

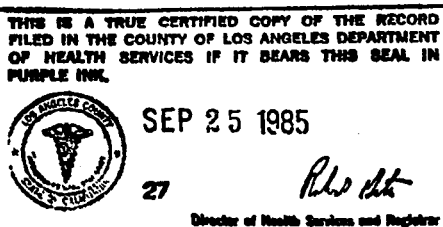
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ENCINO, CALIFORNIA 91436

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

38519043315

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST Charles		2A. DATE OF DEATH (MONTH, DAY, YEAR) 2B. HOUR September 5, 1985 1106	
1B. MIDDLE P.		1C. LAST Noto	
3. SEX Male	4. RACE/ETHNICITY White-Italian	5. SPANISH/HISPANIC <input checked="" type="checkbox"/> NO	6. DATE OF BIRTH April 17, 1937
7. AGE 49 YEARS		IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HOURS HOURS MINUTES	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) California		9. NAME AND BIRTHPLACE OF FATHER Charles Noto - Italy	
10. BIRTH NAME AND BIRTHPLACE OF MOTHER Lucy Lazzano - Italy		11. A. CITIZEN OF WHICH COUNTRY USA	
11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE 19 - TO 19 -		12. SOCIAL SECURITY NUMBER 557-46-7901	
13. MARITAL STATUS Married		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Peggy Ann Stone	
15. PRIMARY OCCUPATION Line Supervisor		16. NUMBER OF YEARS THIS OCCUPATION 30	
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Department Water & Power		18. KIND OF INDUSTRY OR BUSINESS Utilities	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 10823 Aqueduct Avenue		19B. CITY OR TOWN Granada Hills	
19C. COUNTY Los Angeles		19D. STATE California	
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Lucy Noto - Mother 10828 Aqueduct Avenue Granada Hills, California			
21A. PLACE OF DEATH Home		21B. COUNTY Los Angeles	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 10823 Aqueduct Ave.		21D. CITY OR TOWN Canoga Park	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDER- LYING CAUSE LAST. (A) MULTIPLE GUNSHOT WOUNDS (HEAD AND CHEST) DUE TO, OR AS A CONSEQUENCE OF (B) DUE TO, OR AS A CONSEQUENCE OF (C)		23. WAS DEATH REPORTED TO CORONER? 85-11375 24. WAS BLOODY PERFORMED? NO 25. 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? TYPE OF OPERATION NO	
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.) LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Deputy Coroner 28C. DATE SIGNED 9-7-85 28D. PHYSICIAN'S LICENSE NUMBER	
29. SPECIFY ACCIDENT, SUICIDE, ETC. SUICIDE		30. PLACE OF INJURY HOME	
31. INJURY AT WORK NO		32A. DATE OF INJURY—MONTH, DAY, YEAR 9-5-85	
32B. HOUR 1100		33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) 10823 Aqueduct Ave., Canoga Park	
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) Shot Self		35. CORONER—SIGNATURE AND DEGREE OR TITLE Deputy Coroner 35C. DATE SIGNED 9-7-85	
36. DISPOSITION Burial		37. DATE—MONTH, DAY, YEAR September 10, 1985	
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY San Fernando Mission Cemetery M. Hills, Ca 7516		39. ENBALMER—LICENSE NUMBER AND SIGNATURE SEP 09 1985	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Utter McKinley Mission Hills		40B. LICENSE NO. 1132	
41. LOCAL REGISTRAR SIGNATURE Pho dlt		42. DATE ACCEPTED BY LOCAL REGISTRAR SEP 09 1985	
STATE REGISTRAR			

VS-11 (1-85) 9554

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of _____ the 3rd day
of March A.D., 19 86 at 9:52 o'clock A M., and duly recorded in Vol. M86
of _____ Deeds on Page 3475

FEE \$5.00

Evelyn Biehn, County Clerk
By *[Signature]*