

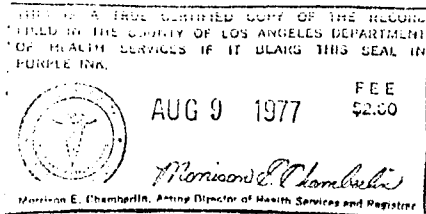
40063

CERTIFICATE OF DEATH

STATE OF CALIFORNIA: DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICSVol. 77 Page 23689

1. NAME OF DECEASED Jutta		2. LAST NAME Hildagard		3. LAST NAME Podszuweit		4. DATE OF DEATH July 29, 1977		5. TIME 2:50 A.	
6. SEX Female		7. COLOR OR RACE Cauc.		8. BIRTHPLACE Germany		9. DATE OF BIRTH Jan. 15, 1939		10. AGE 38	
11. NAME AND BIRTHPLACE OF FATHER Hans Rietsel - Germany		12. NAME AND BIRTHPLACE OF MOTHER Hildagard Zehrfeld - Germany		13. NAME OF SURVIVING SPOUSE Karl Hienz Podszuweit		14. KIND OF INDUSTRY OR BUSINESS Own Home		15. NAME OF EMPLOYING COMPANY OR FIRM Self	
16. PLACE OF DEATH Bay Harbor Hospital		17. STREET ADDRESS 1437 W. Lomita		18. COUNTY Los Angeles		19. CITY OR TOWN Harbor City		20. USUAL RESIDENCE 5371 La Verne Circle	
21. USUAL RESIDENCE 5371 La Verne Circle		22. CITY OR TOWN Westminster		23. COUNTY Orange		24. STATE California		25. NAME AND MAILING ADDRESS OF INFORMANT Karl H. Podszuweit	
26. PHYSICIAN'S OR CORONER'S CERTIFICATION 3/10/77 7/29/77 7/29/77		27. NAME OF FUNERAL DIRECTOR Westminster Mem. Park		28. NAME OF CEMETERY OR CREMATORY Westminster, Ca.		29. LOCAL REGISTRAR NO		30. DATE SIGNED 7/29/77	
31. CAUSE OF DEATH Cerebral of blood		32. PART II: OTHER SIGNIFICANT CONDITIONS 2461K		33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE NO		34. PLACE OF INJURY NO		35. INJURY AT WORK NO	
36. PLACE OF INJURY NO		37. DATE OF INJURY NO		38. HOUR NO		39. DESCRIBE HOW INJURY OCCURRED NO		40. STATE REGISTRAR NO	

Return:- John P. Shook Esq
21515 Hawthorne Blvd., Suite 360
Torrance, California 90503



STATE OF OREGON; COUNTY OF KLAMATH; SS.

I hereby certify that the within instrument was received and filed for record on the 7th day of
December A.D., 19 77 at 9:12 o'clock A M., and duly recorded in Vol. M77,
of Deeds on Page 23689.

FEE \$3.00

WM. D. MILNE, County Clerk
By Bernetha D. Helsed Deputy

77 DEC 1977