AFFIDAVIT OF DECLARATION FOR APPROVAL OF TRACT 1265 - DEVONRIDGE

Being Parcels 1, 2 and 3 of Major Land Partition No.. 47-89 in Government Lot 3 (SE1/4) of Section 5, Township 39 South, Range 9 East of the Willamette Meridian, Klamath County, Oregon.

Dorothy Fotinakis, being duly sworn, depose and say that I am the lien holder on the real property described in Volume M90 at page 8566, Microfilm Records of Klamath County, Oregon, and that I approve of the terms set forth in said subdivision. Said lien is a Trust Deed dated April 23, 1990 and recorded May 5, 1990, executed by Rodney E. Pfeiffer and Barbara J. Pfeiffer, husband and wife.

In witness thereof, the party has hereunto set her hand the 15th day of 1995.

Dorothy Totinakis
DOROTHY FOTINAKIS

Witnessed before me on the 15th day of May, 1995

KATHY BOLES

Notary Public - State of Nevada

Appointment Recorded in Douglas County

MY APPOINTMENT EXPIRES FEB. 5, 1996

NOTARY PUBLIC FOR NEVADA My Commission Expires: 2-5-96

Rodurn: Rod Pfeiffer 3837 Ja Morada City 97603



DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

		STATE OF NEVA	NDA — DEPARTMEN HEALTH — SECTION	T OF HUMAN RES	SOURCES ISTICS		
			CERTIFICATE OF	F DEATH			7
TYPE	LOCAL FILE NUMBER	Modeler	Lest Co	DATE OF DEATH	(Month: Day, Year)	STATE FILE NUMBER	٦
OR PRINT	Lawre	nce Constantin			r 25, 1990	Carson City	
BLACK DIK	-CITY, TOWN, OR LOCATION OF	CEATH. HOSPITAL OF OTHER I	NSTITUTION—Name (if not either	r, give street and number)	If hosp, or inst, indicate DC Rm, inpatient (Specify)	A OP/Emer SEX	
(050505/11	tarson_City	≈ Carson-Ta	hoe Hospital	GF_Lag UNOER 1		Room 4 Male	\dashv
	RACE—(e.g., White, Black, Americ indian, etc.) (Specify)	Was Decedent of Hispanic Organ specify Mexican Cuban, Pueno F	Bran, etc.	nhday (Years) MOS	DAYS HOURS MINS	s.April -27, 1911	١
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- State of the	13 190-18-8040 RESIDENCE-57-76	COUNTY	CITY, TOWN, CR LCCATION		ET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or 140)	٦
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	INFORMANT—NAME (Type or Pro		MAILING ACCRESS	被 <i>引起</i> 空的现在分词可能	F.D. No. City or Town, State		٦
	™ Dorothy Foti		CR CREMATORY_NAME		Minden, Nevac	la 89423	┥
	BURIAL CREMATION, REMOVAL 194 Removal — Bu		Fernando Mis	sion Hills	l 1ºc - Mission-	Hills California	
DISPOSITION	FUNERAL DIRECTOR—SIGNATIL (Or Person Acting as Such)	IRE FUNERAL C	RECTOR: NAME AND ADDRE	SS OF FACILITY Wal	con's Chapel	of the Valley	٦
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	NAME AND ADDRES	S OF CERTIFIER (PHYSICIAN, ATTEND	ING PHYSICIAN, MEDICAL EXA	MINER, OR CORONER). (7)	pe or Print.)	LICENSE NUMBER	
		am H. Thomas MD,	1000 N. Divisi	on, Carson C	1ty, NV 89/	03 256 3136 HUNICABLE DISEASE	_
CONDITIONS F ANY	REGISTRAR 24a (Signature)=	Mauro			70 24c YES □ NO	8	
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	Date Issued	icate on file in this office.		•	Deputy Registrar	域。 湖北	ľ
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