



RECORDING REQUESTED BY

Doc # 2006027649
Page 1 of 2
Date: 10/18/2006 01:40P
Filed by: ATTORNEYS RN'T US
Filed & Recorded in Official Records
of COUNTY OF LAKE
DOUGLAS W. WACKER
COUNTY RECORDER
Fee: \$10.00

AND WHEN RECORDED MAIL TO

NAME: RONALD F. CARL
ADDRESS: P.O. Box 5144
CITY & STATE: Clearlake, CA
95422

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF CALIFORNIA,)
) SS.
County of LAKE)

APN: 039-189-06

RONALD F. CARL, of legal age, being first duly sworn, deposes and says:
That MYRLE WANDA CARL, the decedent mentioned in the attached certified copy of
Certificate of Death, is same person as MYRLE W. CARL, dated April 19, 1990
named as one of the parties in that certain GRAND DEED executed by GEORGE R. RODRIGUES and OLLIE E. RODRIGUES, his wife,
to RONALD F. CARL and MYRLE W. CARL, his wife

as joint tenants, recorded as Instrument No. 008194, on 4-25-1990, in
book 1517, page 283, of Official Records of LAKE
County, California, covering the following described property situated in the City of Clearlake
County of LAKE, State of California:
Lots 3N and 3S in Block 5 as shown on that certain map entitled
"AUSTIN ATHLETIC AND COUNTRY CLUB TRACT NO. 1", filed in the office
of the County Recorder of said Lake County on September 13, 1927,
in Book 5 of Town Maps at Pages 41 and 42.

(Commonly known as: 3670 Olive Street, Clearlake, CA 95422)

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

Ronald F. Carl
RONALD F. CARL

Dated October 10, 2006

State of California)
County of Lake)

Subscribed and sworn to (or affirmed) before me on this
10th day of October 2006
by Ronald F. Carl
personally known to me or proved to me on the basis of satisfactory
evidence to be the person(s) who appeared before me.

Signature *Karen Lee Allen*

Title Order No.
Escrow No.

FOR NOTARY SEAL OR STAMP

KAREN LEE ALLEN
Comm. # 1463476
NOTARY PUBLIC - CALIFORNIA
Lake County
My Comm. Expires Jan. 17, 2008

CERTIFICATION OF VITAL RECORD

COUNTY OF LAKE
LAKEPORT, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
STATE OF CALIFORNIA
VS-11 (REV. 11/98)

STATE FILE NUMBER _____ LOCAL REGISTRATION NUMBER _____

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS

1. NAME OF DECEDENT—FIRST (GIVEN) MYRLE		2. MIDDLE WANDA		3. LAST (FAMILY) CARL	
4. DATE OF BIRTH M/M/DD/CCYY 10/31/1935		5. AGE YRS. 61		6. SEX F	
7. DATE OF DEATH M/M/DD/CCYY 08/21/1997		8. HOUR 0030			
9. STATE OF BIRTH CANADA		10. SOCIAL SECURITY NO. ████████-2442		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12. MARITAL STATUS MARRIED		13. EDUCATION—YEARS COMPLETED 12			
14. RACE CAUCASIAN		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER COST ENVELOPE	
17. OCCUPATION LITHOGRAPHER		18. KIND OF BUSINESS ENVELOPE COMPANY		19. YEARS IN OCCUPATION 18	
20. RESIDENCE—STREET AND NUMBER OR LOCATION 3670 OLIVE ST.					
21. CITY CLEARLAKE		22. COUNTY LAKE		23. ZIP CODE 95422	
24. YRS IN COUNTY 8		25. STATE OR FOREIGN COUNTRY CA			
26. NAME, RELATIONSHIP RON CARL HUSBAND		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) P.O. BOX 5144, CLEARLAKE, CA. 95422			
28. NAME OF SURVIVING SPOUSE—FIRST RONALD		29. MIDDLE FREDERICK		30. LAST (MAIDEN NAME) CARL	
31. NAME OF FATHER—FIRST RUSSELL		32. MIDDLE -		33. LAST PERRYMENT	
34. BIRTH STATE CANADA		35. NAME OF MOTHER—FIRST MILDRED		36. MIDDLE -	
37. LAST (MAIDEN) KENNEDY		38. BIRTH STATE CANADA			
39. DATE M/M/DD/CCYY 08/22/1997		40. PLACE OF FINAL DISPOSITION RES; RON CARL, 3670 OLIVE ST., CLEARLAKE, CA. 95422			
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR NEPTUNE SOCIETY OF NORTHERN CA		45. LICENSE NO. FD1334		46. SIGNATURE OF LOCAL REGISTRAR <i>Don L. Irwin</i>	
47. DATE M/M/DD/CCYY 08/22/1997					
101. PLACE OF DEATH RESIDENCE		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. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER	
104. COUNTY LAKE		105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 3670 OLIVE STREET		106. CITY CLEARLAKE	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)					
IMMEDIATE CAUSE (A) PANCREAS CANCER		TIME INTERVAL BETWEEN ONSET AND DEATH 8 MOS		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 8051	
DUE TO (B)				109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (C)				110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D)				111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" 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 (B) THORACOTOMY 04/25/1997					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND PLACE STATED FROM THE CAUSES STATED, DECEDENT ATTENDED SINCE M/M/DD/CCYY 06/13/1997		115. SIGNATURE AND TITLE OF CERTIFIER <i>David Young</i>		116. LICENSE NO. G43609	
117. DATE M/M/DD/CCYY 07/25/1997		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP DAVID YOUNG, MD., 650 SANITARIUM RD., DEER PARK, CA. 94576			
119. MANNER OF DEATH <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		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M/M/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 M/M/DD/CCYY	
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER					

20746

STATE OF CALIFORNIA }
COUNTY OF LAKE } SS

CERTIFIED COPY OF VITAL RECORDS
DATE ISSUED **AUG 25 1997**

Don L. Irwin
DON L. IRWIN
LAKE COUNTY ASSESSOR - RECORDER

This is a true and exact reproduction of the document officially registered and placed on file in the office of the LAKE COUNTY ASSESSOR - RECORDER.

This copy not valid unless prepared on engraved border displaying seal and signature of County Assessor - Recorder.

