

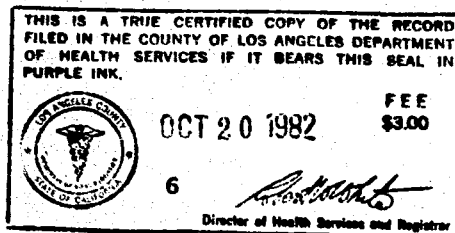
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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

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1A. NAME OF DECEDENT—FIRST Woodrow		1B. MIDDLE Wilson		1C. LAST LaMance		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER October 17, 1982		28. HOUR 0530	
3. SEX Male		4. RACE White		5. ETHNICITY Benjamin LaMance Texas		6. DATE OF BIRTH May 29, 1915		7. AGE 67	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Texas		9. NAME AND BIRTHPLACE OF FATHER Benjamin LaMance Texas		10. BIRTH NAME AND BIRTHPLACE OF MOTHER Rose Perry Texas		11. CITIZEN OF WHAT COUNTRY U.S.A.		12. SOCIAL SECURITY NUMBER 451-07-3811	
13. PRIMARY OCCUPATION Real Estate Broker		14. NUMBER OF YEARS THIS OCCUPATION 25		15. EMPLOYER (IF SELF-EMPLOYED, TO STATE) Self		16. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Phyllis Caruso		17. KIND OF INDUSTRY OR BUSINESS Real Estate	
18. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 2060 St. Louis Avenue		19. CITY OR TOWN Los Angeles		19A. STATE California		19B. COUNTY Los Angeles		19C. CITY OR TOWN Long Beach	
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Phyllis LaMance (Wife)		21. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 4101 Torrance Blvd.		21A. CITY OR TOWN Torrance		21B. STATE California		21C. ZIP CODE 90806	
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) CARDIAC ARREST (B) SEVERE CORONARY ARTERY (C) DISEASE		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH LEFT VENTRICULAR ANEURYSM		24. WAS DEATH REPORTED TO CPOB? NO		25. WAS BIOPSY PERFORMED? NO		26. WAS AUTOPSY PERFORMED? NO	
27. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 10-16-82		28. I LAST SAW DECEDENT ALIVE (ENTER MO, DA, YR.) 10-17-82		29. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE John R. Sabatini		30. DATE SIGNED 10-16-82		31. PHYSICIAN'S LICENSE NUMBER G-031402	
32. SPECIFIC ACCIDENT, SUICIDE, ETC. NO		33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) 3640 LOMITA BLVD. #203-TORRANCE, CA. 90505		34. INJURY AT WORK NO		35. DATE OF INJURY—MONTH, DAY, YEAR 10-16-82		36. HOUR 12	
37. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE MADE AN INQUIRY (INQUEST-INVESTIGATION) NO		38. CORONER—SIGNATURE AND DEGREE OR TITLE John R. Sabatini		39. DATE SIGNED 10-20-1982		40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) McCormick Mortuary		41. LOCAL REGISTRAR'S SIGNATURE 292 T	
42. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) McCormick Mortuary		43. LOCAL REGISTRAR'S SIGNATURE 292 T		44. LOCAL REGISTRAR'S SIGNATURE 292 T		45. LOCAL REGISTRAR'S SIGNATURE 292 T		46. LOCAL REGISTRAR'S SIGNATURE 292 T	
47. STATE REGISTRAR VS-11 (10-78)		48. STATE REGISTRAR VS-11 (10-78)		49. STATE REGISTRAR VS-11 (10-78)		50. STATE REGISTRAR VS-11 (10-78)		51. STATE REGISTRAR VS-11 (10-78)	



STATE OF OREGON: COUNTY OF KLAMATH:

SS.

Filed for record at request of
of OctoberA.D., 19 86 at 12:25 o'clock P M., and duly recorded in Vol. M86
of Deeds on Page 17896

FEE \$5.00

Evelyn Biehn, County Clerk
By Sam Smith

Ret. Stamp, Garner & Wright
Attorneys @ Law
3835 E. 7th St
Long Beach, Ca
90804

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