WHEN RECORDED RETURN TO:

MELBY & ANDERSON (RM)
121 W. Lexington Dr., 5th Fl.
Post Office Box 10310
Glendale, California 91209

FORM No. 690—DEED, WARRANTY (Survivorship) (Individual or Corporate).

81656

WARRANTY DEED—SURVIVORSHIP

Vol. M87 Page 20801

KNOW ALL MEN BY THESE PRESENTS, That BETTY A. RADER,* sole survivor of the grantees of those deeds recorded 11 July 1968, Book M-68, page 6316 & page 6318 *for the consideration hereinafter stated to the grantor paid by* BETTY A. RADER, KEITH A. RADER and SCOTT A. RADER *, hereinafter called the grantor, hereinafter called grantees, hereby grants, bargains, sells and conveys unto the said grantees, not as tenants in common but with the right of survivorship, their assigns and the heirs of the survivor of said grantees, all of the following described real property with the tenements, hereditaments and appurtenances thereunto belonging or in any wise appertaining, situated in the County of* KLAMATH *, State of Oregon, to-wit:*

PARCEL ONE:

Township 36 South, Range 12 East, W.M.
Section 36: South ½ of South ½ of South ½ of North East ¼ of Southwest ¼.
(5 acres)

PARCEL TWO:

Township 36 South, Range 12 East, W.M.
Section 35: South ½ of South ½ of Northeast ¼ of Southeast ¼ and South ½ of North ½ of South ½ of Northeast ¼ of Southeast ¼.
(15 acres) Subject to thirty foot wide easement for public road along the westernly boundry and along the easterly boundry.

*(per Affidavit attached; incorporated by reference)

'87 NOV 17 AM 8 57

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

***TO HAVE AND TO HOLD** the above described and granted premises unto the said grantees, their assigns and the heirs of such survivor, forever; provided that the grantees herein do not take the title in common but with the right of survivorship, that is, that the fee shall vest absolutely in the survivor of the grantees.*

And the grantor above named hereby covenants to and with the above named grantees, their heirs and assigns, that grantor is lawfully seized in fee simple of said premises, that same are free from all encumbrances except: Covenants, Conditions, Restrictions, Reservations, Rights of way and easments of record and those apparent on the land.

and that grantor will warrant and forever defend the said premises and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, except those claiming under the above described encumbrances.

The true and actual consideration paid for this transfer, stated in terms of dollars, is $ no consideration ~~However, the actual consideration consists of or includes other property or value given or promised which is the whole consideration (indicate which).~~① *(The sentence between the symbols ①, if not applicable, should be deleted. See ORS 93.030.)*

In construing this deed and where the context so requires, the singular includes the plural and all grammatical changes shall be implied to make the provisions hereof apply equally to corporations and to individuals.

In Witness Whereof, the grantor has executed this instrument this 11 *day of* NOVEMBER *, 19*87*; if a corporate grantor, it has caused its name to be signed and seal affixed by its officers, duly authorized thereto by order of its board of directors.*

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

Betty A. Rader

STATE OF ~~OREGON~~ California, County of Los Angeles) ss.
NOVEMBER 11, 19 87.
Personally appeared the above named BETTY A. RADER
and acknowledged the foregoing instrument to be her voluntary act and deed.
Before me:
[signature]
Notary Public for ~~Oregon~~ California
My commission expires FEB. 26, 1991

OFFICIAL SEAL
RANDALL MELBY
Notary Public-California
Principal Office in Los Angeles County
My Comm. Exp. Feb. 26, 1991

STATE OF OREGON, County of ....) ss.
...................., 19......
Personally appeared .... and .... who, being duly sworn, each for himself and not one for the other, did say that the former is the .... president and that the latter is the .... secretary of ...., a corporation, and that the seal affixed to the foregoing instrument is the corporate seal of said corporation and that said instrument was signed and sealed in behalf of said corporation by authority of its board of directors; and each of them acknowledged said instrument to be its voluntary act and deed.
Before me:
Notary Public for Oregon (OFFICIAL SEAL)
My commission expires:
(If executed by a corporation, affix corporate seal)

Betty A. Rader
3238 Palmer Dirve
Los Angeles, California 90065
GRANTOR'S NAME AND ADDRESS

Betty A. Rader, Keith Rader, & Scott Rader
3238 Palmer Drive
Los Angeles, California 90065
GRANTEE'S NAME AND ADDRESS

After recording return to:
Betty A. Rader
3238 Palmer Drive
Los Angeles, California 90065
NAME, ADDRESS, ZIP

Until a change is requested all tax statements shall be sent to the following address.
Betty A. Rader
3238 Palmer Drive
Los Angeles, California 90065
NAME, ADDRESS, ZIP

SPACE RESERVED FOR RECORDER'S USE

STATE OF OREGON,
County of ....) ss.
I certify that the within instrument was received for record on the .... day of ...., 19......, at .... o'clock ....M., and recorded in book/reel/volume No. .... on page .... or as fee/file/instrument/microfilm/reception No. ...., Record of Deeds of said county.
Witness my hand and seal of County affixed.
NAME TITLE
By .... Deputy

20802

AFFIDAVIT - DEATH OF GRANTEES WITH RIGHT OF SURVIVORSHIP

BETTY A. RADER, of legal age, being first duly sworn, deposes and says: That JACK D. RADER, ORVILLE A. RADER, and FREDA C. RADER the decedents mentioned in the attached certified copies of Certificates of Death, are the same as named in that certain Warranty Deed executed by ROBERT L. HILL on June 13, 1968, and that certain Warranty Deed executed by GEORGE A. PONDELLA, JR. on May 27, 1968; both granting to JACK D. RADER and BETTY A. RADER, husband and wife, and ORVILLE A. RADER and FREDA C. RADER, husband and wife, not as tenants in common but with right of survivorship; recorded on the 11th day of July 1968 in Book M-68 on page 6316 and page 6318 of the official records of KLAMATH COUNTY, State of Oregon.

DATED: November 11, 1987

Betty A. Rader

BETTY A. RADER

STATE OF CALIFORNIA)
COUNTY OF LOS ANGELES) ss.

November 11, 1987

Subscribed and sworn to before me this 11 day of November, 1987.

Randall Melby

OFFICIAL SEAL
RANDALL MELBY
Notary Public California
Principal Office In
Los Angeles County
My Comm. Exp. Feb. 26, 1991

This is a true certified copy of the record if it bears the seal, imprinted in purple ink, of the Registrar-Recorder.

MAR 22 1978

Leonard Ramsh REGISTRAR-RECORDER
LOS ANGELES COUNTY, CALIFORNIA

REGISTRAR-RECORDER LOS ANGELES COUNTY • CALIFORNIA •

20803

CERTIFICATE OF DEATH

STATE FILE NUMBER

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 0190-043311

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME: Jack	1b. MIDDLE NAME: Donald	1c. LAST NAME: Reder			
3. SEX: Male	4. COLOR OR RACE: Caucasian	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Illinois	6. DATE OF BIRTH: 6/15/28	7. AGE (LAST BIRTHDAY): 49 YEARS	IF UNDER 1 YEAR: M D / IF UNDER 24 HOURS: M D
8. NAME AND BIRTHPLACE OF FATHER: Orville Reder — Ind.			9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Freda Pillnick — Germany		
10. CITIZEN OF WHAT COUNTRY: USA	11. SOCIAL SECURITY NUMBER: 347 22 4750	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married	13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Betty A. Grabowski		
14. LAST OCCUPATION: Scheduling clerk	15. NUMBER OF YEARS IN THIS OCCUPATION: 16	16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF-EMPLOYED, SO STATE): American Can Co.	17. KIND OF INDUSTRY OR BUSINESS: Container Corp.		

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY: Glendale Memorial Hospital	18a. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION): 1420 S. Central Ave.		18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): yes
18b. CITY OR TOWN: Glendale	18e. COUNTY: Los Angeles	18f. LENGTH OF STAY IN COUNTY OF DEATH: 25 YEARS	18g. LENGTH OF STAY IN CALIFORNIA: 25 YEARS

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 3238 Palmer Drive	19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): Yes	20. NAME AND MAILING ADDRESS OF INFORMANT: Spouse	
19c. CITY OR TOWN: Los Angeles 90065	19d. COUNTY: Los Angeles	19e. STATE: California	same as 19-a&b

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED HEREIN AND THAT I HAVE HELD OR TAKEN CHARGE OF THE REMAINS OF DECEASED AS REQUIRED BY LAW.
SIGNATURE OF CORONER

21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED.
FROM (ENTER MONTH, DAY, YEAR): Feb 77 TO (ENTER MONTH, DAY, YEAR): Oct 10, 77 AND LAST SAW ALIVE (ENTER MONTH, DAY, YEAR): Oct 10, 77

21c. PHYSICIAN OR CORONER—SIGNATURE AND DEGREE OR TITLE: John Kaldor
21d. DATE SIGNED: 10/12/77
21e. ADDRESS: 1100 W. Glenoaks, Glendale
21f. PHYSICIAN'S OR CORONER'S LICENSE NUMBER: 69918

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Burial	22a. DATE: 10/13/77	23. NAME OF CEMETERY OR CREMATORY: San Fernando Mission Cem	24. UNDERTAKER—SIGNATURE: [illegible]		24b. STATE LICENSE NUMBER: 4943
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Woodd Glendale Mortuary Inc.	26. WAS DEATH REPORTED TO CORONER? (SPECIFY YES OR NO): NO	27. REGISTRAR'S SIGNATURE: [illegible]			27a. DATE CERTIFIED FOR REGISTRATION BY REGISTRAR: OCT 12 1977

MEDICAL AND HEALTH DATA

CAUSE OF DEATH

29. PART I. 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 (A), STATING THE UNDERLYING CAUSE LAST.

(A) IMMEDIATE CAUSE: Cardio-Respiratory Arrest -
DUE TO, OR AS A CONSEQUENCE OF (B): Uremia - Encephalopathy
DUE TO, OR AS A CONSEQUENCE OF (C):

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I: Coronary Artery Disease -

INJURY INFORMATION

31. WAS OPERATION OR AUTOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY): OPERATION AND/OR BIOPSY				32a. AUTOPSY (SPECIFY YES OR NO): No	32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO): No
33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE	34. PLACE OF INJURY (SPECIFY WHETHER WORK, FARM, FACTORY, OFFICE BUILDING, ETC.; FREEWAY, HIGHWAY, STREET)	35. INJURY AT WORK (SPECIFY YES OR NO): No	36a. DATE OF INJURY—MONTH, DAY, YEAR	36b. HOUR: M	
37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (ITEM 19): MILES	38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO):	39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO):	
40. DESCRIBE HOW INJURY OCCURRED (ENTER DESCRIPTION OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED AS ITEM 29.)					

STATE REGISTRAR

A.	B.	C.	D.	E.	F.
					01-9-2-0522

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER 20804

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: ORVILLE
1B. MIDDLE: ALBERT
1C. LAST: RADER
3. SEX: Male
4. RACE: White
5. ETHNICITY: American
6. DATE OF BIRTH: May 16, 1905
2A. DATE OF DEATH (MONTH, DAY, YEAR): JULY 21, 1979
2B. HOUR: 1245
7. AGE: 74 YEARS; IF UNDER 1 YEAR MONTHS; DAYS; IF UNDER 24 HOURS HOURS; MINUTES
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): Indiana
9. NAME AND BIRTHPLACE OF FATHER: Jacob Oliver Rader - Indiana
10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Olive McNulty - Indiana
11. CITIZEN OF WHAT COUNTRY: U. S.A.
12. SOCIAL SECURITY NUMBER: 337 10 5283
13. MARITAL STATUS: Widowed
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME): —
15. PRIMARY OCCUPATION: Sationary Engineer
16. NUMBER OF YEARS THIS OCCUPATION: 40
17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): American Can Company
18. KIND OF INDUSTRY OR BUSINESS: Manufacturing of Containers

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 4529 W. Avenue 42
19B. CITY OR TOWN: Los Angeles
19C. COUNTY: Los Angeles
19D. STATE: California
19E.

PLACE OF DEATH

21A. PLACE OF DEATH: Residence
21B. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 4529 West Avenue 42
21C. COUNTY: Los Angeles
21D. CITY OR TOWN: Los Angeles

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Betty Ann Rader - Daughter-in-Law
3238 Palmer Drive
Los Angeles, CA 90065

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A. B. AND C)
IMMEDIATE CAUSE
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.
(A) Acute myocardial infarction — DUE TO, OR AS A CONSEQUENCE OF
(B) Arteriosclerotic Heart Disease — DUE TO, OR AS A CONSEQUENCE OF
(C) Arteriosclerosis

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Hrs / Yrs / Yrs

23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH

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

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.): 5/14/74
I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 7/18/74
28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Carl P. Blum
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: No
DATE
28C. DATE SIGNED: 7/23/79
28D. PHYSICIAN'S LICENSE NUMBER: A22005
28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Ronald L. Polito M.D. 1100 W. Glenoaks Blvd. Glen. Ca. 91202

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

35A. I CERTIFY THAT DEATH OCURRED 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: Burial
37. DATE—MONTH, DAY, YEAR: 7/25/79
38. NAME OF CEMETERY OR CREMATORY: FOREST LAWN MEMORIAL PARK
1712 S. GLENDALE AVE, GLENDALE, CA 6
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: Wayne A. Bowman 4365
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Forest Lawn - Glendale
41. LOCAL REGISTRAR—SIGNATURE
42. DATE ACCEPTED BY LOCAL REGISTRAR: JUL 24 1979

STATE REGISTRAR

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

VS-11 (5.79)

01-3-1-7005

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

JUL 25 1979

FEE $3.00

Director of Health Services and Registrar

STATE FILE NUMBER

DECEDENT PERSONAL DATA 9

Field	Entry
1a. Name of Deceased—First Name	FREDA
1b. Middle Name	CAROLINE
1c. Last Name	RADER
Date of Death	AUGUST 14, 1974
Hour	6:10 P
3. Sex	Female
4. Color or Race	Caucasian
5. Birthplace (State or Foreign Country)	Germany
6. Date of Birth	February 19, 1903
7. Age (last birthday)	71 Years
8. Name and Birthplace of Father	Franz Xaver Pillnik Germany
9. Maiden Name and Birthplace of Mother	Emma Ida Martins Germany
10. Citizen of What Country	U.S.A.
11. Social Security Number	339-26-5936-M
12. Married, Never Married, Widowed, Divorced (Specify)	Married
13. Name of Surviving Spouse (if wife, enter maiden name)	Orville A. Rader
14. Last Occupation	Housewife
15. Number of Years in This Occupation	52
16. Name of Last Employing Company or Firm (if self employed, so state)	— — —
17. Kind of Industry or Business	Own Home

PLACE OF DEATH

Field	Entry
18a. Place of Death—Name of Hospital or Other In-Patient Facility	HUNTINGTON MEMORIAL HOSPITAL
18b. Street Address (Street and Number, or Location)	100 CONGRESS ST.
18c. Inside City Corporate Limits (Specify Yes or No)	Yes
18d. City or Town	PASADENA
18e. County	LOS ANGELES
18f. Length of Stay in County of Death	22 Years
18g. Length of Stay in California	22 Years

USUAL RESIDENCE (If death occurred in institution, enter residence before admission)

Field	Entry
19a. Usual Residence—Street Address (Street and Number or Location)	4529 W. Avenue 42
19b. Inside City Corporate Limits (Specify Yes or No)	Yes
19c. City or Town	Los Angeles
19d. County	Los Angeles
19e. State	California
20. Name and Mailing Address of Informant	Orville A. Rader-Husband Same Address

PHYSICIAN'S OR CORONER'S CERTIFICATION

Field	Entry
21a. Coroner: I hereby certify that death occurred at the hour, date and place stated above from the causes stated below and that I have held an (investigation or inquest)	
21b. Physician: I hereby certify that death occurred at the hour, date, and place stated above from the causes stated below and that I attended the deceased from / to / and last saw the deceased alive on	7-24-74 / 8-14-74 / 8-14-74
21c. Physician or Coroner—Signature and Degree or Title	[signature] M.D.
21d. Date Signed	8-15-74
21e. Address	111 Congress Pasadena
21f. Physician's California License Number	G-11952

FUNERAL DIRECTOR AND LOCAL REGISTRAR

Field	Entry
22a. Specify Burial, Entombment or Cremation	Burial
22b. Date	8/19/74
23. Name of Cemetery or Crematory	FOREST LAWN MEMORIAL-PARK ASSN. GLENDALE, CALIFORNIA
24. Embalmer—Signature (if body embalmed) License Number	Claude N. Nippard 2919
25. Name of Funeral Director (or person acting as such)	FOREST LAWN MEMORIAL-PARK ASSN. GLENDALE, CALIFORNIA
26. If not certified by coroner, was this death referred to coroner? (Specify Yes or No)	no
27. Local Registrar—Signature	[signature]
28. Date Received for Registration by Local Registrar	AUG 19 1974

MEDICAL AND HEALTH DATA — CAUSE OF DEATH 9

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C

	Cause	Approximate Interval Between Onset and Death
Immediate Cause (A)	CARDIAC ARREST	YS
Due to, or as a consequence of (B)	CORONARY ARTERY DISEASE	8
Due to, or as a consequence of (C)	GENERALIZED ATHEROSCLEROSIS	

Conditions, if any, which gave rise to the immediate cause (A), stating the underlying cause last.

30. PART II. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to the immediate cause given in Part I (A): VALVULAR INSUFFICIENCY, RHEUMATIC VALVULAR HEART DISEASE

31. Was operation or biopsy performed for any condition in items 29 or 30? (Specify) Operation and/or biopsy: 8-14-74 [illegible]

32a. Autopsy (Specify Yes or No): N

32b. If yes, were findings considered in determining cause of death? (Specify Yes or No)

INJURY INFORMATION

33. Specify Accident, Suicide or Homicide

34. Place of Injury (Specify home, farm, factory, street, office building, etc.)

35. Injury at Work (Specify Yes or No)

36a. Date of Injury—Month, Day, Year

36b. Hour

37a. Place of Injury (Street and number or location and city or town)

37b. Distance from place of injury to usual residence (miles)

38. Were laboratory tests done for drugs or toxic chemicals? (Specify Yes or No)

39. Were laboratory tests done for alcohol? (Specify Yes or No)

40. Describe how injury occurred (Enter sequence of events which resulted in injury. Nature of injury should be entered in item 29)

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

VS 11 (8/73)

CERTIFICATION STATEMENT:

This is to certify that the above is a true and correct copy of the death certificate of the above named decedent, as registered in this office.

William M. Brown, Jr., M.D.
Health Officer

Mary [signature]
Deputy Registrar-Vital Statistics
Pasadena Public Health Department

Furnished for fee of $2.00, Seal of City of Pasadena

Date: AUG 20 1974