65510

RECORDING REQUESTED BY

Vol. M98 Page 32094

'98 SEP -1 A10:08

CONSTANCE M. SULLIVAN

AND WHEN RECORDED MAIL TO

NAME MRS. R. F. SULLIVAN
STREET ADDRESS 23142 MIDDLE CAMP RD.
CITY & STATE TWAIN HARTE, CA. 95383

SPACE ABOVE THIS LINE FOR RECORDER'S USE

DECLARATION OF FACT OF DEATH

[redacted] OF TENANT BY ENTIRETY

I, CONSTANCE M. SULLIVAN declare:

1. I am eighteen (18) years of age or older.
2. Attached hereto is a certified copy of the Certificate of Death for ROBERT FRANCIS SULLIVAN
3. The decedent, named in the Certificate of Death, is the same person as ROBERT F. SULLIVAN named as one of the parties in the WARRANTY deed dated OCTOBER 25, 1985 executed by JAMES A. MC DONALD & SHIRLEY C. MC DONALD, H & W, grantors to ROBERT F. SULLIVAN, and CONSTANCE M. SULLIVAN, H & W, as TENANTS BY THE ENTIRETY and recorded on NOVEMBER 19, 1985, in Book M85, Page 19605 of Official Records of KLAMATH County, ~~California~~ OREGON, as Instrument No. 55553 concerning the real property located in KLAMATH County, ~~California~~ OREGON, with the legal and common description as follows: LOT 14, BLOCK 31, TRACT 1184, OREGON SHORES UNIT #2, FIRST ADDITION, IN THE OFFICE OF THE COUNTY RECORDER OF KLAMATH COUNTY, STATE OF OREGON.

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

X Constance M Sullivan T.R. 8/26/98
(Signature) (Date)

Cowdery's Form No. 16357 • (Old No. 1527) • DECLARATION OF FACT OF DEATH Death of Joint Tenant (C.C.P. Sec. 2015.5) • (Revised 07 92, Printed 06 97)

6 06580 16357

CB
15

STANISLAUS COUNTY 32095

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER — USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS. VS-11 (REV. 7/97) — LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
ROBERT	FRANCIS	SULLIVAN

4. DATE OF BIRTH MM/DD/CCYY	5. AGE YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES	6. SEX	7. DATE OF DEATH MM/DD/CCYY	8. HOUR
05/17/1924	74			M	08/09/1998	1415

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION—YEARS COMPLETED
MA	024-16-7756	[X] YES [ ] NO [ ] UNK	MARRIED	12

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
CAUC.	[ ] YES [X] NO	RAISCH CO.

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
OPERATING ENGINEER	ASPHALT MANUFACTURING	10

USUAL RESIDENCE

20. RESIDENCE—(STREET AND NUMBER OR LOCATION)				
23142 MIDDLE CAMP RD.				
21. CITY	**22. COUNTY**	**23. ZIP CODE**	**24. YRS IN COUNTY**	**25. STATE OR FOREIGN COUNTRY**
TWAIN HARTE	TUOLUMNE	95383	10	CA

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
CONSTANCE SULLIVAN (WIFE)	23142 MIDDLE CAMP RD. TWAIN HARTE CA 95383

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)	
CONSTANCE	MARIE	BLAIS	
31. NAME OF FATHER—FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
JAMES	JOSEPH	SULLIVAN	CT
35. NAME OF MOTHER—FIRST	**36. MIDDLE**	**37. LAST (MAIDEN)**	**38. BIRTH STATE**
MARY	ELIZABETH	GIVEN	OH

DISPOSITION

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION
08/12/1998	CONSTANCE SULLIVAN RES: 23142 MIDDLE CAMP RD. TWAIN HARTE CA 95383

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NO.
CR/RES	NOT EMBALMED	
44. NAME OF FUNERAL DIRECTOR	**45. LICENSE NO.**	**46. SIGNATURE OF LOCAL REGISTRAR** / **47. DATE MM/DD/CCYY**
HEUTON MEMORIAL CHAPEL	FD-362	08/11/1998

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY: IP / ER/OP / DOA	103. FACILITY OTHER THAN HOSPITAL: CORO / RES / OTHER	104. COUNTY
MEMORIAL MEDICAL CENTER	[X] [ ] [ ]	[ ] [ ] [ ]	STANISLAUS
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)			**106. CITY**
1700 COFFEE RD			MODESTO

CAUSE OF DEATH

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

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) VENTRICULAR ARRHYTHMIA	6 HRS.
DUE TO	(B) DEHYDRATION	3 DAYS
DUE TO	(C) METASTATIC MUCINOUS ADENO CARCINOMA OF COLON	MONTHS
DUE TO	(D)	

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

109. BIOPSY PERFORMED: [X] YES [ ] 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: CORONARY ARTERIAL DISEASE

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE: OPEN BIOPSY OF COLON, PERITONEUM & LIVER ON 06/05/1998

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. PRESUMED DEATH 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
05/05/1998	08/09/1998	H. Pham, MD	G 077386	08/10/1998

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP: HOANG PHAM MD 1541 FLORIDA AVE MODESTO CA 95350

CORONER'S USE ONLY

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

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

120. DID 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, 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	PAX AUTH. #	CENSUS TRACT
								48152	

195624

This is to certify that this document is a true copy of the official record filed with the Stanislaus County Public Health.

ALVARO GARZA, M.D.
LOCAL REGISTRAR OF VITAL STATISTICS

DATE ISSUED 08/12/1998

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 Mrs. R.F. Sullivan the 1st day of September A.D., 19 98 at 10:08 o'clock A. M., and duly recorded in Vol. M98 of Deeds on Page 32094.

Bernetha G. Letsch, County Clerk

By Kathleen Rose

FEE $15.00