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CERTIFICATION STATEMENT

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This is to certify, that this is a true and correct copy of the vital statistics record which is on file in this office of which I am the legal custodian.

MARY ALICE GEORGE, Recorder in and for the County of Tehama, State of California.

By Joan Lewis, Deputy

Certified at Red Bluff, California on JAN 2 1987.

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CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER: 3-86-52-000357

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER:

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: Thomas | 1B. MIDDLE: Mel | 1C. LAST: Sublet

3. SEX: Male | 4. RACE/ETHNICITY: White/American | 5. SPANISH/HISPANIC: NO | 6. DATE OF BIRTH: May 25, 1951

7. AGE: 35 YEARS | IF UNDER 1 YEAR: MONTHS / DAYS | IF UNDER 24 HOURS: HOURS / MINUTES

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): CA | 9. NAME AND BIRTHPLACE OF FATHER: Melvourne Sublet--NB

10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Eva L. Parsons---NB

11A. CITIZEN OF WHAT COUNTRY: U.S.A. | 11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE: 19 N/A TO 19 N/A | 12. SOCIAL SECURITY NUMBER: 561-84-9629 | 13. MARITAL STATUS: Married | 14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): Susan Dean

15. PRIMARY OCCUPATION: Truck Driver | 16. NUMBER OF YEARS THIS OCCUPATION: 1 Yr. | 17. EMPLOYER (IF SELF-EMPLOYED SO STATE): M.E. Sublet Transportation | 18. KIND OF INDUSTRY OR BUSINESS: Trucking

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 310 E. Philadelphia St. #31 | 19B.

19C. CITY OR TOWN: Ontario

19D. COUNTY: Los Angeles | 19E. STATE: Ca.

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: M.E. Sublet--Father, 310 E. Philadelphia St. #31, Ontario, Ca. 91761

PLACE OF DEATH

21A. PLACE OF DEATH: St. Elizabeth Community Hsopital | 21B. COUNTY: Tehama

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 2550 Sr. Mary Columba Drive | 21D. CITY OR TOWN: Red Bluff

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

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

(A) Respiratory Failure, Acute — DUE TO, OR AS A CONSEQUENCE OF

(B) Positional Asphyxia — DUE TO, OR AS A CONSEQUENCE OF

(C) Aspiration of Gastric Contents

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A: None

24. WAS DEATH REPORTED TO CORONER? Yes 86-104

25. WAS BIOPSY PERFORMED? No

26. WAS AUTOPSY PERFORMED? Yes

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? No — 27A. TYPE OF OPERATION — DATE

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.) | I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE | 28C. DATE SIGNED | 28D. PHYSICIAN'S LICENSE NUMBER

28E. TYPE PHYSICIAN'S NAME AND ADDRESS

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.: Accident | 30. PLACE OF INJURY: State Highway | 31. INJURY AT WORK: Yes | 32A. DATE OF INJURY—MONTH, DAY, YEAR: Dec. 30, 1986 | 32B. HOUR: EST: 1530

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN): 1.4 Miles east of Tramway Rd. on Hwy. 36 E.--Paynes Creek, Ca.

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY): Driver of truck which overturned on curve

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 (INQUEST-INVESTIGATION): Investigation

35B. CORONER—SIGNATURE AND DEGREE OR TITLE: James W. Hutter Dep. Coroner | 35C. DATE SIGNED: 31Dec86

36. DISPOSITION: Burial | 37. DATE—MONTH, DAY, YEAR: Jan. 3, 1987 | 38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Rose Hills Memorial Park--Whittier, Ca 6701

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Rose Hills Mortuary | 40B. LICENSE NO.: F-970

41. LOCAL REGISTRAR—SIGNATURE: Melvin L. Gumm, M.D., By: Joan Lewis, Deputy | 42. DATE ACCEPTED BY LOCAL REGISTRAR: DEC 31 1986

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

VS-11(1-85)

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 16th day of January A.D., 19 87 at 11:44 o'clock A M., and duly recorded in Vol. M87 of Deeds on Page 805.

FEE $5.00

Evelyn Biehn County Clerk

By Doretha A. Zubick