

RECORDING REQUESTED BY:  
Teresa E. Cass 47382

AND WHEN RECORDED MAIL TO:  
Teresa E. Cass  
15060 Chatsworth St., Unit A  
Mission Hills, CA 91345

'97 OCT 22 P1:02

Vol. 2197 Page 34779

MAIL TAX STATEMENTS TO  
Teresa E. Cass  
15060 Chatsworth St., Unit A  
Mission Hills, CA 91345

**AFFIDAVIT - DEATH JOINT TENANT**

State of California } ss.  
County of Los Angeles }

TERESA E. CASS, of legal age, duly sworn, deposes and says:

That GILBERT TAPLEY CASS, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as Gilbert T. Cass, named as one of the parties in that certain Grand Deed dated September 11, 1968, executed by Pine Tree Land and Tree Lake Development Co.'s, to Gilbert T. Cass and Teresa E. Cass, husband and wife, as joint tenants, in Official Records of Klamath County, as Instrument Number 145, Book M89, Page 8275, State of Oregon, covering the following described property:

LOT 16, BLOCK 58, KLAMATH FALLS FOREST ESTATES HIGHWAY 66 UNIT, PLAT NO. 2 AS RECORDED IN KLAMATH COUNTY, OREGON.

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

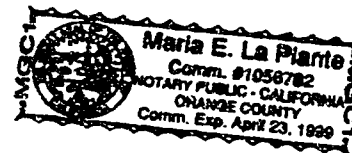
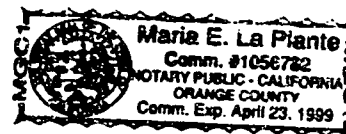
Dated this 7 day of OCT, 1997, in the City of San Valley, County of Los Angeles.  
State of CA

Teresa E. Cass  
Teresa E. Cass

Subscribed and sworn before me on 10/07/, 1997

4/23/99  
Notary Expiration Date

Maria E. La Plante  
Notary Public



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## RECORDING REQUESTED BY:

Teresa E. Cass

34780

## AND WHEN RECORDED MAIL TO:

Teresa E. Cass  
15060 Chatsworth St., Unit A  
Mission Hills, CA 91345

## MAIL TAX STATEMENTS TO

Teresa E. Cass  
15060 Chatsworth St., Unit A  
Mission Hills, CA 91345

## AFFIDAVIT - DEATH JOINT TENANT

State of California } ss.  
County of Los Angeles }

TERESA E. CASS, of legal age, duly sworn, deposes and says:

That GILBERT TAPLEY CASS, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as Gilbert T. Cass, named as one of the parties in that certain Warranty Deed dated February 12, 1976, executed by Pine Tree Land Development Co., and Tree Lake Development Co., to Gilbert T. Cass and Teresa E. Cass, husband and wife, as joint tenants, in Official Records of Klamath County, as Instrument Number 11564, State of Oregon, covering the following described property:

LOT(S) 14, BLOCK 29, KLAMATH FALLS FOREST ESTATES HIGHWAY 66 UNIT, PLAT NO. 2. AS RECORDED  
IN KLAMATH COUNTY, OREGON.

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

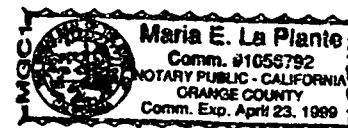
Dated this 7 day of OCT, 1997, in the City of San Valley, County of Los Angeles.  
State of CA.

Teresa E. Cass  
Teresa E. Cass

Subscribed and sworn before me on 10/07/, 1997.

4/23/99  
Notary Expiration Date

Maria E. La Plante  
Notary Public



# CERTIFICATE OF DEATH

34781

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WRITED OUTS OR ALTERATIONS VS-11 (REV. 7/83)				LOCAL REGISTRATION NUMBER	
<b>DECEDENT PERSONAL DATA</b>	1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)		
	Gilbert		Tapley		Cass		
	4. DATE OF BIRTH MM/DD/CCYY		5. AGE YRS.		6. SEX		7. DATE OF DEATH MM/DD/CCYY
	05/29/1928		67		M		01/07/1996
	8. STATE OF BIRTH		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARITAL STATUS
IN		459-34-5582		19 TO 18 <input checked="" type="checkbox"/> NONE		Married	
14. RACE		15. HISPANIC—SPECIFY		16. USUAL EMPLOYER		13. EDUCATION—YEARS COMPLETED	
Caucasian		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Livinston Graham		11	
17. OCCUPATION		18. KIND OF BUSINESS		19. YEARS IN OCCUPATION			
Truck Driver		Concrete Supplier		7			
<b>USUAL RESIDENCE</b>	20. RESIDENCE—STREET AND NUMBER OR LOCATION						
	15060 Chatsworth St. A						
	21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY		
Mission Hills		Los Angeles	91345	50	California		
<b>INFORMANT</b>	26. NAME, RELATIONSHIP		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, Z. P.)				
	Teresa Cass-wife		15060 Chatsworth St. A, Granada Hills, CA 91345				
<b>SPOUSE AND PARENT INFORMATION</b>	28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)		
	Teresa		Elaine		Downling		
	31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE
	Clarence		Calvin		Cass		Indiana
35. NAME OF MOTHER—FIRST		36. MIDDLE		37. LAST (MAIDEN)		38. BIRTH STATE	
Ora		Mae		Allen		Indiana	
<b>DISPOSITIONS</b>	39. DATE MM/DD/CCYY		40. PLACE OF FINAL DISPOSITION				
	01/11/1996		San Fernando Mission Cemetery, 11160 Stranwood, Mission Hills, CA				
<b>FUNERAL DIRECTOR AND LOCAL REGISTRAR</b>	41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALMER			43. LICENSE NO.	
	CR/BU		Not embalmed				
	44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO.		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE MM/DD/CCYY
Utter-McKinley Mission Hills		FD-1132		<i>Robert C. [Signature]</i>		01/10/1996	
<b>PLACE OF DEATH</b>	101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE:		103. FACILITY OTHER THAN HOSPITAL:		104. COUNTY
	Holy Cross Hospital		<input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER				Los Angeles
	105. STREET ADDRESS—STREET AND NUMBER OR LOCATION		106. CITY		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		
15031 Rinaldi St.		Mission Hills					
<b>CAUSE OF DEATH</b>	IMMEDIATE CAUSE		(A) Respiratory Failure		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER
	DUE TO		(B) Chronic obstructive pulmonary disease		Days		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	DUE TO		(C)		Years		109. BPSY PERFORMED
	DUE TO		(D)				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	110. AUTOPSY PERFORMED						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	111. USED IN DETERMINING CAUSE						<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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.							
No							
<b>PHYSICIAN'S CERTIFICATION</b>	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
	DECEASED ATTENDED SINCE MM/DD/CCYY		<i>Keith Richman</i>		G40502		01/09/1996
<b>10 CORONER'S USE ONLY</b>	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP		119. MANNER OF DEATH		120. INJURY AT WORK		121. INJURY DATE MM/DD/CCYY
	Keith Richman, 9040 Sunland, Sun Valley, CA 91352		<input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE		<input type="checkbox"/> YES <input type="checkbox"/> NO		122. HOUR
	123. PLACE OF INJURY		<input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		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			
STATE REGISTRAR		A	B	C	D	E	F
		G	H	FAX AUTH. #		CENSUS TRACT	

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 IN  
PURPLE INK.



JAN 11 1996

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Director of Health Services

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Teresa E. Cass the 22nd day  
of October A.D., 1997 at 1:02 o'clock P. M., and duly recorded in Vol. M97  
of Beeds on Page 34779.

FEE \$20.00

By Bernetha G. Letsch, County Clerk  
*Kathleen Rosa*