

74393

'87 MAY 8 PM 3 18

Vol. 1881 Page 7938

ATE-M30938

109381  
RECORDED REQUEST OF  
TITLE INSURANCE AND TRUSTCERTIFICATE OF DEATH  
STATE OF CALIFORNIA

13

1A. NAME OF DECEDENT—FIRST <b>FRANCES</b>		1B. MIDDLE <b>DOROTHY</b>		1C. LAST <b>BRUGGEMAN</b>		2A. DATE OF DEATH (MONTH, DAY, YEAR) <b>September 10, 1980</b>		2B. HOUR <b>0910</b>	
3. SEX <b>Female</b>		4. RACE <b>White</b>		5. ETHNICITY <b>4000-98</b>		6. DATE OF BIRTH <b>February 15, 1913</b>		7. AGE <b>67</b> YEARS	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) <b>SD</b>		9. NAME AND BIRTHPLACE OF FATHER <b>Frank Smith - MN</b>		10. BIRTH NAME AND BIRTHPLACE OF MOTHER <b>Anne Pirsch - SD</b>		11. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		12. SOCIAL SECURITY NUMBER <b>504-05-5666</b>	
13. MARITAL STATUS <b>Married</b>		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) <b>Herbert Bruggeman</b>		15. PRIMARY OCCUPATION <b>Housewife</b>		16. NUMBER OF YEARS THIS OCCUPATION <b>Adult Life</b>		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) <b>Self Employed</b>	
18. KIND OF INDUSTRY OR BUSINESS <b>Homemaker</b>		19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>81 E. Torremolinos Dr.</b>		19B. CITY OR TOWN <b>45102</b>		19C. COUNTY <b>Riverside</b>		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP <b>Herbert Bruggeman - Husband</b> <b>81 E. Torremolinos Dr.</b> <b>Rancho Mirage, Ca. 92270</b>	
21A. PLACE OF DEATH <b>Eisenhower Medical Center</b>		21B. COUNTY <b>Riverside</b>		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>39000 Bob Hope Dr.</b>		21D. CITY OR TOWN <b>Rancho Mirage</b>		22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) <b>Carcinoma of lung</b> 1 year 24. WAS DEATH REPORTED TO CORONER? <b>No</b> 25. WAS BIOPSY PERFORMED? <b>No</b> 26. WAS AUTOPSY PERFORMED? <b>No</b>	
23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH <b>None</b>		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION <b>No</b>		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.) <b>5/8/80</b> I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.) <b>9/9/80</b>		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE <b>Philip B. Dreisbach M.D.</b>		28C. DATE SIGNED <b>9/10/80</b>	
28D. PHYSICIAN'S LICENSE NUMBER <b>C-19293</b>		28E. TYPE PHYSICIAN'S NAME AND ADDRESS <b>Philip Dreisbach, M.D. 39000 Bob Hope Dr. Rancho Mirage, Ca</b>		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)		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)	
35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED		36. DISPOSITION <b>Cremation</b>		37. DATE—MONTH, DAY, YEAR <b>9-11-80</b>		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY <b>Evergreen Crematory - Riverside</b>	
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE <b>Not Embalmed</b>		40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Neptune Society - Riverside</b>		41. LOCAL REGISTRAR—SIGNATURE <b>Jerrold L. Wheaton</b>		42. DATE ACCEPTED BY LOCAL REGISTRAR <b>SEP 10 1980</b>		43. STATE REGISTRAR <b>VS-11 (10-78)</b>	

## RIVERSIDE COUNTY HEALTH DEPARTMENT CERTIFICATION

Date of Amendments, if any \_\_\_\_\_

SEP 11 1980

I hereby certify that this is a true copy of a certificate on file in the Riverside County Health Department, if the certification is in red.

*Jerrold L. Wheaton*  
Jerrold L. Wheaton, M.D., M.P.H.  
Director of Health & Local Registrar



VS 4 12/77

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Company the 8th day of May A.D. 19 87 at 3:18 o'clock P M., and duly recorded in Vol. N87 of Deeds on Page 7938.

FEE \$5.00

Evelyn Biehn, County Clerk  
By *[Signature]*

Ret: Title Insurance and Trust 220 "A" St., San Diego, Ca. 92101  
Attn: Carol Thomas/Escrow Dept.