

Order No.
Escrow No.
Loan No.

23062

Vol 196 Page 24730

(X)

WHEN RECORDED MAIL TO:

Ann L. Somes
11000 Monogram Avenue
Granada Hills, CA 91344

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT — DEATH OF JOINT TENANT

STATE OF ~~CALIFORNIA~~ OREGON
COUNTY OF
Klamath

} ss.
}

Ann L. Somes, of legal age, being first duly sworn, deposes and says:
That Richard L. Somes, the decedent mentioned in the attached certified copy of
Certificate of Death is the same person as Richard L. Somes

named as one of the parties in that certain Bargain & Sale Deed dated April 22, 1976
Wells Fargo Realty Services, Inc., a California Corporation, as Trustee, who acquired,
executed by title as Grayco Land Escrow, Ltd., as Trustee, a California Corporation, Grantor,
to Richard L. Somes and Ann L. Somes, husband and wife, hereinafter called "Grantee"

~~is joint tenancy~~ recorded as Instrument No. 12962 on April 26, 1976 in
~~Book~~ Vol. 76, Page 6092, of Official Records of Klamath County, ~~CALIFORNIA~~ OREGON
covering the following described property situated in the County of Klamath, State of ~~CALIFORNIA~~ OREGON

Lot 18, Block 20 of SPRAGUE RIVER VALLEY ACRES, as per plat recorded in records
of said county.

SUBJECT TO: (1) Taxes for the fiscal year 1969-1970 and subsequent.

(2) Covenants, conditions, reservations, easements, restrictions,
rights, rights of way, and all matters appearing of record.

TOGETHER WITH all and singular the tenements, hereditaments, appurtenances, rights,
privileges and easements belonging or in anywise appertaining to any and all of the
real property hereinabove described and defined and the reversions, remainders,
rents, issues, profits and revenue thereof.

TO HAVE AND TO HOLD said real property hereinabove described and defined unto
Grantee, their heirs and assigns, forever.

Dated

Nov 4, 1995

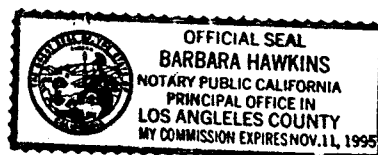
SUBSCRIBED AND SWORN TO before me, the undersigned,
a Notary Public in and for said State,

this fourth day of November 1995
WITNESS my hand and official seal.

Signature Barbara Hawkins

BARBARA HAWKINS

Name (Typed or Printed)



(This area for official notarial seal)

CERTIFICATE OF DEATH STATE OF CALIFORNIA

24791 ✓

| | | | |
|---|--|---|--|
| STATE FILE NUMBER | | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER | |
| 1A. NAME OF DECEDENT—FIRST RICHARD | | 2A. DATE OF DEATH (MONTH, DAY, YEAR) 2B. HOUR May 18, 1987 2030 | |
| 1B. MIDDLE LEO | | 1C. LAST SOMES | |
| 2. SEX Male | | 4. RACE/ETHNICITY White | |
| 5. SPANISH/Hispanic NO | | 6. DATE OF BIRTH March 24, 1914 | |
| 7. AGE 73 YEARS | | 8. IF UNDER 1 YEAR MONTHS DAYS HOURS MINUTES | |
| 8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) California | | 9. NAME AND BIRTHPLACE OF FATHER Richard Somes - Canada | |
| 11A. CITIZEN OF WHAT COUNTRY U.S.A. | | 11B. IF DECEASED WAS EVER BY MILITARY GIVE DATES OF SERVICE 19 44 TO 19 46 | |
| 12. SOCIAL SECURITY NUMBER 344-16-7808 | | 13. MARITAL STATUS Married | |
| 14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Ann Louise Minarik | | 15. KIND OF INDUSTRY OR BUSINESS City Government | |
| 16. NUMBER OF YEARS THIS OCCUPATION 40 | | 17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) City of Los Angeles | |
| 18. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 19B. 11000 Monogram Avenue | | 19C. CITY OR TOWN Granada Hills | |
| 19D. COUNTY Los Angeles | | 19E. STATE California | |
| 20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Ann L. Somes - Wife 11000 Monogram Avenue Granada Hills, CA 91344 | | | |
| 21A. PLACE OF DEATH Nu-Med Regional Medical Center | | 21B. COUNTY Los Angeles | |
| 21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 22141 Roscou Blvd. | | 21D. CITY OR TOWN Canoga Park | |
| 22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST. (A) CARDIAC ARREST ◀ HOURS (B) ACUTE MYOCARDIAL INFARCTION ◀ HOURS (C) ARTERIOSCLEROTIC HEART DISEASE ◀ MONTHS 23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A HYPERTENSION | | | |
| 24. WAS DEATH REPORTED TO CORONER? NO 25. WASopsy PERFORMED? NO 26. WAS AUTOPSY PERFORMED? YES | | | |
| 27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION NONE | | | |
| 28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) 08/18/73 LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.) 05/15/87 | | 28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE <i>MOON C. CHANG, MD</i> 28C. DATE SIGNED 28D. PHYSICIAN'S LICENSE NUMBER 05/20/87 A25204 | |
| 29. SPECIFY ACCIDENT, SUICIDE, ETC. | | 30. PLACE OF INJURY | |
| 31. INJURY AT WORK | | 32A. DATE OF INJURY—MONTH, DAY, YEAR 32B. HOUR | |
| 33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) | | 34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) | |
| 35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION) | | | |
| 35B. CORONER—SIGNATURE AND DEGREE OR TITLE <i>H. D. Keetere</i> 35C. DATE SIGNED MAY 22 1987 | | | |
| 36. DISPOSITION Burial | | 37. DATE—MONTH, DAY, YEAR May 22, 1987 | |
| 38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Eternal Valley Memorial Park 23287 N. Sierra Hwy., Newhall, CA | | 39. EMBALMER'S LICENSE NUMBER AND SIGNATURE 5940 <i>H. D. Keetere</i> | |
| 40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Eternal Valley Memorial Park Mortuary | | 40B. LICENSE NO. F-1163 | |
| 41. LOCAL REGISTRAR—SIGNATURE <i>Robert M. ...</i> | | 42. DATE ACCEPTED BY LOCAL REGISTRAR MAY 22 1987 | |
| STATE REGISTRAR | | | |

VS-11 (1-85)

96 462180

