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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER 3000 07897
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST: Harold | 1B. MIDDLE: Jacob | 1C. LAST: Ness

2A. DATE OF DEATH (MONTH, DAY, YEAR): September 11, 1981 | 2B. HOUR: 1325

3. SEX: Male | 4. RACE: White | 5. ETHNICITY: American | 6. DATE OF BIRTH: January 13, 1931 | 7. AGE: 50 YEARS | IF UNDER 1 YEAR: MONTHS / DAYS | IF UNDER 24 HOURS: HOURS / MINUTES

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): MI | 9. NAME AND BIRTHPLACE OF FATHER: Jacob Ness - Norway | 10. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Anna Skog - Sweden

11. CITIZEN OF WHAT COUNTRY: U.S.A. | 12. SOCIAL SECURITY NUMBER: 384-24-0619 | 13. MARITAL STATUS: Married | 14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Barbara Stamper

15. USUAL OCCUPATION: Electronics Engineer | 16. KIND OF INDUSTRY OR BUSINESS: Navy Space Systems | 17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): Navy Space Systems | 18. KIND OF INDUSTRY OR BUSINESS: Federal Government

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 11151 Crosby | 19B. [illegible]: | 19C. CITY OR TOWN: Garden Grove

19D. COUNTY: Orange | 19E. STATE: California | 20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Barbara Ness (wife) 11151 Crosby Garden Grove, CA 92643

21A. PLACE OF DEATH: Westminster Community Hospital | 21B. COUNTY: Orange | 21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 200 Hospital Circle | 21D. CITY OR TOWN: Westminster

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE (A): Cardiac arrhythmia — DUE TO, OR AS A CONSEQUENCE OF

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST: (B) — DUE TO, OR AS A CONSEQUENCE OF; (C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

24. WAS DEATH REPORTED TO CORONER? NO | 25. WAS BIOPSY PERFORMED? YES | 26. WAS AUTOPSY PERFORMED? NO

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH: UNK

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: Endoscopy + Biopsy | DATE: Dec 1980

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO., DA., YR.): 12 Dec 80 | I LAST SAW DECEDENT ALIVE (ENTER MO., DA., YR.): 11 Sept 1981

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: William E. Lawler MD | 28C. DATE SIGNED: 9/15/81 | 28D. PHYSICIAN'S LICENSE NUMBER: G16403

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: William E. Lawler, M.D., 1211 W. La Palma, Anaheim, CA 92801

29. SPECIFY ACCIDENT, SUICIDE, ETC.: | 30. PLACE OF INJURY: | 31. INJURY AT WORK | 32A. DATE OF INJURY—MONTH, DAY, YEAR | 32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN):

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW. I HAVE HELD IN (ENGROSS INVESTIGATION): | 34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) | 35B. CORONER—SIGNATURE AND DEGREE OR TITLE: | 35C. DATE SIGNED

36. DISPOSITION: Burial | 37. DATE—MONTH, DAY, YEAR: Sept. 15, 1981 | 38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Fairhaven Memorial Park, Santa Ana, CA | 39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: Not Embalmed

40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Fairhaven Mortuary | 41. LOCAL REGISTRAR'S SIGNATURE: [signature] | 42. DATE ACCEPTED BY LOCAL REGISTRAR: SEP 15 1981

THIS IS TO CERTIFY, IF IMPRESSED WITH THE SEAL OF THE ORANGE COUNTY HEALTH OFFICER, THAT THIS IS A TRUE COPY OF THE PERMANENT RECORD FILED IN THIS OFFICE.

Fee: $3.00 ☑ Date: SEP 17 1981

Santa Ana, California

Health Officer and Local Registrar of Births and Deaths of Orange County

☐ Not valid for legal purposes

STATE OF OREGON: COUNTY OF KLAMATH :ss

I hereby certify that the within instrument was received and filed for record on the 17 day of March A.D., 1982 at 11:54 o'clock A M, and duly recorded in Vol M82, of Deeds on page 3322.

Fee $ 4.00

EVELYN BIEHN COUNTY CLERK

by [signature] Deputy