

96997

03-28-95A09:02 RCVD

Vol 1195 Page 7222

Recording requested by and  
when recorded mail to:

CHER C. KATER  
2037 W. San Lorenzo  
Santa Ana, CA 92704

\*\*\*\*\*  
**AFFIDAVIT OF DEATH**

CHER C. KATER, of legal age, being first duly sworn, deposes and says:

That JOHN A. R. KATER, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOHN A. R. KATER, named as one having an interest in that certain Revocable Living Trust dated December 27, 1991 executed by JOHN A. R. KATER and CHER C. KATER as trustors and JOHN A. R. KATER and CHER C. KATER as trustees, and affecting the following described real property situated in the County of Klamath, State of Oregon:

THE SOUTH 1/2 SW 1/4 NW 1/4 OF SECTION 17, TOWNSHIP 38 SOUTH, RANGE 9 EAST OF THE WILLAMETTE MERIDIAN, KLAMATH COUNTY, OREGON.

ACCOUNT NUMBER 38032

**VERIFICATION**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: 12/16/94Cher C. Kater  
CHER C. KATER**ACKNOWLEDGEMENT**

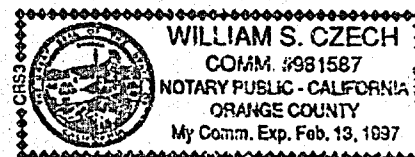
State of California )  
County of Orange )

On 12-16-94 before me, "WILLIAM S. CZECH, NOTARY PUBLIC", personally appeared CHER C. KATER, 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.

William S. Czech  
Signature of Notary Public

MAIL TAX STATEMENTS TO OWNER OF RECORD





3-94-30-003528 7223

## CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS  
VS-11 (REV. 7/93)

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		2. MIDDLE		3. LAST (FAMILY)	
1. NAME OF DECEDENT—FIRST (GIVEN)		A. R.		KATER	
4. DATE OF BIRTH MM/DD/CCYY		5. AGE YRS.		7. DATE OF DEATH MM/DD/CCYY	
05/31/1934		59		03/18/1994	
8. HOUR		6. SEX		12. MARITAL STATUS	
1625		M		MARRIED	
9. STATE OF BIRTH		10. SOCIAL SECURITY NO.		13. EDUCATION—YEARS COMPLETED	
INDONESIA		565-58-9430		17	
14. RACE		11. MILITARY SERVICE		16. USUAL EMPLOYER	
WHITE		19 TO 19 <input checked="" type="checkbox"/> NONE		IONETICS INC.	
17. OCCUPATION		18. KIND OF BUSINESS		19. YEARS IN OCCUPATION	
PRESIDENT, GEO, COB.		MEDICAL RESEARCH		35	
20. RESIDENCE—STREET AND NUMBER OR LOCATION		22. COUNTY		23. ZIP CODE	
2037 W. SAN LORENZO		ORANGE		92704	
21. CITY		24. YRS IN COUNTY		25. STATE OR FOREIGN COUNTRY	
SANTA ANA		25		CA	
26. NAME, RELATIONSHIP		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)			
CHER KATER, wife		2037 W. SAN LORENZO, SANTA ANA, CA. 92704			
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)	
CHER		C.		STRIEMER	
31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST	
HERMAN		—		KATER	
35. NAME OF MOTHER—FIRST		36. MIDDLE		37. LAST (MAIDEN)	
CATHERINA		A.		BREKELMANS	
39. DATE MM/DD/CCYY		40. PLACE OF FINAL DISPOSITION		43. LICENSE NO.	
03/22/1994		RES:CHER KATER, 2037 W. SAN LORENZO, SANTA ANA, CA.		—	
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		47. DATE MM/DD/CCYY	
CR / RES		NOT EMBALMED		03/22/1994	
44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO.		46. SIGNATURE OF LOCAL REGISTRAR	
OMEGA SOCIETY		FD1280		[Signature]	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE:		103. FACILITY OTHER THAN HOSPITAL:	
KAISER FOUNDATION HOSPITAL		<input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		<input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION		104. COUNTY		106. CITY	
441 LAKEVIEW		ORANGE		ANAHEIM	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER	
IMMEDIATE CAUSE (A) RESPIRATORY ARREST		MINs		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (B) BRAIN STEM INFARCT		WEEK		109. BIOPSY PERFORMED	
DUE TO (C)				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D)				110. AUTOPSY PERFORMED	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
				111. USED IN DETERMINING CAUSE	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107					
NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.					
NO					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NO.	
DECEDENT ATTENDED SINCE MM/DD/CCYY		DECEDENT LAST SEEN ALIVE MM/DD/CCYY		03/21/1994	
03/14/1994		03/18/1994			
117. MANNER OF DEATH		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS - ZIP		119. DATE MM/DD/CCYY	
<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE		V. CROWE, M.D., 6 WILLARD, IRVINE, CA. 92714		03/14/1994	
<input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK		121. INJURY DATE MM/DD/CCYY	
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
122. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		123. PLACE OF INJURY		124. HOUR	
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		129. FAX AUTH. #		CENSUS TRACT	
STATE REGISTRAR		A		B	
		C		D	
		E		F	
		G		H	



SSST 852800-00-00-8

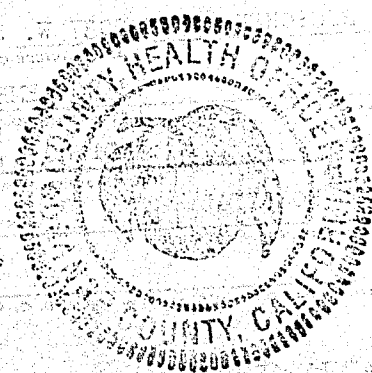
CERTIFICATE OF DEATH

7224

COUNTY OF ORANGE  
HEALTH CARE AGENCY  
PUBLIC HEALTH & MED SERVICES  
SANTA ANA, CALIFORNIA

This is to certify, if impressed  
with the seal of the County  
Health Officer, that this  
is a true copy of the permanent  
record filed in this office.

*H. Stallworth*  
H. STALLWORTH, MD.  
Health Officer and County Registrar  
Bureau of Health Services  
MAR 23 1994



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of William Czech the 28th day  
of March A.D., 19 95 at 9:02 o'clock A M., and duly recorded in Vol. M95  
of Needs on Page 7222.

By *Bernetha G. Letsch* Bernetha G. Letsch, County Clerk

FEE \$20.00