

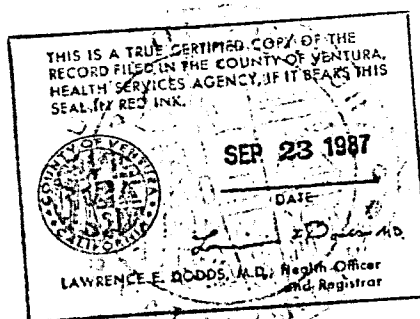
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MTC 19386 CERTIFICATE OF DEATH STATE OF CALIFORNIA

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5600 2453

STATE FILE NUMBER 1A. NAME OF DECEDENT—FIRST GORDON		1B. MIDDLE JAY		1C. LAST ASHLEY		2A. DATE OF DEATH MONTH, DAY, YEAR September 20, 1987		12B. HOUR 1215	
3. SEX Male		4. RACE/ETHNICITY Cauc		5. DATE OF BIRTH December 5, 1928		7. AGE 58 YEARS		8. UNDER 1 YEAR MONTHS DAYS	
9. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) NH		10. NAME AND BIRTHPLACE OF FATHER Everett E. Ashley - NH		11. SOCIAL SECURITY NUMBER 001-20-3843		12. MARITAL STATUS Married		13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Sybil Kisse	
11A. CITIZEN OF U.S.A.		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE 19 n/a TO 19 n/a		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Ashley's Construction		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Sybil Kisse		15. KIND OF INDUSTRY OR BUSINESS Estimat. & Sched. Construct	
12. PRIMARY OCCUPATION Owner		13. NUMBER OF YEARS THIS OCCUPATION 3		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Ashley's Construction		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Sybil Kisse		15. KIND OF INDUSTRY OR BUSINESS Estimat. & Sched. Construct	
18A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 6518 Stork St.		18B. STATE California		19. CITY OR TOWN Ventura		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Mrs. Gordon Ashley - wife 6518 Stork St. Ventura, CA 93003		21. CITY OR TOWN Ventura	
21A. PLACE OF DEATH Community Memorial Hospital		21B. COUNTY Ventura		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) Loma Vista Rd. & Brent St.		22. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C Respiratory failure Primary Amyloidosis		23. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? Open Liver Biopsy 8/14/87	
24. WAS DEATH REPORTED TO CORONER? No		25. WAS BOPST PERFORMED? Yes		26. WAS AUTOPSY PERFORMED? No		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? Open Liver Biopsy 8/14/87		28. DATE SIGNED 9-21-87	
28A. I CERTIFY THAT DEATH OCCURRED AT THE LOCAL, DATE AND PLACE STATED FROM THE CAUSE STATED. (ATTENDING DECEDENT SINCE LAST SAW DECEDENT ALIVE) 4/4/77		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Kin S. Jung, M.D., 3555 Loma Vista Rd., Ventura, CA		28C. DATE SIGNED 9-21-87		28D. PHYSICIAN'S LICENSE NUMBER A25352		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 CAUSE STATED. AS REQUIRED BY LAW I HAVE HELD AN INQUEST-INVESTIGATION		35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED		36. DEPOSITION Burial		37. DATE—MONTH, DAY, YEAR 9/23/87	
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Ivy Lawn Memorial Park, Ventura, CA		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE 7400		40. DATE ACCEPTED BY LOCAL REGISTRAR SEP 22 1987		41. LOCAL REGISTRAR—SIGNATURE Lawrence E. Rodds		42. DATE ACCEPTED BY LOCAL REGISTRAR SEP 22 1987	
43A. NAME OF FUNERAL DIRECTOR FOR PERSON ACTING AS SUCH Ted M. Mayr Funeral Home		43B. LICENSE NO. 667		43C. STATE REGISTRAR		43D. STATE REGISTRAR		43E. STATE REGISTRAR	

Return to: Trans Calif Escrow
 21241 Ventura Blvd Suite 148
 Woodland Hills CA 91364



STATE OF OREGON: COUNTY OF KLAMATH: ss. _____ the 14th day
 Filed for record at request of _____ Mountain Title Company _____ M., and duly recorded in Vol. _____ M88
 of _____ March _____ A.D. 19 88 at 3:47 o'clock P. _____ on Page 3574
 of _____ Deeds _____
 By Evelyn Biehn, _____ County Clerk
 FEE \$5.00