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41353

97 JUL 21 P2:34

RECORDING REQUESTED BY
AND WHEN RECORDED MAIL THIS DEED TO:

Stephen G. McKee, Esq.
25375 Orchard Village Road, #105
Valencia, CA 91355

MAIL TAX STATEMENTS TO:

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF CALIFORNIA)
COUNTY OF LOS ANGELES)

RICHARD A. STEVENS, of legal age, being first duly sworn, deposes and says:

That KAREN ANN STEVENS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as KAREN A. STEVENS named as one of the parties in that certain Warranty Deed dated August 6, 1979, executed by GERALD E. GREEN, to RICHARD A. STEVENS and KAREN A. STEVENS as tenants by entirety, recorded as Instrument No. 74139, on September 18, 1979, in Volume M79, Page 22216, of the Official Records in the Office of the County Recorder of Klamath County, State of Oregon, concerning the following described real property situated in the County of Klamath, State of Oregon:

Lot 18, Block 13, Tract 1053, as per map recorded in book pages of maps in the Office of the County Recorder of Klamath County, state of Oregon.

Commonly known as:
A.P.N.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: DECEMBER 14, 1996 Richard A Stevens
RICHARD A. STEVENS

SUBSCRIBED AND SWORN TO BEFORE ME
this 14th day of DECEMBER, 1996.

Stephen G. McKee
(Signature of Notary Public)

STEPHEN G. MC KEE
Commission # 1107022
Notary Public — California
Los Angeles County
My Comm. Expires Jul 23, 2000

on
15'

22931

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 7/93)

STATE FILE NUMBER | LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN): KAREN	2. MIDDLE: ANN	3. LAST (FAMILY): STEVENS
4. DATE OF BIRTH MM/DD/CCYY: 05/22/1945	5. AGE YRS: 50	6. SEX: F
7. DATE OF DEATH MM/DD/CCYY: 03/18/1996	8. HOUR: 0931	
9. STATE OF BIRTH: CA	10. SOCIAL SECURITY NO.: 549-70-1275	11. MILITARY SERVICE: 19__ TO 19__ [X] NONE
12. MARITAL STATUS: MARRIED	13. EDUCATION—YEARS COMPLETED: 14	
14. RACE: CAUCASIAN	15. HISPANIC—SPECIFY: [ ] YES [X] NO	16. USUAL EMPLOYER: U.S. POST OFFICE
17. OCCUPATION: POSTAL CLERK	18. KIND OF BUSINESS: GOVERNMENT	19. YEARS IN OCCUPATION: 26

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION: 22435 BURTON STREET		
21. CITY: WEST HILLS	22. COUNTY: LOS ANGELES	23. ZIP CODE: 91304
24. YRS IN COUNTY: 50	25. STATE OR FOREIGN COUNTRY: CA	

INFORMANT

26. NAME, RELATIONSHIP: RICHARD A. STEVENS, HUSBAND	27. MAILING ADDRESS: 22435 BURTON STREET WEST HILLS, CA 91304

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST: RICHARD	29. MIDDLE: A	30. LAST (MAIDEN NAME): STEVENS	
31. NAME OF FATHER—FIRST: PAUL	32. MIDDLE: H	33. LAST: KROES	34. BIRTH STATE: CA
35. NAME OF MOTHER—FIRST: MARJORIE	36. MIDDLE: –	37. LAST (MAIDEN): CARTER	38. BIRTH STATE: CA

DISPOSITION(S) / FUNERAL DIRECTOR AND LOCAL REGISTRAR

39. DATE MM/DD/CCYY: 04/01/1996	40. PLACE OF FINAL DISPOSITION: FOREST LAWN MEMORIAL PARK, LOS ANGELES, CA 90068
41. TYPE OF DISPOSITION(S): CR/BURIAL	42. SIGNATURE OF EMBALMER: Christina Sorrenson
43. LICENSE NO.: 1835	44. NAME OF FUNERAL DIRECTOR: FOREST LAWN HOLLYWOOD HILLS
45. LICENSE NO.: F 904	46. SIGNATURE OF LOCAL REGISTRAR: [signature]
47. DATE MM/DD/CCYY: 03/28/1996	

PLACE OF DEATH

101. PLACE OF DEATH: West Hills Regional Med. Center	102. IF HOSPITAL, SPECIFY ONE: [ ] IP [X] ER/OP [ ] DOA
103. FACILITY OTHER THAN HOSPITAL: [ ] CONV. HOSP. [ ] RES. [ ] OTHER	104. COUNTY: Los Angeles
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 7300 Medical Ctr. Dr.	106. CITY: West Hills

CAUSE OF DEATH

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)

	Cause	Time interval between onset and death
IMMEDIATE CAUSE (A)	Acute Myocardial Infarction	rapid
DUE TO (B)	Hypertensive Arteriosclerotic Cardiovascular Disease	yrs
DUE TO (C)		
DUE TO (D)		

108. DEATH REPORTED TO CORONER: [X] YES [ ] NO — REFERRAL NUMBER: 96- 02234

109. BIOPSY PERFORMED: [ ] YES [X] NO

110. AUTOPSY PERFORMED: [ ] YES [X] NO

111. USED IN DETERMINING CAUSE: [ ] YES [X] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: Obesity

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE: No

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY | DECEDENT LAST SEEN ALIVE MM/DD/CCYY

115. SIGNATURE AND TITLE OF CERTIFIER | 116. LICENSE NO. | 117. DATE MM/DD/CCYY

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP

CORONER'S USE ONLY

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

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

120. INJURY AT WORK: [ ] YES [ ] NO | 121. INJURY DATE MM/DD/CCYY | 122. HOUR | 123. PLACE OF INJURY

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: Maria C. Arreola | 127. DATE MM/DD/CCYY: 03/20/1996 | 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER: Deputy Coroner Maria C. Arreola

STATE REGISTRAR A B C D E F G H — FAX AUTH. # 273/1989 — CENSUS TRACT

STATE OF OREGON, ss.
County of Klamath

Filed for record at request of:

Stephen G. McKee

on this 21st day of July A.D., 1997

at 2:34 o'clock P. M. and duly recorded

in Vol. M97 of Mortgages Page 22930

Bernetha G. Letsch, County Clerk

By Kathleen Ross Deputy.

Fee, $15.00

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IMPRINTED

MAR 2 0 1996

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Director of Health Services and Registrar