

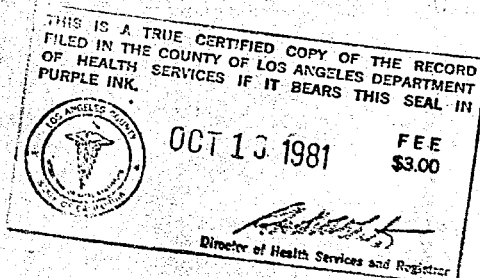
27035

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

Vol. M83 Page 13725

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		2A. DATE OF DEATH (MONTH, DAY, YEAR)	
JOHN		10/10/81	
3. SEX		2B. HOUR	
Male		1124	
4. RACE		7. AGE	
Cauc.		62	
5. ETHNICITY		IF UNDER 1 YEAR	
unk. Lucas / Indiana		MONTHS	
6. DATE OF BIRTH		DAYS	
Feb. 15, 1919		HOURS	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		10. DATE NAME AND BIRTHPLACE OF MOTHER	
Indiana		Ora Ridge / Kentucky	
11. CITIZEN OF WHAT COUNTRY		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)	
U.S.A.		Margot Smith	
15. PRIMARY OCCUPATION		18. KIND OF INDUSTRY OR BUSINESS	
machinist		Aerospace	
12. SOCIAL SECURITY NUMBER		19C. CITY OR TOWN	
483-02-9731		Playa del Rey	
16. NUMBER OF YEARS THIS OCCUPATION		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
30		Margot M. Lucas, wife	
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		8233 Manchester Ave., #5	
T.R.W.		Playa del Rey, CA 90291	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19D. COUNTY	
8233 Manchester Ave., Apt. 5		Los Angeles	
19E. STATE		21A. PLACE OF DEATH	
California		Westlake Community Hospital	
21B. COUNTY		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	
Los Angeles		4415 Lakeview	
21D. CITY OR TOWN		21E. CITY OR TOWN	
Westlake Village		Westlake Village	
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		24. WAS DEATH REPORTED TO CORONER?	
(A) <i>Ischemic heart disease</i>		81-12921	
(B)		25. WAS DISPOST PERFORMED?	
(C)		an	
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		26. WAS AUTOPSY PERFORMED?	
		no	
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?		DATE	
no			
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE	
I ATTENDED DECEDENT SINCE (ENTER NO. DA, YR.)		28C. DATE SIGNED	
I LAST SAW DECEDENT ALIVE (ENTER NO. DA, YR.)		28D. PHYSICIAN'S LICENSE NUMBER	
28E. TYPE PHYSICIAN'S NAME AND ADDRESS			
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)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN ANATOMICAL INVESTIGATION		35B. CORONER—SIGNATURE AND DEGREE OR TITLE	
		35C. DATE SIGNED	
		35D. CORONER'S LICENSE NUMBER AND SIGNATURE	
		35E. CORONER'S LICENSE NUMBER AND SIGNATURE	
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR	
Cremation		10/13/81	
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMERALD'S LICENSE NUMBER AND SIGNATURE	
Pacific Crest, 2701 W. 182, Redondo Beach		not embalmed	
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		41. LOCAL REGISTRAR	
Douglass Mortuary, El Segundo			
42. DATE ACCEPTED BY LOCAL REGISTRAR			
OCT 13 1981			
STATE REGISTRAR			
A.		B.	
C.		D.	
E.		F.	

Return:
COTTE & HOWSER
 PROFESSIONAL CORPORATION
 ATTORNEYS AT LAW
 607 SISKIYOU BOULEVARD
 POST OFFICE BOX 627
 ASHLAND, OREGON 97520



STATE OF OREGON: COUNTY OF KLAMATH ;ss
 I hereby certify that the within instrument was received and filed for record on the 16 day of August A.D., 19 83 at 11:32 o'clock A M and duly recorded in Vol M83, of DEEDS on page 13725

FEE \$ 4.00

EVELYN BIEHN COUNTY CLERK
 by [Signature] Deputy