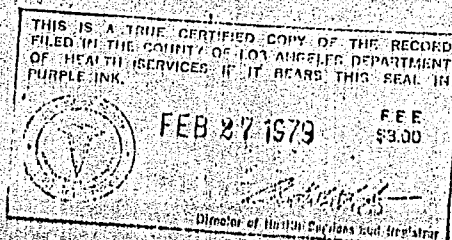


93823

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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

1A. NAME OF DECEDENT—FIRST GEORGE		1B. MIDDLE HOWARD		1C. LAST RUSSETT		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 2A. DATE OF DEATH (MONTH, DAY, YEAR) FEBRUARY 26, 1979		2B. HOUR 0945	
3. SEX Male		4. RACE White		5. ETHNICITY		6. DATE OF BIRTH October 20, 1914		7. AGE 64 YEARS	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Wisconsin		9. NAME AND BIRTHPLACE OF FATHER Vern Russett - Wisconsin		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Edna Heuey - Iowa		11. CITIZEN OF WHAT COUNTRY USA		12. SOCIAL SECURITY NUMBER 480-07-8012	
13. MARITAL STATUS Married		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Marie Jacobsen		15. KIND OF INDUSTRY OR BUSINESS Aircraft Manufacturing		16. NUMBER OF YEARS THIS OCCUPATION 30		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Lockheed	
18. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 23500 Old Road #7		19A. COUNTY Los Angeles		19B. STATE California		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Marie Russett, wife		21. CITY OR TOWN Newhall	
22. PLACE OF DEATH Kaiser Foundation Hospital		23. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 15652 Cantara St.		24. CITY OR TOWN Panorama City		25. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Marie Russett, wife		26. CITY OR TOWN Newhall, Calif.	
27. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Acute renal failure		28. UNDERLYING CAUSE (B) Chronic renal failure, aortic stenosis		29. OTHER CAUSE (C) resection of abdominal aortic aneurysm		30. DATE OF DEATH 2/26/79		31. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE B. Nesikawa, M.D.	
32. TYPE PHYSICIAN'S NAME AND ADDRESS BUNICHI NAKAKAWA, M.D. 13652 CANTARA ST. PAN CITY		33. DATE SIGNED 2/26/79		34. PHYSICIAN'S LICENSE NUMBER A21163		35. DATE SIGNED 2/26/79		36. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE Robert C. Haskins	
37. DISPOSITION Burial		38. DATE—MONTH, DAY, YEAR 3-2-79		39. NAME AND ADDRESS OF CEMETERY OR CREMATORY Eternal Valley Memorial Park		40. LOCAL REGISTRAR—SIGNATURE Robert C. Haskins		41. LOCAL REGISTRAR—SIGNATURE Robert C. Haskins	
42. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Eternal Valley Memorial Park Mortuary		43. STATE REGISTRAR A.		44. STATE REGISTRAR B.		45. STATE REGISTRAR C.		46. STATE REGISTRAR D.	
47. STATE REGISTRAR E.		48. STATE REGISTRAR F.		49. STATE REGISTRAR G.		50. STATE REGISTRAR H.		51. STATE REGISTRAR I.	



STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the
17th day of December A.D., 1980 at 1:57 o'clock P.M., and duly recorded in
Vol M80 of Deeds on Page 24387.

Fee \$ 3.50

WM. D. MILNE, County Clerk
By *Robert C. Haskins* deputy