

RECORDING REQUESTED BY:
Jessie G. Camacho

35163

Vol. 1117 Page 9261

AND WHEN RECORDED MAIL TO:
Jessie G. Camacho
14538 Lyle St.
Sylmar, CA 91342

37 MAR 31 P2:19

MAIL TAX STATEMENTS TO
Jessie G. Camacho
14538 Lyle St.
Sylmar, CA 91342

AFFIDAVIT - DEATH JOINT TENANT

APN # R281637

State of California } ss.
County of Los Angeles }

JESSIE G. CAMACHO of legal age, duly sworn, deposes and says:

That Mariano Camacho, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as Mariano Camacho, named as one the parties in that certain Bargain and Sale Deed dated June 25, 1979, executed by Wells Fargo Realty Services, Inc., as Trustee, (Trust No. 0108) a California Corporation, to Mariano Camacho and Jessie G. Camacho, husband and wife, as joint tenants, recorded as Instrument No. 69958, on July 2, 1979, of Official Records of Klamath County, Oregon, covering the following described property:

LOT 20 OF BLOCK 24, OREGON PINES, AS SAME IS SHOWN ON PLAT FILED JUNE 30, 1969 DULY RECORDED IN THE OFFICE OF THE COUNTY RECORDER OF SAID COUNTY.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

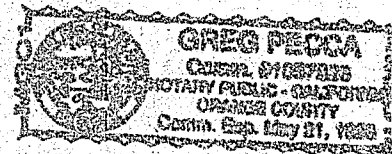
Dated this 19 day of Feb, 1997, in the City of Sylmar, County of Los Angeles,
State of California.

Jessie G. Camacho
Jessie G. Camacho

Subscribed and sworn before me on Feb. 19, 1997.

5-21-99
Notary Expiration Date

Greg Pecca
Notary Public



ck
15

CERTIFICATE OF DEATH

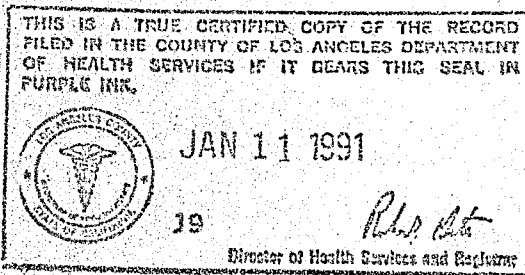
STATE OF CALIFORNIA
USE BLACK INK ONLY

9262

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN) Mariano		2A. DATE OF DEATH—MO. DAY, YR. January 10, 1991	
1B. MIDDLE ---		2B. HOUR 1900	
4. RACE White		3. SEX M	
5. HISPANIC—SPECIFY ☒ YES Mex.-Amer. ☐ NO		6. DATE OF BIRTH—MO. DAY, YR. Jan. 14, 1921	
8. STATE OF BIRTH CA		7. AGE IN YEARS 69	
9. CITIZEN OF WHAT COUNTRY USA		10. FULL NAME OF FATHER Mariano Camacho	
10A. FULL NAME OF FATHER Mariano Camacho		10B. STATE OF BIRTH Mexico	
11A. FULL MAIDEN NAME OF MOTHER Esther Ybarra		11B. STATE OF BIRTH Texas	
12. MILITARY SERVICE? 19 43 TO 19 46 ☐ NONE		13. SOCIAL SECURITY NO. [REDACTED]	
14. MARITAL STATUS Married		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Jessie Govea	
16A. USUAL OCCUPATION Retired Laborer		16B. USUAL KIND OF BUSINESS OR INDUSTRY Brewery	
16C. USUAL EMPLOYER Anheuser Busch		16D. YEARS IN OCCUPATION 25	
17. EDUCATION—YEARS COMPLETED 12			
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 14538 Lyle Street		18B. CITY Sylmar	
18C. ZIP CODE 91342			
19A. PLACE OF DEATH Holy Cross Hospital		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA IP	
19C. COUNTY Los Angeles		19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 15031 Rinaldi Street	
19E. CITY Mission Hills		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Jessie Camacho - Wife 14538 Lyle Street Sylmar, CA. 91342	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) Cardio - Pulmonary Arrest (B) Hepato - Renal Syndrome (C) Cirrhosis of Liver		22. WAS DEATH REPORTED TO CORONER? ☐ YES ☒ NO	
23. WAS EXAMPT PERFORMED? ☐ YES ☒ NO		24A. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO	
24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☒ NO		25. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 23? IF YES, LIST TYPE OF OPERATION AND DATE. None	
26. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 acute Respiratory			
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 8/1/83		27B. SIGNATURE AND DISGREE OR TITLE OF CERTIFIER R. R. Robertson M.D.	
27C. CERTIFIER'S LICENSE NUMBER A 25716		27D. DATE SIGNED 1/11/91	
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Robert Robertson M.D.		27F. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER [Signature]	
27G. DATE SIGNED 1/11/91			
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined [Blank]		30A. PLACE OF INJURY [Blank]	
30B. INJURY AT WORK ☐ YES ☒ NO		30C. DATE OF INJURY MONTH, DAY, YEAR [Blank]	
30D. HOUR [Blank]		31. HOUR [Blank]	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY) [Blank]		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) [Blank]	
34A. DISPOSITION(S) Burial		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Oakwood Mem. Park Chatsworth, CA.	
34C. DATE MO. DAY, YEAR 1-14-91		34D. SIGNATURE OF EMBALMER Dale Elskamp	
34E. LICENSE NUMBER 4937		34F. REGISTRATION DATE JAN 11 1991	
35A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) J. T. Oswald Mortuary, SF.		35B. LICENSE NO. FD-889	
35C. SIGNATURE OF LOCAL REGISTRAR [Signature]		35D. CENSUS TRACT [Blank]	
35E. STATE REGISTRAR [Blank]		35F. CENSUS TRACT [Blank]	

VS-11 (REV. 1-90)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS



STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Jessie G. Camacho the 31st day of March A.D., 19 97 at 2:19 o'clock P.M., and duly recorded in Vol. M97 of Deeds on Page 9261

FEE \$15.00

by Bernetha G. Letsch, County Clerk
[Signature]