

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.

STATISTICS
FEB 25 1985
FEE PAID: \$4.00
DATE ISSUED: Feb. 25, 1985

STATE OF CALIFORNIA				LOCAL REGISTRATION DISTRICT AND CENSUS TRACT			
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)	
Lloyd		Wallace		Casselman		January 12, 1985	
3. SEX	4. RACE/ETHNICITY	5. SPANISH/HESPANIC	6. DATE OF BIRTH		7. AGE	8. IF UNDER 1 YEAR	9. IF UNDER 24 HOURS
Male	White/American	CA	April 24, 1922		62 YEARS	MONTHS	DAYS
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER			
MN		Harold W. Casselman - MN		Regina Hanson - MN			
11. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)	
U.S.A. DEPT.		473-44-7193		Married		Evelyn Berge	
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER OF SELF-EMPLOYED, SO STATE		18. KIND OF INDUSTRY OR BUSINESS	
Pilot		23		U.S. Air Force		Military	
19A. USRA RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B.		19C. CITY OR TOWN			
5711 Arden Avenue				Highland			
19D. COUNTY		19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP			
San Bernardino		CA		Evelyn Casselman - Wife			
21A. PLACE OF DEATH		21B. COUNTY		5711 Arden Avenue			
Bay Community Hospital		San Diego		Highland, CA 92346			
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN					
1435 H Street		Chula Vista					
22. DEATH WAS CAUSED BY:		(ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		Immediate		24. WAS DEATH REPORTED TO CORONER?	
IMMEDIATE CAUSE		(A) CARDIO-RESPIRATORY ARREST		Probably		25. WASopsy PERFORMED?	
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.		DUE TO, OR AS A CONSEQUENCE OF		Immediate		26. WAS AUTOPSY PERFORMED?	
		(B) PROBABLY MYOCARDIAL INFARCTION		Unknown		Yes	
		DUE TO, OR AS A CONSEQUENCE OF					
		(C) CORONARY ARTERY DISEASE					
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		Severe bleeding ulcer (duodenal)		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		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		28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER	
1-1-85		C. F. de la Cruz, M.D.		1-14-85		A38504	
28E. TYPE PHYSICIAN'S NAME AND ADDRESS		28F. DATE OF INJURY—MONTH, DAY, YEAR		28G. HOUR			
Carlos Decarvalho-1635 Third Ave., Chula Vista, 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)		35D. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED	
36A. 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-INVIGATION)		36B. NAME AND ADDRESS OF CEMETERY OR CREMATORY		36C. EMBALMER'S LICENSE NUMBER AND SIGNATURE		36D. DATE ACCEPTED BY LOCAL REGISTRAR	
Burial		Montecito Memorial Park-San Bernardino, CA 7400		JAN 15 1985			
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR	
Bobbitt Memorial Chapel, Inc.		1133		J. Donald L. Camarillo, M.D.		JAN 15 1985	
STATE		A		B		C	

900

18715

GRESHAM, VARNER, SAVAGE, NOLAN & TILDEN

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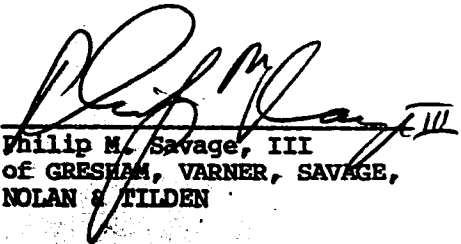
TRUST TITLING INSTRUCTION

TO WHOM IT MAY CONCERN

RE: EVELYN B. CASSELMAN and the
 EVELYN CASSELMAN TRUST.

All assets to be held by the above referenced Trust are
 to be titled as follows:

EVELYN B. CASSELMAN, Trustee of the EVELYN CASSELMAN
 TRUST dated July 2, 1985


 Philip M. Savage, III
 of GRESHAM, VARNER, SAVAGE,
 NOLAN & TILDEN

PMS:eb

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 19th day
 of November A.D., 19 85 at 9:24 o'clock A M., and duly recorded in Vol. M85
 of _____ Deeds on Page 18714

Evelyn Biehn
 By _____

County Clerk

FEE \$9.00