

08-10-94A11:01 RCVD



AFTER RECORDING RETURN TO ASPEN TITLE

AFFIDAVIT OF HEIRSHIP AND INDEMNITY

State of CALIFORNIA)
 County of Sacramento) ss.

I, We, PHYLLIS JOYCE SCHAFFER AND MARCY LYNN SCHAFFER
 AND REBECCA WYNNE SCHAFFER HAMER AND JEANETTE LEE SCHAFFER
 being first duly sworn, depose and say that:

1. Decedent, IRVIN ELMER SCHAFFER died in Sacramento County, State of California, on July 3, 1982. and at the time of death may have had an interest in real property located in Klamath County, Oregon, described as follows:

Lot 16, ORIGINAL TRACT, FRONTIER TRACTS, in the County of Klamath, State of Oregon.

Code 8 Map 3606-10CA TL 600

2. Decedent left a will of which a copy is attached hereto, and the estate is not being probated.
3. The next of kin and heirs at law of decedent, with the relationship to decedent, approximate age and current address of each are:

PHYLLIS JOYCE SCHAFFER/WIFE 55 7320 ASH RD., FAIR OAKS, CA 95628

MARCY LYNN SCHAFFER/DAUGHTER 32

REBECCA WYNNE SCHAFFER/DAUGHTER 31 4137 Valiant Way Carmichael CA 95608

JEANETTE LEE SCHAFFER/DAUGHTER 28 (daughter) 2917 Anya St #2 San Francisco CA 94121

There are no children of deceased children which survived the decedent.

4. There is no debt of decedent or claim against decedent which is or will become a claim against the estate of decedent.
5. This affidavit is for the purpose of inducing Aspen Title & Escrow, Inc. to allow next of kin, heir(s), and/or Devisee(s) of decedent to clear the aforementioned real property of the interest of decedent without the necessity of probate of decedent's estate.

Dated this 31st day of July, 1994.

Phyllis Joyce Schaffer
 PHYLLIS JOYCE SCHAFFER

Marcy Lynn Schaffer
 MARCY LYNN SCHAFFER

Rebecca Wynne Schaffer Hamer
 REBECCA WYNNE SCHAFFER HAMER

Jeanette Lee Schaffer
 JEANETTE LEE SCHAFFER

STATE OF CALIFORNIA)
 County of Sacramento) ss.

Notary Public

July 31, 1994

Personally appeared the above named Phyllis Joyce Schaffer and Marcy Lynn Schaffer and Rebecca Wynne Schaffer Hamer and Jeanette Lee Schaffer and acknowledged the foregoing instrument to be their voluntary act and deed.

Before me:

Notary Public for California

My commission expires: 12-1-94

State of California

County of SACRAMENTO

On 8-1-94 before me SANDRA L. KOLKER, Notary
DATE NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"

personally appeared REBECCA WYNNE Schaffer Hamer
NAME(S) OF SIGNER(S)

☐ personally known to me - OR ☒ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Sandra L. Kolker
SIGNATURE OF NOTARY

OPTIONAL

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

CAPACITY CLAIMED BY SIGNER

- ☒ INDIVIDUAL
☐ CORPORATE OFFICER

TITLE(S)

- ☐ PARTNER(S) ☐ LIMITED
☐ GENERAL
☐ ATTORNEY-IN-FACT
☐ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER: _____

SIGNER IS REPRESENTING:
NAME OF PERSON(S) OR ENTITY(IES)

DESCRIPTION OF ATTACHED DOCUMENT

affidavit of Heirship
and Indemnity

TITLE OR TYPE OF DOCUMENT

1
NUMBER OF PAGES

8-1-94
DATE OF DOCUMENT

Phyllis Joyce Schaffer
Marcy Lynne Schaffer
Jeannette Lee Schaffer

SIGNER(S) OTHER THAN NAMED ABOVE

24634

No. 5193

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California
County of Sacramento

On 7-31-94 before me, Keith Henwood, Notary Public
DATE NAME, TITLE OF OFFICER - E.G., JANE DOE, NOTARY PUBLIC
personally appeared Phyllis J. Schaffer, Mary L. Schaffer and her Schaffer
NAME(S) OF SIGNER(S)

☐ personally known to me - OR - ☒ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.



OPTIONAL SECTION

CAPACITY CLAIMED BY SIGNER

Though statute does not require the Notary to fill in the data below, doing so may prove invaluable to persons relying on the document.

☒ INDIVIDUAL
☐ CORPORATE OFFICER(S)

TITLE(S)
☐ PARTNER(S) ☐ LIMITED
☐ GENERAL
☐ ATTORNEY-IN-FACT
☐ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER: _____

SIGNER IS REPRESENTING:
NAME OF PERSON(S) OR ENTITY(IES)

THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT:

Though the data requested here is not required by law, it could prevent fraudulent reattachment of this form.

OPTIONAL SECTION

TITLE OR TYPE OF DOCUMENT Aff. of Her ship and Indemnity
NUMBER OF PAGES 1 DATE OF DOCUMENT 7-31-94
SIGNER(S) OTHER THAN NAMED ABOVE: Rebecca Schaffer

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STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Aspen Title Co the 10th day
of Aug A.D., 19 94 at 11:01 o'clock A.M., and duly recorded in Vol. M94
on Page 24632
of Deeds
By Evelyn Biehn County Clerk
Pauline Mullendore

FEE \$40.00

SACRAMENTO COUNTY

SACRAMENTO, CALIFORNIA

82-096076		CERTIFICATE OF DEATH STATE OF CALIFORNIA		3400	003253
STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
1A. NAME OF DECEDENT—FIRST Irvin		1B. MIDDLE Elmer		1C. LAST Schaffer	
2A. DATE OF DEATH (MONTH, DAY, YEAR) July 3, 1982		2B. HOUR 0420			
3. SEX Male		4. RACE White		5. ETHNICITY American	
6. DATE OF BIRTH May 20, 1933		7. AGE 49		8. IF UNDER 1 YEAR MONTHS DAY	
9. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) MT		9. NAME AND BIRTHPLACE OF FATHER John Schaffer, Russia		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Paula Bollinger, Russia	
11. CITIZEN OF WHAT COUNTRY United States		12. SOCIAL SECURITY NUMBER 554-40-9451		13. MARITAL STATUS Married	
14. PRIMARY OCCUPATION Supervisor		15. NUMBER OF YEARS THIS OCCUPATION 30 yrs.		16. EMPLOYER (IF SELF-EMPLOYED, SO STATE) McClellan AFB	
17A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 7320 Ash Road		17B. CITY OR TOWN Fair Oaks		18. KIND OF INDUSTRY OR BUSINESS Civil Service	
18A. COUNTY Sacramento		19. STATE CA		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Phyllis Schaffer, wife 7320 Ash Road Fair Oaks, Ca. 95628	
21A. PLACE OF DEATH In Residence		21B. COUNTY Sacramento		21C. CITY OR TOWN Fair Oaks	
21D. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 7320 Ash Road		21E. CITY OR TOWN Fair Oaks			
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) Carcinoma of lung (B) (C) CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST. 8 mos. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 24. WAS DEATH REPORTED TO CORONER? NO 25. WAS BIOPSY PERFORMED? YES 26. WAS AUTOPSY PERFORMED? NO		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH none		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? DATE 3/22/82 Mediastinoscopy & biopsy of right ri	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) 6/25/77		28B. PHYSICIAN—SIGNATURE AND DEGREE E. Hearn, MD		28C. DATE SIGNED 7/6/82	
28D. PHYSICIAN'S NAME AND ADDRESS E. Hearn, MD 2025 Morse Avenue, Sacramento, Ca. 95825		28E. TYPE OF PHYSICIAN'S NAME AND ADDRESS 6/25/82		28F. PHYSICIAN'S LICENSE NUMBER G-19299	
29. SPECIFY ACCIDENT, SUICIDE, ETC. Burial		30. PLACE OF INJURY Fair Oaks District Cemetery, Fair Oaks, Ca		31. INJURY AT WORK 7-6-82	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) MOUNT VERNON MORTUARY F1154		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) 1629		34. DATE OF INJURY—MONTH DAY YEAR 7-6-82	
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)		35B. CORONER'S SIGNATURE AND DEGREE OR TITLE Rod Noble		35C. DATE SIGNED 7-6-82	
36. DEPOSITION Burial		37. DATE—MONTH, DAY, YEAR July 6, 1982		38. NAME AND ADDRESS OF CEMETERY OR CREMATOR Fair Oaks District Cemetery, Fair Oaks, Ca	
39. ENCASED (LOCAL NUMBER AND SIGNATURE) #5994 Rod Noble		40. NAME OF FEDERAL DEPOSIT (FOR PERSON ACTING AS SUCH) STATE REGISTRAR		41. LOCAL DEPOSIT (FOR PERSON ACTING AS SUCH) 7-6-82	
42. DATE ACCEPTED BY LOCAL REGISTRAR 7-6-82		43. LOCAL REGISTRAR'S SIGNATURE 1629		44. LOCAL REGISTRAR'S TITLE STATE REGISTRAR	

97707

STATE OF CALIFORNIA
COUNTY OF SACRAMENTO

CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED JUL 12 1994

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SACRAMENTO COUNTY CLERK-RECORDER.

SACRAMENTO COUNTY CLERK-RECORDER

This copy not valid unless prepared on engraved border displaying seal and signature of County Clerk-Recorder.

AFTER RECORDING RETURN TO:
Phyllis Schaffer
7320 Ash Rd.
Fair Oaks, CA 95628

STATE OF OREGON,
County of Klamath SS.

Filed for record at request of:

Aspen Title Co
on this 10th day of Aug A.D., 19 94
at 11:01 o'clock A.M. and duly recorded
in Vol. M94 of Deeds Page 24635
Evelyn Biehn County Clerk
By *Debra M. Henderson*
Deputy.

Fee, \$10.00