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Vol. 185 Page

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICESOFFICE OF
STATE REGISTRAR
OF VITAL STATISTICSThis is to certify that
this is a true copy of
the document filed in
this office. If validated
on the reverse

August 5, 1985

STATE FILE NUMBER 84-177462		CERTIFICATE OF DEATH STATE OF CALIFORNIA		LOCAL REGISTRATION DISTRICT AND POSTAL CODE NUMBER -055541	
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST	
SANDRA		LEE		HARRISON	
3. SEX		4. RACE/ETHNICITY		5. DATE OF BIRTH	
Female		White/American		June 21, 1950	
6. US BIRTHPLACE OF DECEDENT STATE OR FOREIGN COUNTRY		7. NAME AND BIRTHPLACE OF FATHER		8. DATE OF BIRTH	
Michigan		Martin W. Vrooman, Jr. - New York		Mary C. Karain - Michigan	
9. CITIZEN OF WHAT COUNTRY		10. SOCIAL SECURITY NUMBER		11. MARITAL STATUS	
U.S.A.		570-76-4262		Married	
12. PRIMARY OCCUPATION		13. NUMBER OF YEARS THIS OCCUPATION		14. EMPLOYER (IF SELF-EMPLOYED, SO STATE)	
Checker		10		Albertos Grocery	
15. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		16. CITY OR TOWN		17. STATE	
11741 Lower Azusa Road		El Monte		California	
18. COUNTY		19. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		20. DATE OF DEATH	
Los Angeles		Harvey M. Harrison - Husband		NOVEMBER 29, 1984	
21A. PLACE OF DEATH		21B. COUNTY		21C. CITY OR TOWN	
KAISER HOSPICE		LOS ANGELES		91732	
22. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		23. CITY OR TOWN		24. STATE	
12500 S. HOXIE AV.		NORWALK		CALIF.	
25. DEATH WAS CAUSED BY		26. ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C		27. WAS DEATH REPORTED TO CORPSE?	
(A) CARDIO-PULMONARY		ARREST		NO	
(B) BREAST CANCER		3/4		28. WAS BODY REFORMED?	
(C)				Yes	
29. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		30. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?		31. DATE OF OPERATION	
		YES		11-30-84	
32. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED		33. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		34. DATE SIGNED	
11-13-84 11-29-84		DR. RICHARD D. BRIMLEY		11-30-84	
35. PHYSICIAN'S CERTIFICATION		36. TYPE PHYSICIAN'S NAME AND ADDRESS		37. PHYSICIAN'S LICENSE NUMBER	
11-13-84 11-29-84		DR. RICHARD D. BRIMLEY 12500 S. HOXIE AV. NORWALK, CALIF.		6-45582	
38. INJURY INFORMATION		39. PLACE OF INJURY		40. INJURY AT HOME	
				NO	
41. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		42. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RELATED TO INJURY)		43. DATE SIGNED	
				11-30-84	
44. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED AS REQUIRED BY LAW I HAVE HAD AN INQUEST INVESTIGATION		45. CORONER—SIGNATURE AND DEGREE OR TITLE		46. DATE SIGNED	
				11-30-84	
47. DEPOSITION		48. DATE—MONTH, DAY, YEAR		49. NAME AND ADDRESS OF CEMETERY OR CREMATORY	
Cremation		Dec. 3, 1984		Rose Hills Memorial Park Crematory	
50. NAME OF FUNERAL DIRECTOR FOR PERSON ACTING AS SUCH		51. LICENSE NO.		52. DATE RECEIVED BY LOCAL REGISTRAR	
Rose Hills Mortuary-Whittier, Ca.		970		DEC 03 1984	
53. STATE REGISTRAR		54. SIGNATURE		55. DATE	
4		X		2	
56. STATE REGISTRAR		57. SIGNATURE		58. DATE	
4		X		2	

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VALIDATED—REQUIRED FEE PAID
STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES
OFFICE OF THE
STATE REGISTRAR OF VITAL STATISTICS
VITAL STATISTICS SECTION
SACRAMENTO, CALIFORNIA



20482

RECORDING REQUESTED BY

BRIAN DON LEVY

AND WHEN RECORDED MAIL TO

Name Mr. Harvey Harrison
 Street Address C/O Brian Don Levy, Esq.
 1400 West Covina Parkway
 City & State Second Floor
 West Covina, CA 91790-2710

SPACE ABOVE THIS LINE FOR RECORDER'S USE

MAIL TAX STATEMENTS TO

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

Affidavit - Death of Joint Tenant

THIS FORM FURNISHED BY TRUSTORS SECURITY SERVICE

AJT 873 HB

STATE OF CALIFORNIA,

COUNTY OF LOS ANGELES

That HARVEY HARRISON

SANDRA L. HARRISON

Certificate of Death, is the same person as

SANDRA LEE HARRISON

named as one of the parties in that certain

BARGAIN and SALE DEED

executed by NORFLEET J. HOWELL and MARILYN McDUFFIE/WELLS FARGO REALTY SERVICES Inc.

to HARVEY L. HARRISON and SANDRA L. HARRISON

as joint tenants, recorded as Instrument No. 60172

book M78, page 28663, of Official Records of KLAMATH

County, OREGON, covering the following described property situated in the

County of KLAMATH

State of OREGON.

Lot 17, 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.

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

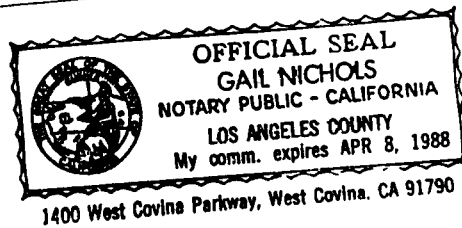
SUBSCRIBED AND SWORN TO before me

this 9th day of July 1985

Signature GAIL NICHOLS

Name (Typed or Printed)

HARVEY HARRISON



(This area for official notarial seal)

File, Escrow or Loan No.

Title Order No.

MAIL TAX STATEMENTS AS DIRECTED ABOVE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of

of December

A.D., 19 85 at 11:49 o'clock A.M., and duly recorded in Vol. 485

Deeds on Page 20480

By Evelyn Biehn,

County Clerk

FEE \$13.00