RECORDING REQUESTED BY

26370

William S. Bernheim Esq.

Vol. M99 Page 9348

'99 MAR 17 P2:10

AND WHEN RECORDED MAIL TO:

Name: William S. Bernheim Esq.
Street Address: 255 N. Lincoln St.
City State Zip: Dixon CA 95620

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit - Death of Joint Tenant

AJT 873 ID

THIS FORM FURNISHED BY TRUSTORS SECURITY SERVICE

181619

State of California,

County of Solano } ss.

I, Jo Ellyn Carriker, of legal age, being first duly sworn, deposes and says:

That Sherman L. Carriker, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Sherman L. Carriker named as one of the parties in that certain Bargain and Sale Deed dated Jan. 25, 1989, executed by Klamath County to Sherman L. Carriker, Jo Ellyn Carriker, Dana Lee Carriker and LuAnn Chambers with right of survivorship, ~~as joint tenants~~, recorded as Instrument No. _____, on Feb. 14, 1989, in book M89, page 2787, of Official Records of Klamath County, Oregon County, California, covering the following described property situated in the _____, County of Klamath, State of ~~California~~: Oregon:

ASSESSORS PARCEL NO.

R2310 036CO 07800 000 00
KEY 140500
LOT 17, BLOCK 5
SUN FOREST ESTATES
TOWNSHIP 23, RANGE 10.0 SECTION 36

Dated March 2, 1999

Jo Ellyn Carriker

SUBSCRIBED AND SWORN TO before me

this 2nd day of March 1999

Signature Ruth R. Carter, Notary Public

Ruth R. Carter

Name (Typed or Printed)

RUTH R. CARTER
Commission # 1131585
Notary Public — California
Solano County
My Comm. Expires Mar 29, 2001

Title Order No. _____ Escrow, Loan or Attorney File No. _____

COUNTY of SOLANO

HEALTH AND SOCIAL SERVICES DEPARTMENT
355 TUOLUMNE ST.
VALLEJO, CALIFORNIA 94590

9349

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY-NO CRAYONS, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 7/97)

STATE FILE NUMBER: 114761 — LOCAL REGISTRATION NUMBER:

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
SHERMAN	LEE	CARRIKER

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
10/15/1931	67					M	01/05/1999	0130

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION—YEARS COMPLETED
OK	550-38-1590	[X] YES [ ] NO [ ] UNK	Married	12

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
White	[ ] YES [X] NO	Basco Painting and Taping

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
House painter	Paint	40

USUAL RESIDENCE

20. RESIDENCE—(STREET AND NUMBER OR LOCATION)				
498 Nut Tree Road				
21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY
Vacaville	Solano	95687	23	CA

INFORMANT

26. NAME, RELATIONSHIP	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)
Jo Ellyn Carriker - Wife	498 Nut Tree Road, Vacaville, CA 95687

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)	
Jo	Ellyn	Carriker	
31. NAME OF FATHER—FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
Marion	Julian	Carriker	OK
35. NAME OF MOTHER—FIRST	**36. MIDDLE**	**37. LAST (MAIDEN)**	**38. BIRTH STATE**
Cassie		Harrison	OK

DISPOSITION(S)

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION
01/08/1999	498 Nut Tree Road, Vacaville, CA 95687

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**
Vaca Hills Chapel	FD-1297	▶ Thomas L. Charron MD	01/05/1999

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONLY: [ ] IP [X] ER/OP [ ] DOA	103. FACILITY OTHER THAN HOSPITAL: [ ] CONV. HOSP. [ ] RES CARE [ ] OTHER	104. COUNTY
Vaca Valley Hospital			Solano
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)			**106. CITY**
1000 Nut Tree Road			Vacaville

CAUSE OF DEATH

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

		THE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Anoxic brain injury	Hrs
DUE TO (B)	Cardiopulmonary arrest at home	Hrs
DUE TO (C)	Coronary artery disease	Yrs
DUE TO (D)		

108. DEATH REPORTED TO CORONER: [X] YES [ ] NO — REFERRAL NUMBER: CEI-012
109. BIOPSY PERFORMED: [ ] YES [X] NO
110. AUTOPSY PERFORMED: [ ] YES [X] NO
111. USED IN DETERMINING CAUSE: [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107
Carotid artery disease, history of stroke

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.

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
01/03/1999	01/04/1999	▶ T. Gonzales MD	A60608	01/05/1999

118. TYPE, ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP
Ricardo Gonzales MD 421 Nut Tree Rd., Vacaville, CA 95687

CORONER'S USE ONLY

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

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

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

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
								2800	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SOLANO } ss

DATE ISSUED 01/06/1999

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SOLANO COUNTY HEALTH AND SOCIAL SERVICES DEPARTMENT, PUBLIC HEALTH DIVISION, VALLEJO, CALIFORNIA.
This copy not valid unless prepared on engraved border displaying seal and signature of Health Officer.

Thomas L. Charron

THOMAS L. CHARRON, M. D.
HEALTH OFFICER
AND LOCAL REGISTRAR

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 17TH day
of MARCH A.D., 1999 at 2:10 o'clock P M., and duly recorded in Vol. M99
of DEEDS on Page 9348.

Linda Smith, County Clerk

by Kathleen Rose

FEE 15.00