
05/10/1991	09/10/1993	MD	A042023	10/06/1993

27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS: Alan Schwartz, MD, 1202 Lambert, La Habra, California

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER | 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 ☐ YES ☐ 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)

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. DISPOSITION(S)	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	34C. DATE MO., DAY, YR.	35A. SIGNATURE OF EMBALMER	35B. LICENSE NO.
Burial	Rose Hills Memorial Park 3900 Workman Mill, Whittier, CA	10/08/1993	Craig Hendrix	6664

36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE
White's Funeral Home, Inc.	750	J. G. Wagner, Deputy	OCT - 7 1993

STATE REGISTRAR

A.	B.	C.	D.	E.	F.	CENSUS TRACT

MAKE NO ERASURES, PINTOUTS OR OTHER ALTERATIONS

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 document record filed in this office.

G. A. Wagner, M.D.
G. A. Wagner, M.D.
Health Officer and Local Registrar of Births and Deaths of Orange County

COUNTY HEALTH OFFICER * ORANGE COUNTY, CALIFORNIA *

Date OCT 12 1993

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of John G. Ogorzalek the 3rd day of Jan A.D., 19 94 at 1:59 o'clock P M., and duly recorded in Vol. M94 of Deeds on Page 99.

Evelyn Biehn - County Clerk
By Pauline Mullendore

FEE $20.00