

2008-001909

Klamath County, Oregon



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02/14/2008 03:09:39 PM

Fee: \$31.00

MT 81482

After Recording Return To:

AMERITITLE

ESCROW #MT 81482-LW

1. Name(s) of the Transaction(s):

Appointment of Successor Trustee

2. Direct Party (Grantor):

Mary Ann Putnam

3. Indirect Party (Grantee):

AmeriTitle

4. True and Actual Consideration Paid:

NONE

5. Legal Description:

References Trust Deed recorded in Volume M05, page 36715, Microfilm
Records of Klamath County, Oregon.

RECORDING COVER SHEET

THIS COVER SHEET HAS BEEN PREPARED BY THE
PERSON PRESENTING THE ATTACHED INSTRUMENT
FOR RECORDING. ANY ERRORS IN THIS COVER SHEET
DO NOT AFFECT THE TRANSACTION(S) CONTAINED
IN THE INSTRUMENT ITSELF.

3/AMT

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

OFFICE OF THE CLERK-RECORDER
COUNTY OF PLACER
AUBURN, CALIFORNIA

CERTIFICATE OF DEATH

3200631002629

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) Eugene		2. MIDDLE A.	
3. LAST (Family) Putnam		4. DATE OF BIRTH mm/dd/yyyy 04/01/1935	
5. AGE Year 71		6. SEX M	
7. BIRTH STATE/FOREIGN COUNTRY IL		8. SOCIAL SECURITY NUMBER 340-30-2610	
9. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		10. MARITAL STATUS (at Time of Death) Married	
11. DATE OF DEATH mm/dd/yyyy 12/07/2006		12. HOUR (24 Hour) 2340	
13. EDUCATION (Highest Grade Completed) Some College		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If so, please indicate) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. DECEDENT'S RACE White		16. US BIRTH STATE IL	
17. USUAL OCCUPATION - Type of work he or she did. DO NOT USE RETIRED Master Mechanic		18. YEARS IN OCCUPATION 40	
19. DECEASED'S RESIDENCE (Street and number or location) 3620 Rancho Sierra Road		20. CITY Auburn	
21. COUNTY Placer		22. ZIP CODE 95602	
23. STATE OF DEATH CA		24. INFORMANT'S NAME, RELATIONSHIP Mary Ann Putnam - Wife	
25. INFORMANT'S MAILING ADDRESS (Street and number, or P.O. Box, city, state, ZIP) 3620 Rancho Sierra Road, Auburn, CA 95602		26. NAME OF SURVIVING SPOUSE - FIRST Mary Ann	
27. MIDDLE -		28. LAST (Middle Name) O'Brien	
29. NAME OF FATHER - FIRST George		30. MIDDLE Edgar	
31. LAST Putnam		32. BIRTH STATE IL	
33. NAME OF MOTHER - FIRST Kate		34. MIDDLE -	
35. LAST Loesch		36. BIRTH STATE IL	
37. DISPOSITION DATE mm/dd/yyyy 12/13/2006		38. PLACE OF FUNERAL DISPOSITION Res: Mary Ann Putnam, 3620 Rancho Sierra Road, Auburn, CA 95602	
39. TYPE OF DISPOSITION CR/RES		40. SIGNATURE OF FUNERAL HOME Not Embalmed	
41. NAME OF FUNERAL ESTABLISHMENT Chapel of the Valley		42. LICENSE NUMBER ED-1671	
43. SIGNATURE OF LOCAL REGISTRAR RICHARD H. BURTON, M.D.		44. DATE mm/dd/yyyy 12/11/2006CK	
45. PLACE OF DEATH Kaiser Foundation Hospital		46. CITY Roseville	
47. COUNTY Placer		48. ZIP CODE 95602	
49. CAUSE OF DEATH Respiratory Failure		50. PROBABLE PULMONARY EMBOLISM HRS	
51. IMMEDIATE CAUSE (Final disease or condition leading to death) Probable Pulmonary Embolism		52. UNDERLYING CAUSE (Disease or injury that produced the several resulting in death) None	
53. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE None		54. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 51 OR 52? (If yes, list type of condition and date) No	
55. SIGNATURE AND TITLE OF CERTIFIER Hayssam Hajar MD		56. LICENSE NUMBER A72586	
57. DATE mm/dd/yyyy 12/06/2006		58. DATE mm/dd/yyyy 12/07/2006	
59. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE Hayssam Hajar MD, 1600 Eureka Road, Roseville, CA 95661		60. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined	
61. INJURED AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		62. INJURY DATE mm/dd/yyyy	
63. INJURY HOUR (24 hours)		64. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	
65. DESCRIBE HOW INJURY OCCURRED (If injury which resulted in injury)		66. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)	
67. SIGNATURE OF CORONER / DEPUTY CORONER		68. DATE mm/dd/yyyy	
69. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		70. STATE REGISTER	
71. FAX AUTH # 49818		72. CENSUS TRACT	



000068390

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

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

DATE ISSUED 01/15/2008

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

PINCO (REV 12/04)

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

