81259 '87 NOV 5 PM 2 52 Vol. M/A Page 2010

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER 3861905878 LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	1B. MIDDLE	1C. LAST	2A. DATE OF DEATH (MONTH, DAY, YEAR)	2B. HOUR
JON	CHRISTIAN	WILSON	DECEMBER 21, 1986	2315

3. SEX	4. RACE/ETHNICITY	5. SPANISH/HISPANIC	6. DATE OF BIRTH	7. AGE (IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HOURS: HOURS / MINUTES)
male	German White/English	NO	March 24, 1940	46 YEARS

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	9. NAME AND BIRTHPLACE OF FATHER	10. BIRTH NAME AND BIRTHPLACE OF MOTHER
New Jersey	Julius J. Wilson - New Jersey	Caroline J. Beckmann - New York

11A. CITIZEN OF WHAT COUNTRY	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE	12. SOCIAL SECURITY NUMBER	13. MARITAL STATUS	14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)
USA	19 TO 19	563-50-3170	Married	Eva Hlava

15. PRIMARY OCCUPATION	16. NUMBER OF YEARS THIS OCCUPATION	17. EMPLOYER OF SELF-EMPLOYED, SO STATE	18. KIND OF INDUSTRY OR BUSINESS
Consultant	24	Self-Employed	Computers

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	19B.	19C. CITY OR TOWN
2608 Ivanhoe Drive		Los Angeles

19D. COUNTY	19E. STATE
Los Angeles	California

PLACE OF DEATH

21A. PLACE OF DEATH	21B. COUNTY
GLENDALE MEMORIAL HOSPITAL	LOS ANGELES

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	21D. CITY OR TOWN
1420 SOUTH CENTRAL	GLENDALE

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP
Eva M. Wilson - Wife
Same as Residence
90039

1 OF 2

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) IMMEDIATE CAUSE: ACUTE MYOCARDIAL INFARCTION ◀ UNK.

(B) DUE TO, OR AS A CONSEQUENCE OF: ATHEROSCLEROTIC CARDIOVASCULAR DIS. ◀ 10 YEARS

(C) DUE TO, OR AS A CONSEQUENCE OF: ◀

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER?	25. WAS BIOPSY PERFORMED?	26. WAS AUTOPSY PERFORMED?
NO	NO	NO

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A: ALZHEIMERS DISEASE

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: NO — 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.)
5-6-86	12-18-86

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: [signature] M.D.

28C. DATE SIGNED: 12/22/86

28D. PHYSICIAN'S LICENSE NUMBER: G30412

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: A.M. Racki M.D. 1500 So. Central Ave. Glendale, Calif.

INJURY INFORMATION

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)

CORONER'S USE ONLY N/A

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	37. DATE—MONTH, DAY, YEAR	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE
Burial	12/27/86	FOREST LAWN MEMORIAL PARK 1712 S. GLENDALE AVE., GLENDALE, CA 91209	5 4365 Wayne A. Bowman

40A. NAME OF FUNERAL FACILITY (OR PERSON ACTING AS SUCH)	40B. LICENSE NO.	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
FOREST LAWN MEMORIAL PARK 1712 S. GLENDALE AVE. GLENDALE, CA 91209	656	[signature]	DEC 26 1986

STATE REGISTRAR

A.	B.	C.	D.	E.	F.

VS-11 (1-85) 410

01-9-1-05.20

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.

JAN 30 1987

37

[signature]
Director of Health Services and Registrar

20103

THIS FORM MUST BE COMPLETED IN BLACK INK

AMENDMENT OF MEDICAL AND HEALTH SECTION DATA

(INSTRUCTIONS ON REVERSE)

☒ DEATH ☐ FETAL DEATH ☐ BIRTH

STATE CERTIFICATE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 3861905878 1

INFORMATION AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE

1a. FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME
JON	CHRISTIAN	WILSON

2. PLACE OF OCCURRENCE—CITY OR COUNTY: GLENDALE

3. DATE OF EVENT: DECEMBER 21, 1986

STATEMENT OF AMENDMENTS

4. ITEM NUMBER	5a. INFORMATION EXACTLY AS REPORTED ON THE ORIGINALLY REGISTERED CERTIFICATE	5b. INFORMATION AS IT SHOULD BE STATED ON THE ORIGINAL CERTIFICATE
22	ACUTE MYOCARDIAC INFARCTION UNK	VENTRICULAR ARRYTHMIA (UNK)
B	ATHERO SCLEROTIC CARDIOVASCULAR DISEASE 10 YEARS	ACUTE MYOCARDIAC INFARCTION (UNK)
28E	A. M. RACKI, M.D. 1500 S. CENTRAL AVE. GLENDALE, CALIF.	A. J. RACKI, M.D. 1500 S. CENTRAL AVE. GLENDALE, CALIF.
23	ALZHEIMERS DISEASE	NONE

2 OF 2

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER 12

6. I, THE CERTIFYING PHYSICIAN OR CORONER HAVING PERSONAL KNOWLEDGE OF SUPPLEMENTAL INFORMATION WHICH MODIFIES THE INFORMATION ORIGINALLY REPORTED, DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

7a. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER ▶ [signature] — 7b. DATE SIGNED 12/29/86

8a. NAME OF CERTIFYING PHYSICIAN OR CORONER (PRINT OR TYPE) A.J. RACKI — 8b. DEGREE OR TITLE M.D.

8c. ADDRESS—STREET, CITY, STATE 1500 S. CENTRAL AVE. GLENDALE CALIFORNIA

REGISTRAR'S OFFICE

9a. OFFICE OF STATE OR LOCAL REGISTRAR ▶ [signature] — 9b. DATE ACCEPTED JAN 29 1987

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS — Form VS-24A (Rev. 4-85)

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.

JAN 30 1987

37

[signature]

Director of Health Services and Registrar

RECORDING REQUESTED BY

EVA M. WILSON

20104

AND WHEN RECORDED MAIL TO

Name
Street Address
City & State

EVA M. WILSON
2608 Ivanhoe Drive
Los Angeles, CA 90039

SPACE ABOVE THIS LINE FOR RECORDER'S USE

CAT. NO. NN00110
TO 426 CA (1–84)

Affidavit—Death of Joint Tenant

THIS FORM FURNISHED BY TICOR TITLE INSURANCE

ALL | PTN

STATE OF CALIFORNIA,

County of Los Angeles } ss.

EVA M. WILSON

That Jon Christian Wilson, of legal age, being first duly sworn, deposes and says: That he is the same person as Jon C. Wilson, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Jon C. Wilson, the decedent mentioned in the attached certified copy of named as one of the parties in that certain Grant Deed dated October 1, 1976, executed by Jerry Hlava to Jon C. Wilson and Eva M. Wilson, Husband and Wife as joint tenants, recorded as Instrument No. 19804, on October 4, 1976, in Book/Reel M76, Page/Image 15562 of Official Records of Klamath County, Oregon, covering the following described property situated in the County of Klamath, State of California: Oregon:

"Lot 32 Block 16 first addition to Klamath Forest Estates Recorded in Book M-67 page 3987."

That the value of all real and personal property owned by said decedent at date of death, including the property above described, did not then exceed the sum of $ 650,000.00

Dated JULY 13, 1987

Eva M. Wilson
EVA M. WILSON

SUBSCRIBED AND SWORN TO before me this 13th day of JULY

Signature Christina L. Johnson

OFFICIAL SEAL
CHRISTINA L JOHNSON
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My comm. expires FEB 5, 1988

(This area for official notarial seal)

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of James M. Keir, Attorney at Law of November A.D., 19 87 at 2:52 o'clock P M., and duly recorded in Vol. M87 of Deeds on Page 20102.

FEE $15.00
Conform .50

Evelyn Biehn, County Clerk
By Pam Smith