44309 RECORDING REQUESTED BY
John F. Reed, Esq.

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'97 AUG 28 P2:25

AND WHEN RECORDED MAIL TO

Name John F. Reed, Esq.
Street Address 8055 W. Manchester Ave. #310
City & State Zip Playa del Rey, CA 90293

Title Order No. _____ Escrow No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

T 405 LEGAL (1-94)

Affidavit - Death of Joint Tenant

STATE OF CALIFORNIA,

County of LOS ANGELES

LINDLEY METZINGER, of legal age, being first duly sworn, deposes, and says:

That LEWIS METZINGER (aka LEW METZINGER) the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as LEW METZINGER named as one of the parties in that certain Special Warranty Deed dated 11/21/65 executed by Clifford J. Emmich and Winifred C. Emmich to Lew Metzinger and Lindley Metzinger, H & W, on 1/3/66, in as joint tenants, recorded as Instrument No. 3066 book M-66, page 18, of Official Records of Klamath County County, California, covering the following described property situated in the County of Klamath, State of ~~California~~ Oregon:

An undivided 1/4 of:

TOWNSHIP 35 South, Range 12 East, W.M.

This conveyance is made subject to: Reservations and restrictions of record, easements and rights of way of record, and those apparent on the land.

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of $ 200,000

Lindley Metzinger
LINDLEY METZINGER

Dated August 25, 1997

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State, this 25th day of August, 1997

(Seal) Emily R. Reed

EMILY R. REED
Name (Typed or Printed)
Notary Public in and for said County and State

EMILY R. REED
Comm. # 1111499
NOTARY PUBLIC - CALIFORNIA
Los Angeles County
My Comm. Expires Nov. 22, 2000

FOR NOTARY SEAL OR STAMP

cb
15

28266

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE FILE NUMBER — LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN): LEWIS
2. MIDDLE:
3. LAST (FAMILY): METZINGER
4. DATE OF BIRTH MM/DD/CCYY: 07/08/1937
5. AGE YRS.: 59
6. SEX: M
7. DATE OF DEATH MM/DD/CCYY: 06/11/1997
8. HOUR: 2230
9. STATE OF BIRTH: NEW JERSEY
10. SOCIAL SECURITY NO.: 146-28-3372
11. MILITARY SERVICE: [X] YES [ ] NO
12. MARITAL STATUS: MARRIED
13. EDUCATION—YEARS COMPLETED: 20
14. RACE: CAUCASIAN
15. HISPANIC—SPECIFY: [ ] YES [X] NO
16. USUAL EMPLOYER: SELF EMPLOYED
17. OCCUPATION: CRIMINAL ATTORNEY
18. KIND OF BUSINESS: CRIMINAL LAW
19. YEARS IN OCCUPATION: 30

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION: 13967 MARQUESAS WAY #7
21. CITY: MARINA DEL REY
22. COUNTY: LOS ANGELES
23. ZIP CODE: 90292
24. YRS IN COUNTY: 37
25. STATE OR FOREIGN COUNTRY: CALIFORNIA

INFORMANT

26. NAME, RELATIONSHIP: LINDLEY METZINGER/WIFE
27. MAILING ADDRESS: 13967 MARQUESAS WAY #7, MARINA DEL REY, CA 90292

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST: LINDLEY
29. MIDDLE: —
30. LAST (MAIDEN NAME): SMITH
31. NAME OF FATHER—FIRST: LEWIS
32. LAST: METZINGER
34. BIRTH STATE: NEW JERSEY
35. NAME OF MOTHER—FIRST: RUTH
37. LAST (MAIDEN): KURTZNAUBER
38. BIRTH STATE: NEW JERSEY

DISPOSITION(S)

39. DATE MM/DD/CCYY: 06/17/1997
40. PLACE OF FINAL DISPOSITION: RES/LINDLEY METZINGER 13967 MARQUESAS WAY #7, MARINA DEL REY, CA 90292

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S): CR/RES
42. SIGNATURE OF EMBALMER: NOT EMBALMED
43. LICENSE NO.: —
44. NAME OF FUNERAL DIRECTOR: NEPTUNE SOCIETY/ORANGE COUNTY
45. LICENSE NO.: FD 1305
46. SIGNATURE OF LOCAL REGISTRAR: [signature]
47. DATE MM/DD/CCYY: 06/17/1997

PLACE OF DEATH

101. PLACE OF DEATH: CEDAR SINAI MEDICAL CENTER
102. IF HOSPITAL, SPECIFY ONE: [X] IP [ ] ER/OP [ ] DOA
103. IF OTHER THAN HOSPITAL: [ ] CONV. HOSP. [ ] RES. CARE [ ] OTHER
104. COUNTY: LOS ANGELES
105. STREET ADDRESS: 8700 BEVERLY BOULEVARD
106. CITY: LOS ANGELES

CAUSE OF DEATH

107. DEATH WAS CAUSED BY:

	Cause	Time interval between onset and death
IMMEDIATE CAUSE (A)	RESPIRATORY INSUFFICIENCY	1 DAY
DUE TO (B)	ACUTE CEREBROVASCULAR ACCIDENT	2 DAYS
DUE TO (C)	ARTERIOSCLEROTIC VASCULAR DISEASE	YEARS
DUE TO (D)		

108. DEATH REPORTED TO CORONER: [ ] YES [X] NO
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: CIRRHOSIS OF LIVER (ALCOHOL RELATED)
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? 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: 04/30/1996 DECEDENT LAST SEEN ALIVE: 06/11/1997
115. SIGNATURE AND TITLE OF CERTIFIER: [signature]
116. LICENSE NO.: G22792
117. DATE MM/DD/CCYY: 06/13/1997
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP: ROBERT DAVIDSON MD., 8635 W. 3RD ST. #1050 LOS ANGELES, CA. 90048

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: [ ] NATURAL [ ] SUICIDE [ ] HOMICIDE [ ] ACCIDENT [ ] PENDING INVESTIGATION [ ] COULD NOT BE DETERMINED
120. INJURED 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, ZIP):
126. SIGNATURE OF CORONER OR DEPUTY CORONER:
127. DATE MM/DD/CCYY:
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER:

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

44000165

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

[signature] DATE ISSUED JUN 17 1997

Director of Health Services and Registrar

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of John F. Reed the 28th day of August A.D., 19 97 at 2:25 o'clock P. M., and duly recorded in Vol. M97 of Deeds on Page 28265.

Bernetha G. Letsch, County Clerk

FEE $15.00 By Kathleen Ross