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BOOK 60 PG 605

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DATE June 15, 1987

This is to certify that by bearing the purple seal of this office, this is a true copy of the document filed with the Butte County Recorder's Office.

Candace J. Grubbs
Butte County Clerk-Recorder

By [Signature] Deputy

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Company the 17th day of June A.D., 19 87 at 10:52 o'clock A M., and duly recorded in Vol. M87 of Deeds on Page 10458

FEE \$5.00

Evelyn Biehn, County Clerk
By [Signature]

CERTIFICATE OF DEATH STATE OF CALIFORNIA

0497 00557

STATE FILE NUMBER		18. MIDDLE		16. LAST		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)	
Bonnie		Jean		Romanello		April 22, 1983	
2. SEX		3. ETHNICITY		6. DATE OF BIRTH		7. AGE	
Female		Irish-Welsh		April 30, 1925		57	
8. PLACE OF BIRTH (COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. DATE AND BIRTHPLACE OF MOTHER		11. DATE OF SURVIVING SPOUSE (IF WIFE, DATE)	
Nebraska		George Everett McKinney-Nebraska		Edna Mae Roberts-Nebraska		April 22, 1983	
11. CITIZENSHIP OF DECEASED		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, DATE)	
United States		350-18-9961		Married		Don Romanello	
15. PLACE OF DEATH		16. MARITAL STATUS		17. EMPLOYER (IF FULL-TIME EMPLOYEE, SO STATE)		18. NAME OF DECEASED (IF BUSINESS)	
Cooking & Book Binding		This Occupation		Not Available		Printing	
19A. VITAL RESIDENCE—STREET ADDRESS (CITY AND ZIP CODE)		19B. CITY OR TOWN		19C. STATE		19D. ZIP CODE	
14161 Elmira Circle		Butte		California		Magalia	
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		21. PLACE OF DEATH		22. DEATH WAS CAUSED BY:		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH	
Don Romanello - Husband		Butte		ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C		24. WAS DEATH REPORTED TO CORONER?	
14161 Elmira Circle		Butte		A. Cardiac respiratory Failure		Yes	
Magalia, California 95954		Butte		B. Pneumonia, etc. myocardial		No	
		Butte		C. Other		25. WAS DEATH PERFORMED BY A LICENSED PERSON?	
		Butte				Yes	
		Butte				26. WAS AUTOPSY PERFORMED?	
		Butte				Yes	
		Butte				27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 22 OR 23?	
		Butte				No	
		Butte				28C. DATE SIGNED	
		Butte				4-23-83	
		Butte				28E. TYPE PHYSICIAN'S NAME AND ADDRESS	
		Butte				Cosmo P. Avato, M.D., HA Ranch, Hwy 70, Oroville, CA	
		Butte				30. PLACE OF INJURY	
		Butte				31. INJURY AT WORK	
		Butte				32A. DATE OF INJURY—MONTH, DAY, YEAR	
		Butte				32B. HOUR	
		Butte				34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
		Butte				35. CORNER—SIGNATURE AND DEGREE OF TITLE	
		Butte				Coroner Hal Brooks by Deputy Michael Gankal	
		Butte				39. INJURY NUMBER AND SIGNATURE	
		Butte				4-23-83	
		Butte				40. NAME OF FUNERAL DIRECTOR (IF PERSON ACTING AS SUCH, F809)	
		Butte				Chico Crematory, Chico, CA	
		Butte				41. NAME OF REGISTRAR	
		Butte				Paradise Chapel of the Pines	
		Butte				APR 25 1983	



After recording return to:
Bonnie Romanello
2341 South Windsor
Tucson, Arizona
85710

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