93064 12-30-94A11:28 RCVD

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RECORDING REQUESTED BY

JOHN V. ROCHE

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENT TO:

NAME Mr. John V. Roche
STREET ADDRESS 11202 Michael Hunt Drive
CITY, STATE & ZIP CODE South El Monte, California 91733-4002

TITLE ORDER NO. _____ ESCROW NO. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF CALIFORNIA
COUNTY OF LOS ANGELES

JOHN V. ROCHE, of legal age, being first duly sworn, deposes and says:

That DOROTHY L. ROCHE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DOROTHY L. ROCHE named as one of the parties in that certain Deed dated October 22, 1976, executed by Valiant Development Corp. & Outdoor Land Development Corp. to JOHN V. & DOROTHY L. ROCHE as joint tenants, recorded as Instrument No. 22005, on November 23, 1976 in Book Vol. 76 Page 18850 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(s) 38, Block 11, Klamath Falls Forest Estates Highway 66 Unit, Plat No. 1, as recorded in Klamath County, Oregon

Debbie A. Caudle
Comm. #976948
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
Comm. Expires Nov. 19, 1996

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

Dated December 26, 1994

SIGNATURE OF JOINT TENANT

JOHN V. ROCHE
(TYPE OR PRINT FULL NAME OF JOINT TENANT)

SUBSCRIBED AND SWORN TO BEFORE ME this 26th day of December, 1994

Debbie A. Caudle
(SIGNATURE OF JOINT TENANT)

SIGNATURE OF NOTARY

Debbie A. Caudle
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
Comm. Expires Nov. 19, 1996

(TYPE OR PRINT FULL NAME OF JOINT TENANT)

WOLCOTTS FORM 300 Rev. 4-94
AFFIDAVIT - DEATH OF JOINT TENANT
(Price Class 3A)

7 67775 39300 2

ORIGINAL

3594-30-012705 39195

CERTIFICATE OF DEATH

STATE OF CALIFORNIA — USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS — VS-1 REV. 7/93

STATE FILE NUMBER | LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
Dorothy	Lee	Roche

4. DATE OF BIRTH MM/DD/CCYY	5. AGE (YRS)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES	6. SEX	7. DATE OF DEATH MM/DD/CCYY	8. HOUR
04/09/1935	59			F	10/30/1994	0640

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION —YEARS COMPLETED
CA	572-42-6028	19__ TO 19__ [X] NONE	Married	12

14. RACE	15. HISPANIC — SPECIFY	16. USUAL EMPLOYER
Caucasian	[ ] YES [X] NO	Self Employed

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
Homemaker	Own Home	44

OK

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION				
11202 Michael Hunt Dr.				
21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY
So. El Monte	Los Angeles	91733	59	California

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
John V. Roche, husband	11201 Michael Hunt Dr., So. El Monte,CA 91733

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)	
John	V.	Roche	
31. NAME OF FATHER—FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
Cyrus	Randolph	Judd	VA
35. NAME OF MOTHER—FIRST	36. MIDDLE	37. LAST (MAIDEN)	38. BIRTH STATE
Anne	Olive	Ingles	CA

DISPOSITION

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION
11/04/1994	Rose Hills Memorial Park 3900 S.Workman Mill Rd.,Whittier, CA 90806

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NO.
Burial	▶ [signature]	5834
44. NAME OF FUNERAL DIRECTOR	**45. LICENSE NO.**	**46. SIGNATURE OF LOCAL REGISTRAR**
Roy C. Addleman and Son F.H.	FD 261	▶ [signature] MD Rcd

47. DATE MM/DD/CCYY: 11/01/1994

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL—SPECIFY ONE:	103. FACILITY OTHER THAN HOSPITAL:	104. COUNTY
U.C.I. Medical Center	[X] IP [ ] ER/OP [ ] DOA	[ ] CONV. HOSP. [ ] RES. [ ] OTHER	Orange
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION			106. CITY
101 South City Drive			Orange

CAUSE OF DEATH

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

			TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A)	Respiratory Failure	Mins.
DUE TO	(B)	Cardiac Failure	Mins.
DUE TO	(C)	Malignant Bladder Tumor	Mos.
DUE TO	(D)		

108. DEATH REPORTED TO CORONER: [ ] YES [X] NO — REFERRAL NUMBER

109. BIOPSY PERFORMED: [ ] YES [X] NO

110. AUTOPSY PERFORMED: [ ] YES [X] NO

111. USED IN DETERMINING CAUSE: [ ] YES [X] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107

Renal Failure

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.

Radical Cystectomy 07/26/1994

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

DECEDENT ATTENDED SINCE MM/DD/CCYY	DECEDENT LAST SEEN ALIVE MM/DD/CCYY
08/11/1994	10/30/1994

115. SIGNATURE AND TITLE OF CERTIFIER: ▶ [signature] MD

116. LICENSE NO.: G078646

117. DATE MM/DD/CCYY: 10/30/94

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP: Kathleen Kobashi,MD 101 So.City Dr., Orange,CA 92667

CORONER'S USE ONLY

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

110. MANNER OF DEATH: [ ] NATURAL [ ] SUICIDE [ ] HOMICIDE [ ] ACCIDENT [ ] PENDING INVESTIGATION [ ] COULD NOT BE DETERMINED

120. INJURY AT WORK: [ ] YES [ ] NO

121. INJURY DATE MM/DD/CCYY

122. HOUR

123. PLACE OF INJURY

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

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)

126. SIGNATURE OF CORONER OR DEPUTY CORONER: ▶

127. DATE MM/DD/CCYY

128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER

STATE REGISTRAR

A	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT

39196

COUNTY OF ORANGE

Date: NOV 04 1991

STATE OF OREGON: COUNTY OF KLAMATH: ss

Filed for record at request of John V. Roche the 30th day of Dec A.D., 19 91 at 11:28 o'clock A M., and duly recorded in Vol. M94, of Deeds on Page 39194.

Evelyn Biehn County Clerk

FEE $20.00 By Daudine Nussbaum