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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER 8009 000639

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST: MURALD | 1B. MIDDLE: DAVID | 1C. LAST: CHITTICK

2A. DATE OF DEATH (MONTH, DAY, YEAR): JANUARY 13, 1985 | 2B. HOUR: 1535

3. SEX: Male | 4. RACE/ETHNICITY: White | 5. SPANISH/HISPANIC: NO | 6. DATE OF BIRTH: January 2, 1912 | 7. AGE: 73 YEARS | IF UNDER 1 YEAR: MONTHS, DAYS | IF UNDER 24 HOURS: HOURS, MINUTES

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): Illinois | 9. NAME AND BIRTHPLACE OF FATHER: Earl Chittick-IL | 10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Bertha Martin-MO

11. CITIZEN OF WHAT COUNTRY: U.S.A. | 12. SOCIAL SECURITY NUMBER: 553-10-0310 | 13. MARITAL STATUS: Married | 14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Sue Heath

15. PRIMARY OCCUPATION: Inspector | 16. NUMBER OF YEARS THIS OCCUPATION: 30 | 17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): U.S.Navy | 18. KIND OF INDUSTRY OR BUSINESS: Civil Service

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 13162 Hwy.8 #168 | 19B.

19C. CITY OR TOWN: El Cajon

19D. COUNTY: San Diego | 19E. STATE: CA

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: PRENEED TELOPHASE: 13162 Hwy.8 #168 El Cajon,CA.92021

21A. PLACE OF DEATH: KAISER FOUNDATION HOSPITAL | 21B. COUNTY: SAN DIEGO

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 4647 ZION AVENUE | 21D. CITY OR TOWN: SAN DIEGO

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

IMMEDIATE CAUSE — (A) Cancer of the Pancreas

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

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? NO

25. WAS BIOPSY PERFORMED? NO

26. WAS AUTOPSY PERFORMED? NO

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A: Diabetes

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? 23A. TYPE OF OPERATION: Liver Biopsy | DATE: 12/15/84

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.): 01-12-85 | I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 01-13-85

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Robert Hogan M.D. | 28C. DATE SIGNED: 1/14/85 | 28D. PHYSICIAN'S LICENSE NUMBER: G034537

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: ROBERT HOGAN, M.D., 8010 PARKWAY DR., LA MESA, CA 92041

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)

USE ONLY

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 (INQUEST-INVESTIGATION) | 35B. CORONER—SIGNATURE AND DEGREE OR TITLE | 35C. DATE SIGNED

36. DISPOSITION: CREMATION | 37. DATE—MONTH, DAY, YEAR: JAN 17 1985 | 38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: CREMAR CREMATORY-ANAHEIM,CA. | 39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: NOT EMBALMED

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): THE TELOPHASE SOCIETY | 40B. LICENSE NO.: 1272 DDF | 41. LOCAL REGISTRAR—SIGNATURE: Donald L. Ramos, M.D. | 42. DATE ACCEPTED BY LOCAL REGISTRAR: JAN 16 1985

STATE | A. | B. | C. | D. | E. | F.

COUNTY OF SAN DIEGO - DEPT. OF HEALTH SERVICES 1700 PACIFIC HWY.
THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF THE SAN DIEGO
DEPT. OF HEALTH SERVICES, THIS IS A TRUE COPY OF THE ORIGINAL DOCUMENT
FILED: Feb. 07 1985 REGISTRAR OF VITAL STATISTICS
FEE PAID: $4.00
DATE ISSUED:

OK 5.00

Ret: Realnet Inc
438 Bayamon Rd
Santa Monica Calif
90402

STATE OF OREGON,)
County of Klamath)
Filed for record at request of

on this 12th day of February A.D. 19 85
at 11:53 o'clock A M, and duly
recorded in Vol. M85 of Deeds
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EVELYN BIEHN, County Clerk
By Ann Smith Deputy

Fee 5.00