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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

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STATE FILE NUMBER

1A. NAME OF DECEDENT—FIRST: Neva | 1B. MIDDLE: Elizabeth | 1C. LAST: Ullyot

2A. DATE OF DEATH (MONTH, DAY, YEAR): March 26, 1985 | 2B. HOUR: 1555

3. SEX: Female | 4. RACE/ETHNICITY: White | 5. SPANISH/HISPANIC: NO | 6. DATE OF BIRTH: February 16, 1900 | 7. AGE: 85 YEARS | IF UNDER 1 YEAR: MONTHS, DAYS | IF UNDER 24 HOURS: HOURS, MINUTES

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): KY | 9. NAME AND BIRTHPLACE OF FATHER: Francis Steffan - IN | 10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Lily May Taylor - Unknown

11A. CITIZEN OF WHAT COUNTRY: USA | 11B. IF DECEASED WAS EVER IN MILITARY, GIVE DATES OF SERVICE: NO TO 19 | 12. SOCIAL SECURITY NUMBER: 564-03-6664 | 13. MARITAL STATUS: Married | 14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Arthur F. Ullyot

15. PRIMARY OCCUPATION: Homemaker | 16. NUMBER OF YEARS IN OCCUPATION: Adult Life | 17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): Self-Employed | 18. KIND OF INDUSTRY OR BUSINESS: Own Home

18A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 6306 Primrose Drive | 18B. | 19C. CITY OR TOWN: La Mesa

19D. COUNTY: San Diego | 19E. STATE: CA | 20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Arthur F. Ullyot - Husband, 6306 Primrose Drive, La Mesa, CA. 92041

21A. PLACE OF DEATH: Grossmont Hospital | 21B. COUNTY: San Diego

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 5555 Grossmont Center Drive | 21D. CITY OR TOWN: La Mesa

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

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

(A) Metastatic oat cell carcinoma of the lung. | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

(B) DUE TO, OR AS A CONSEQUENCE OF

(C) DUE TO, OR AS A CONSEQUENCE OF

24. WAS DEATH REPORTED TO CORONER? No

25. WAS BIOPSY PERFORMED? Yes

26. WAS AUTOPSY PERFORMED? No

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A: None

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: Bronchoscopy | DATE: 1984

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. | 28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Thomas W. Callan, MD | 28C. DATE SIGNED: 3-27-85 | 28D. PHYSICIAN'S LICENSE NUMBER: G-26074

I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.): 2-5-85 | I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 3-26-85

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Thomas W. Callan, MD, 5565 Grossmont Center Dr., La Mesa, CA

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

36. DISPOSITION: Cremation | 37. DATE—MONTH, DAY, YEAR: 3-29-85 | 38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Cypress View Crematory, 3953 Imperial San Diego, CA. | 39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: Not Embalmed

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Cypress View/Bonham Brothers | 40B. LICENSE NO.: 670 | 41. LOCAL REGISTRAR—SIGNATURE: Donald L. Ramos, M.D. RH | 42. DATE ACCEPTED BY LOCAL REGISTRAR: MAR 28 1985

STATE REGISTRAR | 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 MAR. 29, 1985 REGISTRAR OF VITAL STATISTICS
FEE PAID $4.00
DATE ISSUED
Donald L. Ramos, MD

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 30th day of April A.D., 19 85 at 11:40 o'clock A M, and duly recorded in Vol M85 of Deeds on page 6259.

Fee: $ 5.00

EVELYN BIEHN, COUNTY CLERK
by: Pam Smith, Deputy

Return: Alan J. Bell P. O. Box 497 Stayton, Oregon 97383