

Recording Requested By:  
Aspen Title & Escrow, Inc.  
525 Main Street  
Klamath Falls, OR 97601

**M05-66338**

Klamath County, Oregon

10/12/2005 11:27:31 AM

Pages 7 Fee: \$51.00

When Recorded Return To:

Aspen Title & Escrow, Inc.  
525 Main Street  
Klamath Falls, OR 97601

Until requested otherwise, send all tax statements:

(SPACE ABOVE THIS LINE FOR RECORDER'S USE)

ATE - 62037 MS

## COVER SHEET

**DOCUMENT:** Satisfaction of Mortgage

**GRANTOR:** Richard E. Cooper and Lynne E. Matuk Cooper

**TRUSTEE:** Aspen Title & Escrow

**GRANTEE:** Hazel J. Burton

**CONSIDERATION:**

**DATE:** November 17, 1999

**LEGAL DESCRIPTION:** See Attached

#51-A

## SATISFACTION OF MORTGAGE

KNOW ALL MEN BY THESE PRESENTS, That **Hazel J. Burton** the current owner and holder of the Mortgage and the obligation hereinafter described, does hereby certify and declare that a certain mortgage, bearing the date of the **17** day of **November 1999**, made and executed by **RICHARD E. COOPER AND LYNNE E. MATUK COOPER** the mortgagor therein, to **HAZEL J. BURTON** the mortgagee therein and recorded in the office of the recorder of the County of **KLAMATH**, State of Oregon, in volume No. **M-99** Record of Mortgages on page **46431** on **November 23, 1999**;

**Lots 13 and 14, Block 2, JUNIPER ACRES**, according to the official plat thereof on file in the office of the Clerk of **Klamath County, Oregon**.

**CODE 008 MAP 3510-035CO TL 00100 KEY #273974**  
**CODE 229 MAP 3510-035CO TL 00200 KEY #273983**

Together with the debt thereby secured, is fully paid, satisfied and discharged.

In construing this satisfaction of mortgage, where the context so requires, singular includes the plural.

In Witness Whereof, the undersigned has executed this instrument this **3** day of **October** **2005**:

*Charles E. Burton*

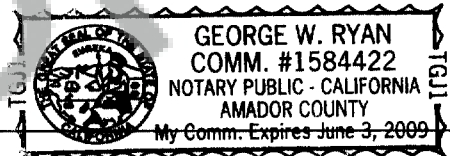
**Charles E. Burton, Successor Trustee of the Malcolm S. Burton and Hazel J. Burton Family Trust 1991**

STATE OF CALIFORNIA, County of **Amador** ) ss.

This instrument was acknowledged before me on **10-03-05**, by **Charles E. Burton** as Successor Trustee of the **Malcolm S. Burton and Hazel J. Burton Family Trust 1991**.

Notary Public for California

My commission expires **6-3-09**



### Satisfaction of MORTGAGE

**Hazel J. Burton**

vs

**Richard E. Cooper**

SPACE RESERVED  
FOR  
RECORDER'S USE

AFTER RECORDING RETURN TO

**Aspen Title & Escrow, Inc.**  
**525 Main Street**  
**Klamath Falls, OR 97601**

**AFFIDAVIT FOR COLLECTION  
OR TRANSFER OF  
PERSONAL PROPERTY  
(PROBATE CODE 13100)**

**THE UNDERSIGNED DECLARES:**

1. The decedent's name is **HAZEL JONES BURTON.**
2. Said decedent died on August 18, 2005, at Amador County, California.
3. At least forty (40) days have elapsed since the deaths of the decedent, as shown in certified copy of the decedent's death certificate attached to this affidavit.
4. No proceedings are now being or have been conducted in California for administration of the decedents' estates.
5. The gross value of the decedents' real and personal property in California, excluding the property described in Section 13050 of the California Probate Code, does not exceed one hundred thousand (\$100,000.00) dollars.
6. The property to be transferred to affiant is as follows:

**The beneficial interest under that certain note secured by a mortgage on real property. Executed by Richard E. Cooper and Lynne E. Matuk Cooper as mortgagor to Hazel J. Burton as Mortgagee. Said mortgage was recorded on 11-23-99 in Vol. M99 at Page 46431 in County of Klamath, Oregon.**

7. The name of decedent's successor to the above named property is:

Charles E. Burton, Successor Trustee of the Malcolm S. Burton and Hazel J. Burton Family Trust 1991.

8. Affiant is successor of the decedent to the decedent's interest in the described property.
9. No other persons have a right to the interest of the decedent in the described property.
10. The affiant requests that the described property be transferred to the affiant.
11. The affiant declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

That the value of all real and personal property owned by said decedent at date of death, including the property above described, did not then exceed the sum of \$100,000.00.

DATED: October 3, 2005

Charles E. Burton Successor Trustee

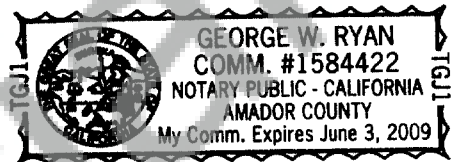
Charles E. Burton, Successor Trustee of the  
Malcolm S. Burton and Hazel J. Burton Family Trust 1991.

State of California                    )  
County of Amador                    ) S.S.  
  )

Subscribed and sworn to before me this 3<sup>rd</sup> of October,  
2005, by **Charles E. Burton**, personally known to me or approved to me on the  
basis of satisfactory evidence to be the person(s) who appeared before me.

  
\_\_\_\_\_  
Notary Public

George W. Ryan  
\_\_\_\_\_  
(Type or Print Name)



## STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

## COUNTY OF AMADOR

JACKSON, CALIFORNIA 95642

## CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
USE B-JACK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS  
VS-11 (REV. 1/01)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
Razel		Burton	
2. MIDDLE		4. DATE OF BIRTH (mm/dd/yyyy)	
Jones		06/01/1920	
5. AGE (Yr.)		6. SEX	
85		F	
7. DATE OF DEATH (mm/dd/yyyy)		8. HOUR (24 Hour)	
08/18/2005		0400	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
MA		024-16-1396	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>		Widowed	
13. EDUCATION (Highest Level/Degree) (See worksheet on back)		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)	
HS Graduate <input type="checkbox"/> YES <input type="checkbox"/>		15. DECEDENT'S RACE - (Up to 3 races may be listed (see worksheet on back))	
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, unemployment agency, etc.)	
Secretary		Primary Education	
18. YEARS IN OCCUPATION		19. YEARS IN INDUSTRY	
10		10	
20. DECEDENT'S RESIDENCE (Street and number or location)			
9100 Butte Mountain Lane West			
21. CITY			
Jackson			
22. COUNTY/PROVINCE			
Amador			
23. ZIP CODE			
95642			
24. YEARS IN COUNTY			
22			
25. STATE/FOREIGN COUNTRY			
CA			
26. INFORMANT'S NAME, RELATIONSHIP			
Charlie Burton, Son			
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)			
9100 Butte Mountain Lane West, Jackson, CA 95642			
28. NAME OF SURVIVING SPOUSE - FIRST			
29. MIDDLE			
30. LAST ( maiden name)			
31. NAME OF FATHER - FIRST			
32. MIDDLE			
33. LAST			
34. BIRTH STATE			
35. NAME OF MOTHER - FIRST			
36. MIDDLE			
37. LAST (maiden)			
38. BIRTH STATE			
39. NAME OF SPOUSE - FIRST			
40. MIDDLE			
41. LAST			
42. BIRTH STATE			
43. DISPOSITION DATE (mm/dd/yyyy)			
44. PLACE OF FINAL DISPOSITION			
45. RES CHARLIE BURTON 9100 Butte Mountain Lane West Jackson, CA 95642			
46. TYPE OF DISPOSITION			
47. SIGNATURE OF EMBALMER			
48. LICENSE NUMBER			
49. SIGNATURE OF LOCAL REGISTRAR			
50. LICENSE NUMBER			
51. DATE (mm/dd/yyyy)			
52. IF OTHER THAN HOSPITAL SPECIFY ONE			
53. IF HOSPITAL SPECIFY ONE			
54. IF OTHER THAN HOSPITAL SPECIFY ONE			
55. IF HOSPITAL SPECIFY ONE			
56. IF OTHER THAN HOSPITAL SPECIFY ONE			
57. IF HOSPITAL SPECIFY ONE			
58. IF OTHER THAN HOSPITAL SPECIFY ONE			
59. IF HOSPITAL SPECIFY ONE			
60. IF OTHER THAN HOSPITAL SPECIFY ONE			
61. IF HOSPITAL SPECIFY ONE			
62. IF OTHER THAN HOSPITAL SPECIFY ONE			
63. IF HOSPITAL SPECIFY ONE			
64. IF OTHER THAN HOSPITAL SPECIFY ONE			
65. IF HOSPITAL SPECIFY ONE			
66. IF OTHER THAN HOSPITAL SPECIFY ONE			
67. IF HOSPITAL SPECIFY ONE			
68. IF OTHER THAN HOSPITAL SPECIFY ONE			
69. IF HOSPITAL SPECIFY ONE			
70. IF OTHER THAN HOSPITAL SPECIFY ONE			
71. IF HOSPITAL SPECIFY ONE			
72. IF OTHER THAN HOSPITAL SPECIFY ONE			
73. IF HOSPITAL SPECIFY ONE			
74. IF OTHER THAN HOSPITAL SPECIFY ONE			
75. IF HOSPITAL SPECIFY ONE			
76. IF OTHER THAN HOSPITAL SPECIFY ONE			
77. IF HOSPITAL SPECIFY ONE			
78. IF OTHER THAN HOSPITAL SPECIFY ONE			
79. IF HOSPITAL SPECIFY ONE			
80. IF OTHER THAN HOSPITAL SPECIFY ONE			
81. IF HOSPITAL SPECIFY ONE			
82. IF OTHER THAN HOSPITAL SPECIFY ONE			
83. IF HOSPITAL SPECIFY ONE			
84. IF OTHER THAN HOSPITAL SPECIFY ONE			
85. IF HOSPITAL SPECIFY ONE			
86. IF OTHER THAN HOSPITAL SPECIFY ONE			
87. IF HOSPITAL SPECIFY ONE			
88. IF OTHER THAN HOSPITAL SPECIFY ONE			
89. IF HOSPITAL SPECIFY ONE			
90. IF OTHER THAN HOSPITAL SPECIFY ONE			
91. IF HOSPITAL SPECIFY ONE			
92. IF OTHER THAN HOSPITAL SPECIFY ONE			
93. IF HOSPITAL SPECIFY ONE			
94. IF OTHER THAN HOSPITAL SPECIFY ONE			
95. IF HOSPITAL SPECIFY ONE			
96. IF OTHER THAN HOSPITAL SPECIFY ONE			
97. IF HOSPITAL SPECIFY ONE			
98. IF OTHER THAN HOSPITAL SPECIFY ONE			
99. IF HOSPITAL SPECIFY ONE			
100. IF OTHER THAN HOSPITAL SPECIFY ONE			
101. IF HOSPITAL SPECIFY ONE			
102. IF OTHER THAN HOSPITAL SPECIFY ONE			
103. IF HOSPITAL SPECIFY ONE			
104. IF OTHER THAN HOSPITAL SPECIFY ONE			
105. IF HOSPITAL SPECIFY ONE			
106. IF OTHER THAN HOSPITAL SPECIFY ONE			
107. IF HOSPITAL SPECIFY ONE			
108. IF OTHER THAN HOSPITAL SPECIFY ONE			
109. IF HOSPITAL SPECIFY ONE			
110. IF OTHER THAN HOSPITAL SPECIFY ONE			
111. IF HOSPITAL SPECIFY ONE			
112. IF OTHER THAN HOSPITAL SPECIFY ONE			
113. IF HOSPITAL SPECIFY ONE			
114. IF OTHER THAN HOSPITAL SPECIFY ONE			
115. IF HOSPITAL SPECIFY ONE			
116. IF OTHER THAN HOSPITAL SPECIFY ONE			
117. IF HOSPITAL SPECIFY ONE			
118. IF OTHER THAN HOSPITAL SPECIFY ONE			
119. IF HOSPITAL SPECIFY ONE			
120. IF OTHER THAN HOSPITAL SPECIFY ONE			
121. IF HOSPITAL SPECIFY ONE			
122. IF OTHER THAN HOSPITAL SPECIFY ONE			
123. IF HOSPITAL SPECIFY ONE			
124. IF OTHER THAN HOSPITAL SPECIFY ONE			
125. IF HOSPITAL SPECIFY ONE			
126. IF OTHER THAN HOSPITAL SPECIFY ONE			
127. IF HOSPITAL SPECIFY ONE			
128. IF OTHER THAN HOSPITAL SPECIFY ONE			
129. IF HOSPITAL SPECIFY ONE			
130. IF OTHER THAN HOSPITAL SPECIFY ONE			
131. IF HOSPITAL SPECIFY ONE			
132. IF OTHER THAN HOSPITAL SPECIFY ONE			
133. IF HOSPITAL SPECIFY ONE			
134. IF OTHER THAN HOSPITAL SPECIFY ONE			
135. IF HOSPITAL SPECIFY ONE			
136. IF OTHER THAN HOSPITAL SPECIFY ONE			
137. IF HOSPITAL SPECIFY ONE			
138. IF OTHER THAN HOSPITAL SPECIFY ONE			
139. IF HOSPITAL SPECIFY ONE			
140. IF OTHER THAN HOSPITAL SPECIFY ONE			
141. IF HOSPITAL SPECIFY ONE			
142. IF OTHER THAN HOSPITAL SPECIFY ONE			
143. IF HOSPITAL SPECIFY ONE			
144. IF OTHER THAN HOSPITAL SPECIFY ONE			
145. IF HOSPITAL SPECIFY ONE			
146. IF OTHER THAN HOSPITAL SPECIFY ONE			
147. IF HOSPITAL SPECIFY ONE			
148. IF OTHER THAN HOSPITAL SPECIFY ONE			
149. IF HOSPITAL SPECIFY ONE			
150. IF OTHER THAN HOSPITAL SPECIFY ONE			
151. IF HOSPITAL SPECIFY ONE			
152. IF OTHER THAN HOSPITAL SPECIFY ONE			
153. IF HOSPITAL SPECIFY ONE			
154. IF OTHER THAN HOSPITAL SPECIFY ONE			
155. IF HOSPITAL SPECIFY ONE			
156. IF OTHER THAN HOSPITAL SPECIFY ONE			
157. IF HOSPITAL SPECIFY ONE			
158. IF OTHER THAN HOSPITAL SPECIFY ONE			
159. IF HOSPITAL SPECIFY ONE			
160. IF OTHER THAN HOSPITAL SPECIFY ONE			
161. IF HOSPITAL SPECIFY ONE			
162. IF OTHER THAN HOSPITAL SPECIFY ONE			
163. IF HOSPITAL SPECIFY ONE			
164. IF OTHER THAN HOSPITAL SPECIFY ONE			
165. IF HOSPITAL SPECIFY ONE			
166. IF OTHER THAN HOSPITAL SPECIFY ONE			
167. IF HOSPITAL SPECIFY ONE			
168. IF OTHER THAN HOSPITAL SPECIFY ONE			
169. IF HOSPITAL SPECIFY ONE			
170. IF OTHER THAN HOSPITAL SPECIFY ONE			
171. IF HOSPITAL SPECIFY ONE			
172. IF OTHER THAN HOSPITAL SPECIFY ONE			
173. IF HOSPITAL SPECIFY ONE			
174. IF OTHER THAN HOSPITAL SPECIFY ONE			
175. IF HOSPITAL SPECIFY ONE			
176. IF OTHER THAN HOSPITAL SPECIFY ONE			
177. IF HOSPITAL SPECIFY ONE			
178. IF OTHER THAN HOSPITAL SPECIFY ONE			
179. IF HOSPITAL SPECIFY ONE			
180. IF OTHER THAN HOSPITAL SPECIFY ONE			
181. IF HOSPITAL SPECIFY ONE			
182. IF OTHER THAN HOSPITAL SPECIFY ONE			
183. IF HOSPITAL SPECIFY ONE			
184. IF OTHER THAN HOSPITAL SPECIFY ONE			
185. IF HOSPITAL SPECIFY ONE			
186. IF OTHER THAN HOSPITAL SPECIFY ONE			
187. IF HOSPITAL SPECIFY ONE			
188. IF OTHER THAN HOSPITAL SPECIFY ONE			
189. IF HOSPITAL SPECIFY ONE			
190. IF OTHER THAN HOSPITAL SPECIFY ONE			
191. IF HOSPITAL SPECIFY ONE			
192. IF OTHER THAN HOSPITAL SPECIFY ONE			
193. IF HOSPITAL SPECIFY ONE			
194. IF OTHER THAN HOSPITAL SPECIFY ONE			
195. IF HOSPITAL SPECIFY ONE			
196. IF OTHER THAN HOSPITAL SPECIFY ONE			
197. IF HOSPITAL SPECIFY ONE			
198. IF OTHER THAN HOSPITAL SPECIFY ONE			
199. IF HOSPITAL SPECIFY ONE			
200. IF OTHER THAN HOSPITAL SPECIFY ONE			
201. IF HOSPITAL SPECIFY ONE			
202. IF OTHER THAN HOSPITAL SPECIFY ONE			
203. IF HOSPITAL SPECIFY ONE			
204. IF OTHER THAN HOSPITAL SPECIFY ONE			
205. IF HOSPITAL SPECIFY ONE			
206. IF OTHER THAN HOSPITAL SPECIFY ONE			
207. IF HOSPITAL SPECIFY ONE			
208. IF OTHER THAN HOSPITAL SPECIFY ONE			
209. IF HOSPITAL SPECIFY ONE			
210. IF OTHER THAN HOSPITAL SPECIFY ONE			
211. IF HOSPITAL SPECIFY ONE			
212. IF OTHER THAN HOSPITAL SPECIFY ONE			
213. IF HOSPITAL SPECIFY ONE			
214. IF OTHER THAN HOSPITAL SPECIFY ONE			
215. IF HOSPITAL SPECIFY ONE			
216. IF OTHER THAN HOSPITAL SPECIFY ONE			
217. IF HOSPITAL SPECIFY ONE			
218. IF OTHER THAN HOSPITAL SPECIFY ONE			
219. IF HOSPITAL SPECIFY ONE			
220. IF OTHER THAN HOSPITAL SPECIFY ONE			
221. IF HOSPITAL SPECIFY ONE			
222. IF OTHER THAN HOSPITAL SPECIFY ONE			
223. IF HOSPITAL SPECIFY ONE			
224. IF OTHER THAN HOSPITAL SPECIFY ONE			
225. IF HOSPITAL SPECIFY ONE			
226. IF OTHER THAN HOSPITAL SPECIFY ONE			
227. IF HOSPITAL SPECIFY ONE			
228. IF OTHER THAN HOSPITAL SPECIFY ONE			
229. IF HOSPITAL SPECIFY ONE			
230. IF OTHER THAN HOSPITAL SPECIFY ONE			
231. IF HOSPITAL SPECIFY ONE			
232. IF OTHER THAN HOSPITAL SPECIFY ONE			
233. IF HOSPITAL SPECIFY ONE			
234. IF OTHER THAN HOSPITAL SPECIFY ONE			
235. IF HOSPITAL SPECIFY ONE			
236. IF OTHER THAN HOSPITAL SPECIFY ONE			
237. IF HOSPITAL SPECIFY ONE			
238. IF OTHER THAN HOSPITAL SPECIFY ONE			
239. IF HOSPITAL SPECIFY ONE			
240. IF OTHER THAN HOSPITAL SPECIFY ONE			
241. IF HOSPITAL SPECIFY ONE			
242. IF OTHER THAN HOSPITAL SPECIFY ONE			
243. IF HOSPITAL SPECIFY ONE			
244. IF OTHER THAN HOSPITAL SPECIFY ONE			
245. IF HOSPITAL SPECIFY ONE			
246. IF OTHER THAN HOSPITAL SPECIFY ONE			
247. IF HOSPITAL SPECIFY ONE			
248. IF OTHER THAN HOSPITAL SPECIFY ONE			
249. IF HOSPITAL SPECIFY ONE			
250. IF OTHER THAN HOSPITAL SPECIFY ONE			
251. IF HOSPITAL SPECIFY ONE			
252. IF OTHER THAN HOSPITAL SPECIFY ONE			
253. IF HOSPITAL SPECIFY ONE			
254. IF OTHER THAN HOSPITAL SPECIFY ONE			
255. IF HOSPITAL SPECIFY ONE			
256. IF OTHER THAN HOSPITAL SPECIFY ONE			
257. IF HOSPITAL SPECIFY ONE			
258. IF OTHER THAN HOSPITAL SPECIFY ONE			
259. IF HOSPITAL SPECIFY ONE			
260. IF OTHER THAN HOSPITAL SPECIFY ONE			
261. IF HOSPITAL SPECIFY ONE			
262. IF OTHER THAN HOSPITAL SPECIFY ONE			
263. IF HOSPITAL SPECIFY ONE			
264. IF OTHER THAN HOSPITAL SPECIFY ONE			
265. IF HOSPITAL SPECIFY ONE			
266. IF OTHER THAN HOSPITAL SPECIFY ONE			
267. IF HOSPITAL SPECIFY ONE			
268. IF OTHER THAN HOSPITAL SPECIFY ONE			
269. IF HOSPITAL SPECIFY ONE			
270. IF OTHER THAN HOSPITAL SPECIFY ONE			
271. IF HOSPITAL SPECIFY ONE			
272. IF OTHER THAN HOSPITAL SPECIFY ONE			
273. IF HOSPITAL SPECIFY ONE			
274. IF OTHER THAN HOSPITAL SPECIFY ONE			
275. IF HOSPITAL SPECIFY ONE			
276. IF OTHER THAN HOSPITAL SPECIFY ONE			
277. IF HOSPITAL SPECIFY ONE			
278. IF OTHER THAN HOSPITAL SPECIFY ONE			
279. IF HOSPITAL SPECIFY ONE			
280. IF OTHER THAN HOSPITAL SPECIFY ONE			
281. IF HOSPITAL SPECIFY ONE			
282. IF OTHER THAN HOSPITAL SPECIFY ONE			
283. IF HOSPITAL SPECIFY ONE			
284. IF OTHER THAN HOSPITAL SPECIFY ONE			
285. IF HOSPITAL SPECIFY ONE			
286. IF OTHER THAN HOSPITAL SPECIFY ONE			
287. IF HOSPITAL SPECIFY ONE			
288. IF OTHER THAN HOSPITAL SPECIFY ONE			
289. IF HOSPITAL SPECIFY ONE			
290. IF OTHER THAN HOSPITAL SPECIFY ONE			
291. IF HOSPITAL SPECIFY ONE			
292. IF OTHER THAN HOSPITAL SPECIFY ONE			
293. IF HOSPITAL SPECIFY ONE			
294. IF OTHER THAN HOSPITAL SPECIFY ONE			
295. IF HOSPITAL SPECIFY ONE			
296. IF OTHER THAN HOSPITAL SPECIFY ONE			
297. IF HOSPITAL SPECIFY ONE			
298. IF OTHER THAN HOSPITAL SPECIFY ONE			
299. IF HOSPITAL SPECIFY ONE			
300. IF OTHER THAN HOSPITAL SPECIFY ONE			
301. IF HOSPITAL SPECIFY ONE			
302. IF OTHER THAN HOSPITAL SPECIFY ONE			
303. IF HOSPITAL SPECIFY ONE			
304. IF OTHER THAN HOSPITAL SPECIFY ONE			
305. IF HOSPITAL SPECIFY ONE			
306. IF OTHER THAN HOSPITAL SPECIFY ONE			
307. IF HOSPITAL SPECIFY ONE			
308. IF OTHER THAN HOSPITAL SPECIFY ONE			
309. IF HOSPITAL SPECIFY ONE			
310. IF OTHER THAN HOSPITAL SPECIFY ONE			
311. IF HOSPITAL SPECIFY ONE			
312. IF OTHER THAN HOSPITAL SPECIFY ONE			
313. IF HOSPITAL SPECIFY ONE			
314. IF OTHER THAN HOSPITAL SPECIFY ONE			
315. IF HOSPITAL SPECIFY ONE			
316. IF OTHER THAN HOSPITAL SPECIFY ONE			
317. IF HOSPITAL SPECIFY ONE			
318. IF OTHER THAN HOSPITAL SPECIFY ONE			
319. IF HOSPITAL SPECIFY ONE			
320. IF OTHER THAN HOSPITAL SPECIFY ONE			
321. IF HOSPITAL SPECIFY ONE			
322. IF OTHER THAN HOSPITAL SPECIFY ONE			
323. IF HOSPITAL SPECIFY ONE			
324. IF OTHER THAN HOSPITAL SPECIFY ONE			
325. IF HOSPITAL SPECIFY ONE			
326. IF OTHER THAN HOSPITAL SPECIFY ONE			
327. IF HOSPITAL SPECIFY ONE			
328. IF OTHER THAN HOSPITAL SPECIFY ONE			
329. IF HOSPITAL SPECIFY ONE			
330. IF OTHER THAN HOSPITAL SPECIFY ONE			
331. IF HOSPITAL SPECIFY ONE			
332. IF OTHER THAN HOSPITAL SPECIFY ONE			
333. IF HOSPITAL SPECIFY ONE			
334. IF OTHER THAN HOSPITAL SPECIFY ONE			
335. IF HOSPITAL SPECIFY ONE			
336. IF OTHER THAN HOSPITAL SPECIFY ONE			
337. IF HOSPITAL SPECIFY ONE			
338. IF OTHER THAN HOSPITAL SPECIFY ONE			
339. IF HOSPITAL SPECIFY ONE			
340. IF OTHER THAN HOSPITAL SPECIFY ONE			
341. IF HOSPITAL SPECIFY ONE			
342. IF OTHER THAN HOSPITAL SPECIFY ONE			
343. IF HOSPITAL SPECIFY ONE			
344. IF OTHER THAN HOSPITAL SPECIFY ONE			
345. IF HOSPITAL SPECIFY ONE			
346. IF OTHER THAN HOSPITAL SPECIFY ONE			
347. IF HOSPITAL SPECIFY ONE			
348. IF OTHER THAN HOSPITAL SPECIFY ONE			
349. IF HOSPITAL SPECIFY ONE			
350. IF OTHER THAN HOSPITAL SPECIFY ONE			
351. IF HOSPITAL SPECIFY ONE			
352. IF OTHER THAN HOSPITAL SPECIFY ONE			
353. IF HOSPITAL SPECIFY ONE			
354. IF OTHER THAN HOSPITAL SPECIFY ONE			
355. IF HOSPITAL SPECIFY ONE			
356. IF OTHER THAN HOSPITAL SPECIFY ONE			
357. IF HOSPITAL SPECIFY ONE			
358. IF OTHER THAN HOSPITAL SPECIFY ONE			
359. IF HOSPITAL SPECIFY ONE			
360. IF OTHER THAN HOSPITAL SPECIFY ONE			
361. IF HOSPITAL SPECIFY ONE			
362. IF OTHER THAN HOSPITAL SPECIFY ONE			
363. IF HOSPITAL SPECIFY ONE			
364. IF OTHER THAN HOSPITAL SPECIFY ONE			
365. IF HOSPITAL SPECIFY ONE			
366. IF OTHER THAN HOSPITAL SPECIFY ONE			
367. IF HOSPITAL SPECIFY ONE			
368. IF OTHER THAN HOSPITAL SPECIFY ONE			
369. IF HOSPITAL SPECIFY ONE			
370. IF OTHER THAN HOSPITAL SPECIFY ONE			
371. IF HOSPITAL SPECIFY ONE			
372. IF OTHER THAN HOSPITAL SPECIFY ONE			
373. IF HOSPITAL SPECIFY ONE			
374. IF OTHER THAN HOSPITAL SPECIFY ONE			
375. IF HOSPITAL SPECIFY ONE			
376. IF OTHER THAN HOSPITAL SPECIFY ONE			
377. IF HOSPITAL SPECIFY ONE			
378. IF OTHER THAN HOSPITAL SPECIFY ONE			
379. IF HOSPITAL SPECIFY ONE			
380. IF OTHER THAN HOSPITAL SPECIFY ONE			
381. IF HOSPITAL SPECIFY ONE			
382. IF OTHER THAN HOSPITAL SPECIFY ONE			
383. IF HOSPITAL SPECIFY ONE			
384. IF OTHER THAN HOSPITAL SPECIFY ONE			
385. IF HOSPITAL SPECIFY ONE			
386. IF OTHER THAN HOSPITAL SPECIFY ONE			
387. IF HOSPITAL SPECIFY ONE			
388. IF OTHER THAN HOSPITAL SPECIFY ONE			
389. IF HOSPITAL SPECIFY ONE			
390. IF OTHER THAN HOSPITAL SPECIFY ONE			
391. IF HOSPITAL SPECIFY ONE			
392. IF OTHER THAN HOSPITAL SPECIFY ONE			
393. IF HOSPITAL SPECIFY ONE			
394. IF OTHER THAN HOSPITAL SPECIFY ONE			
395. IF HOSPITAL SPECIFY ONE			
396. IF OTHER THAN HOSPITAL SPECIFY ONE			
397. IF HOSPITAL SPECIFY ONE			
398. IF OTHER THAN HOSPITAL SPECIFY ONE			
399. IF HOSPITAL SPECIFY ONE			
400. IF OTHER THAN HOSPITAL SPECIFY ONE			
401. IF HOSPITAL SPECIFY ONE			
402. IF OTHER THAN HOSPITAL SPECIFY ONE			
403. IF HOSPITAL SPECIFY ONE			
404. IF OTHER THAN HOSPITAL SPECIFY ONE			
405. IF HOSPITAL SPECIFY ONE			
406. IF OTHER THAN HOSPITAL SPECIFY ONE			
407. IF HOSPITAL SPECIFY ONE			
408. IF OTHER THAN HOSPITAL SPECIFY ONE			
409. IF HOSPITAL SPECIFY ONE			
410. IF OTHER THAN HOSPITAL SPECIFY ONE			
411. IF HOSPITAL SPECIFY ONE			
412. IF OTHER THAN HOSPITAL SPECIFY ONE			
413. IF HOSPITAL SPECIFY ONE			
414. IF OTHER THAN HOSPITAL SPECIFY ONE			
415. IF HOSPITAL SPECIFY ONE			
416. IF OTHER THAN HOSPITAL SPECIFY ONE			
417. IF HOSPITAL SPECIFY ONE			
418. IF OTHER THAN HOSPITAL SPECIFY ONE			
419. IF HOSPITAL SPECIFY ONE			
420. IF OTHER THAN HOSPITAL SPECIFY ONE			
421. IF HOSPITAL SPECIFY ONE			
422. IF OTHER THAN HOSPITAL SPECIFY			



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF AMADOR**

JACKSON, CALIFORNIA 95642

**CERTIFICATE OF DEATH**

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 11/96)						LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)					
Malcolm		Sandell		Burtôn					
4. DATE OF BIRTH M/M/DD/CCYY		5. AGE YRS.		6. SEX		7. DATE OF DEATH M/M/DD/CCYY		8. HOUR	
03/26/1918		79		M		Found 12/22/1997		0415	
9. STATE OF BIRTH		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARITAL STATUS		13. EDUCATION—YEARS COMPLETED	
Mass.		032-10-0850		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Married		22	
14. RACE		15. HISPANIC—SPECIFY		16. USUAL EMPLOYER					
White		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Cornell University					
17. OCCUPATION		18. KIND OF BUSINESS		19. YEARS IN OCCUPATION					
Teacher		Education		43					
20. RESIDENCE—STREET AND NUMBER OR LOCATION		21. CITY							
9100 Butte Mountain Lane West		Jackson							
22. COUNTY		23. ZIP CODE		24. YRS IN COUNTY		25. STATE OR FOREIGN COUNTRY			
Amador		95642		14		California			
26. NAME, RELATIONSHIP		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)							
Hazel Burton, wife		9100 Butte Mountain Lane West, Jackson CA 95642							
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MAIDEN NAME)					
Hazel		Evelyn		Jones					
31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE			
Charles		Jewell		Burton		New York			
35. NAME OF MOTHER—FIRST		36. MIDDLE		37. LAST (MAIDEN)		38. BIRTH STATE			
Ethel		Euphrasia		Sandell		Mass.			
39. DATE M/M/DD/CCYY		40. PLACE OF FINAL DISPOSITION							
12/29/1997		Res: Hazel Burton, 9100 Butte Mountain Lane West, Jackson CA 95642							
41. TYPE OF DISPOSITION		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 M/M/DD/CCYY			
Neptune Society of No. CA		1502		[Signature]		12/29/1997			
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE:		103. FACILITY OTHER THAN HOSPITAL		104. COUNTY			
Found in his Residence		<input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		<input type="checkbox"/> CONV. <input type="checkbox"/> HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER		Amador			
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION		106. CITY							
9100 Butte Mountain Lane West		Jackson							
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER					
(A) Right Cerebrovascular Accident		5 months		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		REFERRAL NUMBER 97122988			
DUE TO (B) Cerebrovascular Disease		years		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED			
DUE TO (C)				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED			
DUE TO (D)				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107		Hypertension, Atrial Fibrillation							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.		None							
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 M/M/DD/CCYY DECEDENT LAST SEEN ALIVE M/M/DD/CCYY		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NO.		117. DATE M/M/DD/CCYY			
10/31/1988 12/06/1997		[Signature]		G49972		12/24/1997			
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		Roger Steuble, MD, 817 Court St #112, Jackson CA 95642							
119. MANNER OF DEATH		120. INJURY AT WORK		121. INJURY DATE M/M/DD/CCYY		122. HOUR		123. PLACE OF INJURY	
<input 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		<input type="checkbox"/> YES <input type="checkbox"/> NO							
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 M/M/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER					
[Signature]									

STATE  
02840

CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF AMADOR

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Amador County Clerk-Recorder.

DATE ISSUED 01/05/1998

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Clerk-Recorder.

Sheldon D. Johnson  
COUNTY CLERK-RECORDER

