

29875

## CERTIFICATION STATEMENT

This is to certify, that this is a true and correct copy of the vital statistics record which is on file in this office and of which I am the legal custodian.

FLOYD A. HICKS, Recorder in and for the County of Tehama, State of California

Vol. 1483 Page 18447

By Vala Cassel Deputy  
Certified at Red Bluff, California on DEC 28 1982

BOIVIN &amp; BOIVIN, P. C.

ATTORNEYS AT LAW

110 NORTH SIXTH STREET

KLAMATH FALLS, OREGON 97601-6079

CERTIFICATE OF DEATH  
STATE OF CALIFORNIA

5250

337

|                                                                                                                                                           |  |                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|--|
| STATE FILE NUMBER                                                                                                                                         |  | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER                                |  |
| 1A. NAME OF DECEDENT—FIRST                                                                                                                                |  | 2A. DATE OF DEATH (MONTH, DAY, YEAR)                                              |  |
| Donald                                                                                                                                                    |  | Dec. 13, 1982                                                                     |  |
| 1B. MIDDLE                                                                                                                                                |  | 2B. HOUR                                                                          |  |
| Lee                                                                                                                                                       |  | 2340                                                                              |  |
| 1C. LAST                                                                                                                                                  |  | 7. AGE                                                                            |  |
| Johnson                                                                                                                                                   |  | 56 YEARS                                                                          |  |
| 3. SEX                                                                                                                                                    |  | 4. RACE                                                                           |  |
| Male                                                                                                                                                      |  | White                                                                             |  |
| 5. ETHNICITY                                                                                                                                              |  | 6. DATE OF BIRTH                                                                  |  |
| American                                                                                                                                                  |  | Sept. 14, 1926                                                                    |  |
| 8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)                                                                                                      |  | 9. NAME AND BIRTHPLACE OF FATHER                                                  |  |
| CA                                                                                                                                                        |  | Ralph E. Sharp OR                                                                 |  |
| 11. CITIZEN OF WHAT COUNTRY                                                                                                                               |  | 12. SOCIAL SECURITY NUMBER                                                        |  |
| U.S.A.                                                                                                                                                    |  | 537-12-1306                                                                       |  |
| 13. MARITAL STATUS                                                                                                                                        |  | 14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)                          |  |
| Married                                                                                                                                                   |  | Delores Sprague                                                                   |  |
| 15. PRIMARY OCCUPATION                                                                                                                                    |  | 16. NUMBER OF YEARS THIS OCCUPATION                                               |  |
| Realtor                                                                                                                                                   |  | 20 yrs.                                                                           |  |
| 17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)                                                                                                                 |  | 18. KIND OF INDUSTRY OR BUSINESS                                                  |  |
| Self                                                                                                                                                      |  | Real Estate                                                                       |  |
| 19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)                                                                                       |  | 19B. CITY OR TOWN                                                                 |  |
| Lot 98 Stallion Dr.                                                                                                                                       |  | Red Bluff                                                                         |  |
| 19D. COUNTY                                                                                                                                               |  | 19E. STATE                                                                        |  |
| Tehama                                                                                                                                                    |  | Calif.                                                                            |  |
| 20. NAME AND ADDRESS OF INDEMNITY—RELATIONSHIP                                                                                                            |  | 21. CITY OR TOWN                                                                  |  |
| Dolores Johnson - Wife                                                                                                                                    |  | Tehama                                                                            |  |
| 200 Antelope Blvd.                                                                                                                                        |  | Red Bluff, Calif.                                                                 |  |
| 22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)                                                                                  |  | 23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH |  |
| (A) Ventricular Fibrillation                                                                                                                              |  | 24. WAS DEATH REPORTED TO CORONER?                                                |  |
| (B) Coronary artery disease                                                                                                                               |  | No                                                                                |  |
| (C) Congestive heart failure                                                                                                                              |  | 25. WAS HICEST PERFORMED?                                                         |  |
| 26. WAS AUTOPSY PERFORMED?                                                                                                                                |  | No                                                                                |  |
| 27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?                                                                                          |  | DATE                                                                              |  |
| No                                                                                                                                                        |  | 12/15/82                                                                          |  |
| 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 ATTEMPTED DECEASED SINCE I LAST SAW DECEASED ALIVE (ENTER NO. DA. YR.)                                                                                  |  | Dean P. Rinard, MD                                                                |  |
| 8/6/80 12/13/82                                                                                                                                           |  | 2580 Sister Mary, Columbia Drive Red Bluff                                        |  |
| 29. SPECIFY ACCIDENT, SUICIDE, ETC.                                                                                                                       |  | 30. PLACE OF INJURY                                                               |  |
|                                                                                                                                                           |  |                                                                                   |  |
| 31. INJURY AT WORK?                                                                                                                                       |  | 32A. DATE OF INJURY—MONTH, DAY, YEAR                                              |  |
|                                                                                                                                                           |  |                                                                                   |  |
| 32. LOCATION (S. FEET AND NUMBER OR LOCATION AND CITY OF 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 FILED AN (HOSPITAL INVESTIGATION) |  | 35B. CORONER—SIGNATURE AND DEGREE OR TITLE                                        |  |
|                                                                                                                                                           |  |                                                                                   |  |
| 36. DISPOSITION                                                                                                                                           |  | 37. DATE—MONTH, DAY, YEAR                                                         |  |
| Burial                                                                                                                                                    |  | Dec. 17, 1982                                                                     |  |
| 38. NAME OF FUNERAL DIRECTOR (CAP PERSON ACTING AS SUCH)                                                                                                  |  | 39. NAME AND ADDRESS OF CEMETERY OR CREMATORY                                     |  |
| Hoyt-Cole Chapel of the Flowers                                                                                                                           |  | Oak Hill Cemetery, Red Bluff, Calif.                                              |  |
| 40. LOCAL REGISTRAR—SIGNATURE                                                                                                                             |  | 41. DATE ACCEPTED BY LOCAL REGISTRAR                                              |  |
| Floyd A. Hicks, By: <u>Francis G. Hines</u>                                                                                                               |  | DEC 15 1982                                                                       |  |
| 42. STATE REGISTRAR                                                                                                                                       |  | 43. DATE                                                                          |  |
| A. B. C. D. E. F.                                                                                                                                         |  |                                                                                   |  |

STATE OF OREGON: COUNTY OF KLAMATH: ss

I hereby certify that the within instrument was received and filed for record on the 25th day of October A.D., 1983 at 4:38 o'clock P.M., and duly recorded in Vol. 1483, of Deeds on page 18447.

EVELYN BIEHN, COUNTY CLERK

by Pam Smith deputy

Fee \$ 4.00

03 OCT 25 PM 4 38

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