

*note 35198*  
**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 May, 1995.

Dorothy Fotinakis  
DOROTHY FOTINAKIS

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



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

Return: Rod Pfeiffer  
3837 Hamada  
City 97603

#22812721

# STATE OF NEVADA

## DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

### STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

|   |  |  |  |   |  |  |
|---|--|--|--|---|--|--|
| TYPE OR PRINT IN PERMANENT BLACK INK  | LOCAL FILE NUMBER  |  |  | STATE FILE NUMBER                               |  |  |
|   | DECEASED—NAME First Middle Last                                    |  |  | DATE OF DEATH (Month, Day, Year)                |  |  |
|   | 1. Lawrence Constantine FOTINAKIS                                  |  |  | 2. November 25, 1990                            |  |  |
|   | CITY, TOWN, OR LOCATION OF DEATH                                   |  |  | COUNTY OF DEATH                                 |  |  |
| DECEDENT  | 3. Carson City   |  |  | 4. Carson City                                  |  |  |
|   | 5. Carson-Tahoe Hospital   |  |  | 6. Operating Room                               |  |  |
|   | 7. Male  |  |  | 8. April 27, 1911                               |  |  |
|   | 9. White   |  |  | 10. 79  |  |  |
| F. DEATH OCCURRED IN INSTITUTION SEE INSTRUCTIONS FOR COMPLETION OF REMARKS | 11. New Jersey   |  |  | 12. Dorothy Owens                               |  |  |
|   | 13. 190-18-8040  |  |  | 14. Music                                       |  |  |
|   | 15. Nevada   |  |  | 16. Douglas                                     |  |  |
|   | 17. Minden   |  |  | 18. 1685 Lantana Dr.                            |  |  |
| PARENTS   | 19. Peter Fotinakis  |  |  | 20. Helen Schregler                             |  |  |
|   | 21. 1685 Lantana Drive, Minden, Nevada 89423                       |  |  | 22. 1685 Lantana Drive, Minden, Nevada 89423    |  |  |
|   | 23. Removal - Burial   |  |  | 24. San Fernando Mission Hills                  |  |  |
|   | 25. 1281 N. Roop Street, Carson City, Nv. 89706                    |  |  | 26. 1281 N. Roop Street, Carson City, Nv. 89706 |  |  |
| DISPOSITION   | 27. 11/26/90   |  |  | 28. 1754  |  |  |
|   | 29. William H. Thomas MD, 1000 N. Division, Carson City, Nv. 89703 |  |  | 30. 3136  |  |  |
|   | 31. Ruptured abdominal aortic aneurysm                             |  |  | 32. 2 days                                      |  |  |
|   | 33. Ruptured abdominal aortic aneurysm                             |  |  | 34. 2 days                                      |  |  |
| CERTIFIER   | 35. William H. Thomas MD, 1000 N. Division, Carson City, Nv. 89703 |  |  | 36. 3136  |  |  |
|   | 37. Ruptured abdominal aortic aneurysm                             |  |  | 38. 2 days                                      |  |  |
|   | 39. Ruptured abdominal aortic aneurysm                             |  |  | 40. 2 days                                      |  |  |
|   | 41. Ruptured abdominal aortic aneurysm                             |  |  | 42. 2 days                                      |  |  |
| CAUSE OF DEATH  | 43. Ruptured abdominal aortic aneurysm                             |  |  | 44. 2 days                                      |  |  |
|   | 45. Ruptured abdominal aortic aneurysm                             |  |  | 46. 2 days                                      |  |  |
|   | 47. Ruptured abdominal aortic aneurysm                             |  |  | 48. 2 days                                      |  |  |
|   | 49. Ruptured abdominal aortic aneurysm                             |  |  | 50. 2 days                                      |  |  |

After recording return to:  
Dorothy Fotinakis  
1685 Lantana Drive  
Minden, NV 89423

STATE REGISTRAR

No. 020327

*[Signature]*

Deputy Registrar

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued:

NOV 30 1990



STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Mountain Title Co the 16th day of May A.D., 19 95 at 1:22 o'clock P M., and duly recorded in Vol. M95 of Deeds on Page 12720.

FEE \$15.00

By Bernetha G. Leisch County Clerk