BOOK 1984 PAGE

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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER 33 006081

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: John
1B. MIDDLE: F.
1C. LAST: Posey
3. SEX: Male
4. RACE/ETHNICITY: Cauc
5. SPANISH/HISPANIC: NO
6. DATE OF BIRTH: December 8, 1907
2A. DATE OF DEATH (MONTH, DAY, YEAR): December 8, 1984
2B. HOUR: 0851
7. AGE: 77 YEARS
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HOURS: HOURS / MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): AL
9. NAME AND BIRTHPLACE OF FATHER: James Posey, AL
10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Beatrice Jackson, AL
11. CITIZEN OF WHAT COUNTRY: U.S.A.
12. SOCIAL SECURITY NUMBER: 260-12-4481
13. MARITAL STATUS: Married
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Evelyn Spencer
15. PRIMARY OCCUPATION: Ret. Master Mechanic
16. NUMBER OF YEARS THIS OCCUPATION: 32
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): Douglas Aircraft
18. KIND OF INDUSTRY OR BUSINESS: Aircraft Manufacturing

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 40411 Midway
19B. [illegible]: 93501
19C. CITY OR TOWN: San Jacinto
19D. COUNTY: Riverside
19E. STATE: CA

PLACE OF DEATH

21A. PLACE OF DEATH: Hemet Valley Hospital
21B. COUNTY: Riverside
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 1116 E. Latham
21D. CITY OR TOWN: Hemet

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Evelyn Posey - Wife, 40411 Midway, San Jacinto, CA 92383

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C.)
IMMEDIATE CAUSE (A): Cardio-Pulmonary Arrest
DUE TO, OR AS A CONSEQUENCE OF (B): Meta Static Cancer — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 9 MO
DUE TO, OR AS A CONSEQUENCE OF (C): Adeno Carcinoma of Prostate — 10 MO
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

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

24. WAS DEATH REPORTED TO CORONER? Yes
25. WAS BIOPSY PERFORMED? Yes
26. WAS AUTOPSY PERFORMED? No

PHYSICIAN'S CERTIFICATION

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.): 2-15-84
I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 12-6-84
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Wesley C Walker MD
28C. DATE SIGNED: 12-10-84
28D. PHYSICIAN'S LICENSE NUMBER: C-33878
28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Wesley C Walker 1001 E. Latham Hemet, CA

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: Biopsy Prostate DATE: 2-21-84

INJURY INFORMATION

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)

CORONER'S 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: Dec. 11, 1984
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Coastal Cremation, Inc., Altadena, CA
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: Not embalmed
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Harford Funeral Home, Hemet
40B. LICENSE NO.: 282
41. LOCAL REGISTRAR—SIGNATURE: Ronald T. Hanks, M.D.
42. DATE ACCEPTED BY LOCAL REGISTRAR: DEC 11 1984

STATE [illegible]

This must be in red to be a "CERTIFIED COPY"

This is to certify, when stamped with the seal of the Riverside County Recorder, that this is a true copy of the permanent record on file in this office.

Date OCT 24 1985

William E. Gray
Recorder
RIVERSIDE COUNTY, CALIF.

RECORDER OF RIVERSIDE COUNTY CALIFORNIA

Certification must be in red to be a "CERTIFIED COPY"

WHEN RECORDED, PLEASE MAIL THIS INSTRUMENT TO

Evelyn G. Posey
26919 Messina Street
Highland, Ca. 92346

17900

Order No.
Escrow No.
Loan No.

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT—DEATH OF JOINT TENANT

STATE OF CALIFORNIA, County of San Bernardino } ss.

EVELYN GERALDINE POSEY, of legal age, being first duly sworn, deposes and says:

That JOHN F. POSEY, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as JOHN F. POSEY named as one of the parties in that certain warranty deed dated February 17, 1970 executed by Pine Tree Land Development Co. and Tree Lake Development Co. to John F. Posey and Evelyn Geraldine Posey, as joint tenants, recorded as Instrument No. 39068 on Mar.2, 1970 in Book M-70, Page 1668 of Official Records of Klamath County, ~~California~~, Oregon covering the following described property situated in the County of Klamath, State of ~~California~~ Oregon:

Lot 12, Block 44, Klamath Falls Forest Estates Highway 66 Unit, Plat number 2.

Dated: 10-25-85

Evelyn Geraldine Posey

SUBSCRIBED AND SWORN TO before me, the undersigned a Notary Public in and for said State,

this 25th day of October.

WITNESS my hand and official seal.

Signature Loretta R Stephens

Name (Typed or Printed)

OFFICIAL SEAL
LORETTA R. STEPHENS
NOTARY PUBLIC—CALIFORNIA
NOTARY BOND FILED IN
SAN BERNARDINO COUNTY
My Commission Expires January 19, 1988

(This area for official notarial seal)

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 4th day of November A.D., 19 85 at 11:21 o'clock A M., and duly recorded in Vol. M85, of Deeds on Page 17899.

FEE $9.00

Evelyn Biehn County Clerk

By _____