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Vol. M85 Page

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

OFFICE OF
STATE REGISTRAR
OF VITAL STATISTICS

This is to certify that this is a true copy of the document filed in this office, if validated on the reverse

AUGUST 5, 1985

84-177462

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

84-055541

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: SANDRA | 1B. MIDDLE: LEE | 1C. LAST: HARRISON

2A. DATE OF DEATH (MONTH, DAY, YEAR) (HOUR): NOVEMBER 29, 1984 1420

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

6. DATE OF BIRTH: June 21, 1950

7. AGE: 34 YEARS | IF UNDER 1 YEAR OR UNDER 24 HOURS, MONTHS, DAYS, HOURS, MINUTES

8. BIRTHPLACE (IN 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

USUAL RESIDENCE

18A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 11741 Lower Azusa Road | 18B.

18C. CITY OR TOWN: El Monte

18D. COUNTY: Los Angeles | 18E. STATE: California

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

PLACE OF DEATH

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

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 ◀ 1mm

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

DUE TO, OR AS A CONSEQUENCE OF (B): BREAST CANCER ◀ 3 1/4 yr

DUE TO, OR AS A CONSEQUENCE OF (C):

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? | 27A. TYPE OF OPERATION: LEFT MASTECTOMY | DATE: 2-6-81

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.): 11-13-84

I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 11-29-84

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Richard D. Brumley | 28C. DATE SIGNED: 11-30-84 | 28D. PHYSICIAN'S LICENSE NUMBER: G-05582

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: DR. RICHARD D. BRUMLEY 12500 S. HOXIE AV. NORWALK, CALIF.

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

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.

39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: 7054

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Rose Hills Mortuary-
Whittier, Ca.

40B. LICENSE NO.: 970

41. LOCAL REGISTRAR—SIGNATURE

42. DATE ACCEPTED BY LOCAL REGISTRAR: DEC 03 1984

STATE REGISTRAR

A: 4 | B: X | C: 2 | D: | E: 1749 | F:

VS-11(7-83) 344

84-1-0428

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

20481

08405

20482

RECORDING REQUESTED BY

BRIAN DON LEVY

AND WHEN RECORDED MAIL TO

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

SPACE ABOVE THIS LINE FOR RECORDER'S USE

MAIL TAX STATEMENTS TO

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

Affidavit – Death of Joint Tenant

THIS FORM FURNISHED BY TRUSTORS SECURITY SERVICE

AJT 873 HB

STATE OF CALIFORNIA, } ss.

COUNTY OF LOS ANGELES

HARVEY HARRISON, of legal age, being first duly sworn, deposes and says:

That SANDRA L. HARRISON, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as SANDRA LEE HARRISON named as one of the parties in that certain BARGAIN and SALE DEED dated December 4, 1978, 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, on December 26, 1978, in book M78, page 28663, of Official Records of KLAMATH County, OREGON, covering the following described property situated in the ~~XXXXXXX~~, County of KLAMATH, State of ~~California~~ 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

HARVEY HARRISON

SUBSCRIBED AND SWORN TO before me this 9th day of July 1985

Signature Gail Nichols

GAIL NICHOLS
Name (Typed or Printed)

OFFICIAL SEAL
GAIL NICHOLS
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My comm. expires APR 8, 1988

1400 West Covina Parkway, West Covina, CA 91790

(This area for official notarial seal)

Title Order No. _____ File, Escrow or Loan No _____

MAIL TAX STATEMENTS AS DIRECTED ABOVE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 17th day of December A.D., 19 85 at 11:49 o'clock A M., and duly recorded in Vol. M85, of Deeds on Page 20480.

Evelyn Biehn, County Clerk
By _____

FEE $13.00