

53441

RECORDING REQUESTED BY and

When Recorded Mail to:

MRS.  
ROBERT B. TERRELL  
460 SILVERLEAF DRIVE  
OROVILLE, CA 95986

'98 FEB 20 P2:12

Vol. M78 Page 5492

MAIL TAX STATEMENTS TO ABOVE ADDRESS

SPACE ABOVE LINE FOR RECORDER'S USE

### AFFIDAVIT DEATH OF JOINT TENANT

BEVERLY J. TERRELL of legal age, being first duly sworn, deposes and says:

That ROBERT B. TERRELL the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Robert B. Terrell named as one of the parties in that certain Warranty Deed dated August 22, 1978 executed by Meadow Lake Development Corp., and Lake and Stream Development Corporation to Robert B. Terrell and Beverly J. Terrell, husband and wife as joint tenants, recorded as Instrument No. 58043 on November 8, 1978 in Book M78 Page 25154 of the Official Records in the Office of the County Recorder of Klamath State of Oregon, concerning the following described real property situated in the County of Klamath State of Oregon.

Lot 26, Block 81, Klamath Falls Forest Estates Highway 66 Unit, Plat No. 4 as recorded in Klamath County, Oregon.

Assessors Parcel No. 3711-14C-1100

Dated 1-30-98

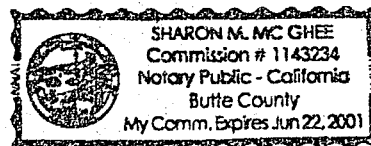
Beverly J. Terrell  
BEVERLY J. TERRELL

STATE OF CALIFORNIA

COUNTY OF Butte

SUBSCRIBED AND SWORN TO before me this 30<sup>th</sup> day of January, 1998

Sharon M. Mc Ghee  
NOTARY PUBLIC



15-

**CERTIFICATE OF DEATH** 3199704000728  
STATE OF CALIFORNIA  
USE BLACK INK ONLY (NO ERASURES, WHITEOUTS OR ALTERATIONS)  
06/11 (REV. 1/78)

5493

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) <b>Robert</b>		2. MIDDLE <b>B.</b>	
3. LAST (FAMILY) <b>Terrell</b>		4. DATE OF BIRTH M/M/D/D/C/CYY <b>11/19/1914</b>	
5. AGE YRS. <b>82</b>		6. SEX <b>M</b>	
7. DATE OF DEATH M/M/D/D/C/CYY <b>04/13/1997</b>		8. HOUR <b>0010</b>	
9. STATE OF BIRTH <b>CA.</b>		10. SOCIAL SECURITY NO.	
11. MILITARY SERVICE		12. MARITAL STATUS <b>Married</b>	
13. EDUCATION—YEARS COMPLETED <b>13</b>		14. RACE <b>Caucasian</b>	
15. HISPANIC—SPECIFY		16. USUAL EMPLOYER <b>Mare Island Shipyard</b>	
17. OCCUPATION <b>Electrical Estimator</b>		18. KIND OF BUSINESS <b>Ship Repair</b>	
19. YEARS IN OCCUPATION <b>30</b>		20. RESIDENCE—STREET AND NUMBER OR LOCATION <b>460 Silverleaf Drive</b>	
21. CITY <b>Oroville</b>		22. COUNTY <b>Butte</b>	
23. ZIP CODE <b>95966</b>		24. YRS IN COUNTY <b>20</b>	
25. STATE OR FOREIGN COUNTRY <b>California</b>		26. NAME, RELATIONSHIP <b>Beverly Jane Terrell - Wife</b>	
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>460 Silverleaf Drive, Oroville, Ca. 95966</b>		28. NAME OF SURVIVING SPOUSE—FIRST <b>Beverly</b>	
29. MIDDLE <b>Jane</b>		30. LAST (MAIDEN NAME) <b>Hornlya</b>	
31. NAME OF FATHER—FIRST <b>Lee</b>		32. MIDDLE <b>-</b>	
33. LAST <b>Terrell</b>		34. BIRTH STATE <b>NV.</b>	
35. NAME OF MOTHER—FIRST <b>Florence</b>		36. MIDDLE <b>-</b>	
37. LAST (MAIDEN) <b>Cook</b>		38. BIRTH STATE <b>IA.</b>	
39. DATE M/M/D/D/C/CYY <b>04/16/1997</b>		40. PLACE OF FINAL DISPOSITION <b>Memorial Park Cemetery, Oroville, California</b>	
41. TYPE OF DISPOSITION <b>Burial</b>		42. SIGNATURE OF EMBALMER <i>[Signature]</i>	
43. LICENSE NO. <b>8356</b>		44. NAME OF FUNERAL DIRECTOR <b>Scheer Memorial Chapel</b>	
45. LICENSE NO. <b>FD 975</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
47. DATE M/M/D/D/C/CYY <b>04/14/1997</b>		48. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
101. PLACE OF DEATH <b>Residence</b>		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA	
103. FACILITY OTHER THAN HOSPITAL <input type="checkbox"/> CONV. HOOP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY <b>Butte</b>	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>460 Silverleaf Drive</b>		106. CITY <b>Oroville</b>	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) <b>(A) Lung Cancer</b>		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>C97-12917</b>	
109. DUE TO (B)		110. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. DUE TO (C)		111. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. DUE TO (D)		112. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.	
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 I DECEDENT LAST SEEN ALIVE M/M/D/D/C/CYY N/M/D/D/C/CYY <b>10/29/1991 04/30/1996</b>		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> <b>John P. Clay, M.D.</b>	
116. ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP <b>2767 Olive Highway Oroville, Ca. 95966</b>		117. LICENSE NO. <b>G 8051</b>	
118. DATE M/M/D/D/C/CYY <b>04/14/1997</b>		119. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED	
120. INJURY AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE M/M/D/D/C/CYY	
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 <i>[Signature]</i>		127. DATE M/M/D/D/C/CYY <b>04/14/1997</b>	
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER <b>Timothy Simpson, Deputy Coroner</b>		129. FAX AUTH. # <b>503</b>	
STATE REGISTRAR		CENSUS TRACT	

**CERTIFICATION STATEMENT**

THIS IS TO CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE VITAL RECORD WHICH IS ON FILE IN THIS OFFICE AND OF WHICH I AM THE LEGAL CUSTODIAN.

*[Signature]*  
SIGNATURE OF CERTIFYING OFFICIAL

REGISTRAR OF VITAL STATISTICS  
OFFICIAL TITLE

BUTTE COUNTY DEPARTMENT OF PUBLIC HEALTH  
188 COUNTY CENTER DR., OROVILLE, CALIF. 95965  
PLACE OF CERTIFICATION

DATE OF CERTIFICATION  
**04/14/1997**

STATE OF OREGON: COUNTY OF KLAMATH : SS.

Filed for record at request of American Heritage Trust the 20th day of February A.D., 19 98 at 2:12 o'clock P. M., and duly recorded in Vol. M98 of Deeds on Page 5492

FEE \$15.00

By *[Signature]* Bernetha G Letsch, County Clerk