90727 11-07-94A11:44 RCVD

Vol m94 Page 34365

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO:

NAME NORMA J. PARKER
STREET ADDRESS 3437 Fidler Avenue
CITY STATE ZIP Long Beach, CA 90808

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT — DEATH JOINT TENANT

				ALL
				PTN.

Title Order No.

Escrow or Loan No.

State of California,

County of Los Angeles } ss.

NORMA J. PARKER, of legal age, being first duly sworn, deposes and says:

That LEONARD BALDWIN PARKER, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as LEONARD BALDWIN PARKER named as one of the parties in that certain Bargain and Sale Deed dated August 15, 1984, executed by FN Realty SErvices, Inc. to LEONARD B. PARKER and NORMA J. PARKER, Husband and Wife, as joint tenants, recorded as Instrument No. 41115 on September 12, 19 84, in Book M84, Page 15737, of Deeds Records of Klamath County ~~California~~, covering the following described property situated in the said County, State of ~~California~~ Oregon, Oregon:

Lot 1 in Block 10 OREGON SHORES SUBDIVISION 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

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of $200,000

Norma J Parker

NORMA J. PARKER

Subscribed and Sworn to before me

this 21st day of October, 19 94

Robert M. Stone (Sign)

Notary Public Commissioned for said County and State

Robert M. Stone
Comm. #1016529
NOTARY PUBLIC CALIFORNIA
LOS ANGELES COUNTY
Comm. Expires Feb. 10, 1998

2.5

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

34366

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

38962 004056

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST (SURNAME)
Leonard | Baldwin | Parker

2A. DATE OF DEATH—MO. DAY, YR. | 2B. HOUR | 3. SEX
November 7, 1989 | 0956 | Male

4. RACE
White/American

5. SPANISH/HISPANIC—SPECIFY
☐ YES ☒ NO

6. DATE OF BIRTH—MO. DAY, YR. | 7. AGE IN YEARS | IF UNDER 1 YEAR: MONTHS | DAYS | IF UNDER 24 HOURS: HOURS | MINUTES
April 13, 1935 | 54

6. STATE OF BIRTH
NH

9. CITIZEN OF WHAT COUNTRY
U.S.A.

10A. FULL NAME OF FATHER
Leonard Parker

10B. STATE OF BIRTH
MA

11A. FULL MAIDEN NAME OF MOTHER
Claire DeVerux

11B. STATE OF BIRTH
MA

12. MILITARY SERVICE? 19 61 TO 19 71 ☐ NONE

13. SOCIAL SECURITY NO.
023-26-4384

14. MARITAL STATUS
Married

15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)
Norma J. Forster

16A. USUAL OCCUPATION
Security Officer

16B. USUAL KIND OF BUSINESS OR INDUSTRY
County Security

16C. USUAL EMPLOYER
Los Angeles County

16D. YEARS IN OCCUPATION
8

17. EDUCATION—YEARS COMPLETED
12

USUAL RESIDENCE

18A. RESIDENCE—STREET AND NUMBER OR LOCATION
3437 Fidler Avenue

18B. CITY
Long Beach

18C. ZIP CODE
90808

18D. COUNTY
Los Angeles

18E. NUMBER OF YEARS IN THIS COUNTY
19

18F. STATE OR FOREIGN COUNTRY
California

20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT
Norma J. Parker-Wife
3437 Fidler Avenue
Long Beach, CA 90808

PLACE OF DEATH

19A. PLACE OF DEATH
Long Beach Community Hospital

19B. IF HOSPITAL, ENTER DEAD (D), DOA, OR IP
IP

19C. COUNTY
Los Angeles

19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION
1720 Termino Avenue

19E. CITY
Long Beach

22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER
☐ YES ☒ NO

23. WAS BIOPSY PERFORMED?
☐ YES ☒ NO

24A. WAS AUTOPSY PERFORMED?
☐ YES ☒ NO

24B. WAS IT USED IN DETERMINING CAUSE OF DEATH?
☐ YES ☐ NO

CAUSE OF DEATH

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE (a) Cardiac Arrest — 15 Mins.

DUE TO (b) End stage Ischemic Cardiomyopathy — 8 Mos.

DUE TO (c) Severe Coronary Arteriosclerosis — 10 Yrs.

25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21: Parieto-Occipital Area Brain Tumor (Non-Malignant) Meningioma of Right

26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.
None

PHYSICIAN'S CERTIFICATION

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

27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN: Gonzalo Montalvan M.D.

27C. PHYSICIAN'S LICENSE NUMBER: A-40568

27D. DATE SIGNED: 11/7/89

27A. DECEDENT ATTENDED SINCE (MONTH, DAY, YEAR): Oct. 1, 1984

DECEDENT LAST SEEN ALIVE (MONTH, DAY, YEAR): Nov. 3, 1989

27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS: Gonzalo Montalvan, M.D. 2785 Pacific Ave. Ste. A Long Beach, CA 90806

28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER

28B. DATE SIGNED

CORONER'S USE ONLY

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

29. MANNER OF DEATH—(ONLY ONE CAUSE) (NATURAL, HOMICIDE, SUICIDE, ACCIDENT, 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)

32. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. DISPOSITION: Burial

34B. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE) AND LOCATION (CITY OR TOWN, STATE): Rose Hills Memorial Park 3888 Workman Mill Road Whittier, CA 90608

34C. DATE (MO. DAY, YEAR): Nov. 11, 1989

35A. SIGNATURE OF EMBALMER: Roger Christensen

35B. LICENSE NUMBER: 6504

35C. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Rose Hills Mortuary-Whittier CA

35D. LICENSE NO.: 970

35E. SIGNATURE OF LOCAL REGISTRAR: Marion Galloway AD

35F. REGISTRATION DATE: NOV 09 1989

CENSUS TRACT

STATE REGISTRAR

A. | B. | C. | D. | E. | F.

ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Beatriz Valdez

BEATRIZ VALDEZ
Registrar-Recorder/County Clerk

OCT 17 1994

19-130073

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Robert M. Stone the 7th day of Nov A.D., 19 94 at 11:44 o'clock A.M., and duly recorded in Vol. M94 of Deeds on Page 34365.

Evelyn Biehn County Clerk
By Pauline Mullendore

FEE $15.00