31650

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED TO:

NAME Sharon N. Collins
STREET ADDRESS 23004 Arjo Lane
CITY, STATE & ZIP CODE Ramona, CA 92065

TITLE ORDER NO. _____ ESCROW NO. _____

'97 JAN 22 A10:15

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SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

R-3408-02780-03600-000

STATE OF Oregon
COUNTY OF Klamath

Sharon N. Collins, of legal age, being first duly sworn, deposes and says:

That Claude E. Collins, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Claude E. Collins named as one of the parties in that certain Grant Deed dated December 6, 1991, executed by Mountain Title Company Klamath County to Claude E. Collins and Sharon N. Collins, husband and wife as joint tenants, recorded as Instrument No. 38419, on Dec. 10th, 1991, in Book M91, Page 25699, of the Official Records in the Office of the County Recorder of Klamath County, State of OR, concerning the following described real property situated in the City of _____, County of Klamath, State of OR:

Lot 8, Block 9, FIRST ADDITION TO SPRAGUE RIVER PINES, TRACT 1107, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

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 $ 19,200.00.

Dated January 15, 1997

Sharon N. Collins
(SIGNATURE OF JOINT TENANT)

SHARON N. COLLINS
(TYPE OR PRINT FULL NAME OF JOINT TENANT)

(SIGNATURE OF JOINT TENANT)

(TYPE OR PRINT FULL NAME OF JOINT TENANT)

RUSTY GRANT
Comm. # 1118296
NOTARY PUBLIC - CALIFORNIA
San Diego County
My Comm. Expires Nov. 26, 2000

SUBSCRIBED AND SWORN TO BEFORE ME this 15th day of January, 1997.

Rusty Grant
(SIGNATURE OF NOTARY)

MAIL TAX STATEMENT TO: Sharon N. Collins, 23004 Arjo Lane, Ramona, CA 92065

7 67775 39300 2

1887

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS

VS-11 (REV. 9/93)

STATE FILE NUMBER 396370|0611

LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
Claude	Edward	Collins

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
07/16/1941	55			M	07/18/1996	1230

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION—YEARS COMPLETED
AZ	[redacted]	19 ___ TO 19 ___ ☐ NONE	Married	14

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
White	☐ YES ☒ NO	U.S. Post Office

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
Letter Carrier	Postal Service	12

20. RESIDENCE—STREET AND NUMBER OR LOCATION: 23004 Arjo Ln

21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY
Ramona	San Diego	92065	37	CA

26. NAME: RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
Sharon N Collins - WIFE	23004 Arjo Ln Ramona CA 92065

28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)
Sharon	-	Needles

31. NAME OF FATHER—FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
Solomon	Wesley	Collins	AR

35. NAME OF MOTHER—FIRST	36. MIDDLE	37. LAST (MAIDEN)	38. BIRTH STATE
Effie	Louise	Austin	OK

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION
07/22/1996	El Camino Memorial Park 5600 Carroll Canyon Road San Diego, CA 92121

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NO.
BU	▶ William Reed	7815

44. NAME OF FUNERAL DIRECTOR	45. LICENSE NO.	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE MM/DD/CCYY
El Camino Mortuary	F1260	▶ [signature]	07/22/1996

101. PLACE OF DEATH	102. IF HOSPITAL SPECIFY ONE:	103. FACILITY OTHER THAN HOSPITAL:	104. COUNTY
Pomerado Hospital	☒ IP ☐ ER/OP ☐ DOA	☐ CONV. ☐ NURS. ☐ RES. ☐ OTHER	San Diego

105. STREET ADDRESS—STREET AND NUMBER OR LOCATION	106. CITY
15615 Pomerado Rd	Poway

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) Cardiopulmonary Arrest	Min
DUE TO	(B) Multiple Organ Failure	Days
DUE TO	(C) Sepsis	Days
DUE TO	(D) Perforated Esophagus due to Hx Gastroesophageal R	Yrs

108. DEATH REPORTED TO CORONER: ☐ YES ☒ NO — REFERRAL NUMBER

109. BIOPSY PERFORMED: ☐ YES ☒ NO

110. AUTOPSY PERFORMED: ☒ YES ☐ NO

111. USED IN DETERMINING CAUSE: ☒ YES ☐ 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: Esophageal Repair 07/09/1996

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.	117. DATE MM/DD/CCYY
DECEDENT ATTENDED SINCE MM/DD/CCYY: 07/07/1996 — DECEDENT LAST SEEN ALIVE MM/DD/CCYY: 07/18/1996	▶ Kenneth Trestman, MD	G069663	07/22/1996

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP: Kenneth G Trestman, M.D. 15644 Pomerado Rd Poway CA 92064

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

119. MANNER OF DEATH: ☐ NATURAL ☐ SUICIDE ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED

120. INJURY AT WORK	121. INJURY DATE MM/DD/CCYY	122. HOUR	123. PLACE OF INJURY
☐ YES ☐ NO			

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
▶		

A	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT
								9610472	

COUNTY OF SAN DIEGO – DEPARTMENT OF HEALTH SERVICES 3851 ROSECRANS ST. THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF SAN DIEGO, DEPARTMENT OF HEALTH SERVICES, THIS IS A TRUE COPY OF THE ORIGINAL DOCUMENT FILED.

REQUIRED FEE PAID

DATE ISSUED: October 31, 1996

REGISTRAR OF VITAL RECORDS

PHYSICIAN/CORONER'S AMENDMENT

396370!0611

DEATHS AFTER 1-1994

NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS
USE BLACK INK ONLY

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER
STATE/LOCAL REGISTRAR USE ONLY	1.	2.	3.

PART I — INFORMATION TO LOCATE RECORD

NAME AS IT APPEARS ON RECORD	1. NAME—FIRST (GIVEN): Claude	2. MIDDLE: Edward	3. LAST (FAMILY): Collins	4. SEX: M
ADDITIONAL INFORMATION TO LOCATE RECORD	5. DATE OF EVENT—MM/DD/CCYY: 07/18/1996	6. CITY OF OCCURRENCE: Poway	7. COUNTY OF OCCURRENCE: San Diego	

PART II — STATEMENT OF CORRECTIONS

LIST ONE ITEM PER LINE

8. CERTIFICATE ITEM NUMBER	9. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	10. INFORMATION AS IT SHOULD APPEAR
107D	Perforated Esophagus due to Hx Gastroe	Perforated Esophagus due to Hx Gastroe
	sophageal R Yrs	sophageal Reflux Disease Yrs

2012

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER				
11. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER: Kenneth Trestman	12. DATE SIGNED—MM/DD/CCYY: 07/22/1996	13. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER: Kenneth G Trestman, M.D.		
14. ADDRESS—STREET AND NUMBER: 15644 Pomerado Rd	15. CITY: Poway	16. STATE: CA	17. ZIP CODE: 92064	

STATE/LOCAL REGISTRAR USE ONLY	
18. OFFICE OF STATE REGISTRAR OR SIGNATURE OF LOCAL REGISTRAR: [signature]	19. DATE ACCEPTED FOR REGISTRATION—MM/DD/YY: 07/24/1996

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS 24C (Rev. 1/95)

STATE OF OREGON : COUNTY OF KLAMATH: ss.

Filed for record at request of Sharon N. Collins the 22nd day of January A.D., 19 97 at 10:15 o'clock A. M., and duly recorded in Vol. M97 of Deeds on Page 1886.

Bernetha G. Letsch, County Clerk

FEE $20.00 by Kathleen Ross