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**CERTIFICATE OF DEATH** Vol. 1485 Page 1

STATE OF CALIFORNIA

1A. NAME OF DECEDENT—FIRST, MIDDLE, LAST  
SANDRA LEE HARRISON

3. SEX: Female  
4. RACE/ETHNICITY: White/American  
5. SPANISH/HISPANIC NO

6. DATE OF BIRTH: June 21, 1950  
7. AGE: 34 YEARS

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): Michigan  
9. NAME AND BIRTHPLACE OF FATHER: Martin W. Vrooman, Jr. - New York  
10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Mary C. Karain - Michigan

11. CITIZEN OF WHAT COUNTRY: U.S.A.  
12. SOCIAL SECURITY NUMBER: 570-76-4262  
13. MARITAL STATUS: Married

14. NAME OF SURVIVING SPOUSE IF WIFE, ENTER BIRTH NAME: Harvey M. Harrison  
15. PRIMARY OCCUPATION: Checker  
16. NUMBER OF YEARS THIS OCCUPATION: 10  
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): Albertos Grocery

18. KIND OF INDUSTRY OR BUSINESS: Market  
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 11741 Lower Azusa Road  
19B. CITY OR TOWN: El Monte  
19C. COUNTY: Los Angeles  
19D. STATE: California

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Harvey M. Harrison - Husband  
11741 Lower Azusa Road  
El Monte, California 91732

21A. PLACE OF DEATH: KAISER HOSPICE  
21B. COUNTY: LOS ANGELES  
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 12500 S. HOXIE AV.  
21D. CITY OR TOWN: NORWALK

22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE  
(A) CARDIO-PULMONARY ARREST  
(B) BREAST CANCER  
(C) 1 min  
3 1/4 yr

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

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

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: LEFT MASTECTOMY  
28. DATE SIGNED: 11-30-84  
29. PHYSICIAN'S LICENSE NUMBER: 6-40582

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.  
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Richard D. Brumley  
28C. DATE SIGNED: 11-30-84  
28D. PHYSICIAN'S LICENSE NUMBER: 6-40582

29. SPECIFY ACCIDENT, SUICIDE, ETC.  
30. PLACE OF INJURY: DR. RICHARD D. BRUMLEY 12500 S. HOXIE AV. NORWALK, CALIF.

31. INJURY AT WORK  
32A. DATE OF INJURY—MONTH, DAY, YEAR: 11-30-84  
32B. HOUR: 11:00

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-INVIGATION)  
35B. CORONER—SIGNATURE AND DEGREE OR TITLE: [Signature]  
35C. DATE SIGNED: 11-30-84

36. DISPOSITION: Cremation  
37. DATE—MONTH, DAY, YEAR: Dec. 3, 1984  
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Rose Hills Memorial Park Crematory  
3900 S. Workman Mill Road-Whittier, Ca.  
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Rose Hills Mortuary-Whittier, Ca.  
40B. LICENSE NO.: 970  
41. LOCAL REGISTRAR—SIGNATURE: [Signature]  
42. DATE ACCEPTED BY LOCAL REGISTRAR: DEC 03 1984

STATE REGISTRAR: A. B. C. D. E. F.

VS-11 (7-83)

01-9-1-0428 87604-448 8-83 40CM DUP © CDP

THIS IS A TRUE CERTIFIED COPY OF THE RECORD  
FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT  
OF HEALTH SERVICES IF IT BEARS THIS SEAL IN  
PURPLE INK.



DEC 03 1984

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Director of Health Services and Registrar

RECORDING REQUESTED BY

BRIAN DON LEVY

199

AND WHEN RECORDED MAIL TO

Name Mr. Harvey Harrison  
Street C/O Brian Don Levy, Esq.  
Address 1400 West Covina Parkway  
City & State Second Floor  
West Covina, CA 91790

MAIL TAX STATEMENTS TO

Name Harvey Harrison  
Street 11741 Lower Azusa Road  
Address El Monte, CA 91732  
City & State

SPACE ABOVE THIS LINE FOR RECORDER'S USE

## Affidavit - Death of Joint Tenant

AJT 873 HB

THIS FORM FURNISHED BY TRUSTORS SECURITY SERVICE

STATE OF CALIFORNIA,

COUNTY OF LOS ANGELES

SS.

HARVEY HARRISON

That SANDRA L. HARRISON, of legal age, being first duly sworn, deposes and says: Certificate of Death, is the same person as SANDRA LEE HARRISON, the decedent mentioned in the attached certified copy of named as one of the parties in that certain BARGAIN and SALE DEED dated December 1, 1978, executed by NORFLEET J. HOWELL and MARILYN McDUFFIE/WELLS FARGO REALTY SERVICES to HARVEY L. HARRISON and SANDRA L. HARRISON as joint tenants, recorded as Instrument No. 59293, on December 5, 1978, in book M78, page 27291, of Official Records of KLAMATH County, OREGON covering the following described property situated in the County of KLAMATH, State of OREGON.

Lot 16, Block 43, of OREGON PINES, as same is shown on plat filed June 30, 1969 duly recorded in the office of the County Recorder of said County.

SUBJECT TO: (1) Taxes for fiscal year 1972-1973 and all subsequent.  
(2) Covenants, conditions, reservations, easements, restrictions, rights, rights of way, and all matters appearing of record.

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$ 15,000.00

Dated 7-9-85

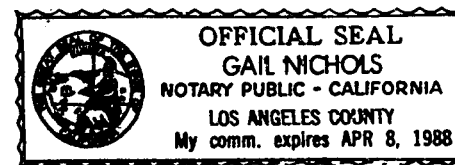
HARVEY HARRISON

SUBSCRIBED AND SWORN TO before me

this 9th day of July, 1985

Signature GAIL NICHOLS

Name (Typed or Printed)



1400 West Covina Parkway, West Covina, CA 91790

(This area for official notarial seal)

Title Order No.

File, Escrow or Loan No.

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of \_\_\_\_\_ the 6th day of December, 1985 at 2:48 o'clock P.M., and duly recorded in Vol. M85 of Deeds on Page 19936.

FEE \$9.00

Evelyn Biehn, County Clerk  
By *[Signature]*