ONIGINAL	STATE	OF ARIZONA	SE VITAL RECOR	DS DEATH NO.		5, * <del>*</del>
JTAIE COPY DEPA	STATE	TE OF DEAT	H	D 102-		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CERTIFICA	C. LAST	I SEX	DA	TE OF MONTH	DAY YEAR
IE OF A. FIRST	B. MIDDLE			IALE	TANTIADY 5	, 1989
EASED T.UCY	COLLESON WHYMAN	BOHNE	YES, INDICATE MEXICAL	, SPANISH, PUERTO RI	CAN, WAS DECEASED EVER	R IN U.S. ARMED FORCES?
Fife a., white, black, American Indian, [specify tribe	Jetc.) WAS DECEDENT OF HISPANIC ( (SPECIFY YES OR NO)	OHIGIN:	UBAN, ETC.		NO	
CIFY: WHITE	NO		HOSPITAL OR	(IF RESIDENCE, GIV	E STREET ADDRESS)	D. DOA DOP SMER.
CE OF A COUNTY	B. TOWN OR CITY		CARFAGE	OF AVONDAL	LE	M IN PATIENT
MARICOPA	AVONDALE		MARRIED, NEVER MAR VIDOWED, DIVORCED (S	DIED SUH	IVIVING REWIFE GI	NE MAIDEN NAMES
TE OF MONTH DAY YEAR	[ DAST BITTER TOTAL	YS HRS. MIN	WIDOWE	D10	(Give kind of work KIND O	F BUSINESS OR INDUSTRY
DECEMBER 25, 1892	3A 96 B	FY SOCIAL SECUR	ITY NO.	done most of working	Hie' each it lettreen	REAL ESTATE
ATE AND (if not in USA, name country) TY OF BIRTH	COUNTRY?	246-0	7-1367	BROKEF	{ B	
GAFFNEY, S.C.	U.S.A.		D. ZIP CODE	HOW LONG IN ARIZON	HIGHEST	EDUCATION GRADE COMPLETED
SUAL A STATE		ASHION	85329	80	ELEMENTARY-SECOND	COLLEGE (1-4 or 5+)
ARTZONA PL	LINSIDE CITY LIMITS? TO		PREVIOUS STATE OF RESIDENCE	OLDOT TNA	(0-12)	1
TREET ADDRESS OR R.F.D.	(SPECIF) ICS OF THE	<sub>5G.</sub> NO	SOUTH	CAROLINA	B. MIDDLE	C. LAST
3444 S. EL MIRAG	B. MIDDLE C	LAST	MOTHER'S MAIDEN NAME	SUSAN	ALETHA	HUGHES
MALTER	G TOL	LESON	ADDRESS	STREET NO.	CITY AND STATE	ZIP CODE
NEORMANT'S SIGNATURE	$\eta(\tilde{j}) = 0$	RELATIONSHIP TO DECEASED		x 220 CASH	ITON, AZ. 8	5329
WANTED THE THE		SON_		EMBALMER'S	SIGNATURE	CERT, NO.
DUDIN CREMATION. DAIL		AATORY - NAME/LOCATIO		Z. 27A DO	erusth & 19	B. TOO
	/89 26 MEMORY	LAWN CEME	NO STATE	FUNERAL DIRE	CTOR or person acting as suc	333
FUNERAL HOME NAME	STREET ADDRESS		37 A.7	29A A SE	2 pturus	TOURS DEATH OCCURRED
A.L. MOORE & SON		DAMS PHOENI	Λ, Δ2.	N THE BASIS OF EXAMINA T THE TIME, DATE AND PI	ATION AND/OR INVESTIGATION, LACE DUE TO THE CAUSE(S) AN	ID MANNER STATED
TO THE BEST OF MY KNOW				SIGNATURE		
DO SIGNATURE AND TITLE	dul Mun	All ROF DEATH	COL EXAMINED COL EXAMINED OR FRIGAL LAW FRONCEMENT AUTHORITY ONLY	AND TITLE	Year)	HOUR OF DEATH
DATE SIGNED (Mo., Da	hou Hou		3 - 7 2 5 5 9 1	RONQUNCED DEAD (N	to Day Year)	PRONOUNCED DEAD (Hou
30. SIGNATURE AND TITLE AND TITLE DATE SIGNED (Mo. Date of the control of the con	YSICIAN IF OTHER THAN CERTIFIER (T			/ /		38. AT
P & NAME OF ATTENDING		AVV ENFORCEMENT AU	ADRITY AURHO	TED FOR CREMATION	MEDICAL EXAMINER'S SI	
NAME AND ADDRESS OF CERTIFIER, PHYS	CIAN MEDICAL EXAMINER OF THIS IL	VD A GOOD	VEAR, AZ	Yes No	DISTRICTO OF DATE	REC'D. IN STATE OFFICE
39 ROBERT CHARMETS	REGISTRAR SIGNATURE	17: 1A	Himl 1	V/// 11/26	0100 45	
1 A A: 1 2 1989 490		SNY(ESULTING IN DEATH)	ENTER ONLY ONE CAU	SE ON EACH LINEY		APPRO
A IMMEDIAT	CAUSE (FINAL DISEASE OF CONDITION	ستورد.	/			MATI
LY LIST.  LY LIS	TONSFOUNCE OF	<u> </u>	- Os			BETWE
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PENSE SERVICE AND A SERVICE AN	AS A CONSEQUENCE OF:	V	an bay was self-			
韓央요국 속호수의 !				Tilal	OPSY WAS CASE	REFERRED TO MEDICAL EXAMINE
PART IL Other significant conditions contrib	uting to death but not resulting in the und	erlying cause given in Part I		(Spe	NO SO	NO -
				T DESCRIBE HOW INJU	JRY OCCURRED	
48.  MANNER OF DEATH  MANNER OF DEATH  ACCIDENT   HOMICIDE  HYPESTIGATION	DATE OF MO DAY Y	RUOH	(Specify Yes or No)		, <b>p</b>	
MANNER OF DEATH	INJURY	53	M 54	155 ED7 STREE	TADDRESS CITY	CR TOWN STATE
ACCIDENT PENDING	PLACE OF INJURY (At home, farm, a	treat, factory, office building	( arc.) HHERE WOR			
SUNCTIDE UNDETERMENT	SPECIFY		57			
		100				
SUPPLEMENTARY ENTRIES		transfer and the state of				

1285851

STATE OF ARIZONA

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 26-341, and by direction of COUNTY OF MARICOPA

DEAN L. BENSON
Chief Deputy County Registrar
Maricopa County Department of
Health Services



ANY ALTERATION OR ERASURE YOLDS THIS GERTIFICATE AS



F 247502

## Department of Revenue

## OFFICE OF ESTATE TAXES WAIVER OF TAX

PB 89-01041 PROBATE NO.

January 5, 1990 Phoenix, Arizona\_ Decedent was a resident of: Cashion, Maricopa County, Arizona

, deceased, and in compliance

## IN THE MATTER OF THE ESTATE OF

	LUCY TOLLESON	WHYMAN BOHNE	, deceased, and in comp	liance
	e Estate Tax Law of this state, I do hereby wa	aive, on behalf of the State c	of Arizona, the imposition of an esta	ate tax
with the provisions of th	e Estate Tax Law of this state, Tue heres, The			
upon the following prop	erty of the above named estate:			
	As per Report of Personal Re on file in the Estate Tax So Revenue - Maricopa County P			7
	Lot 1 in Block 21, Lot 6 in 1 of OPPORTUNITY ADDITION to the official plat thereofierk of Klamath County, Or	of on file in the o	lacii iurro, e	
		Qa.	nettark	
		F		
CENTER OF OBECO	N: COUNTY OF KLAMATH: ss.			
STATE OF ORLGO			the 25th	day
FEE \$13.00	request of <u>Dan R. Morris</u> A.D., 19 90 at _9:28 of Deeds	on Page	duly recorded in Vol. M90	•
1 TI-11rom	& Tarwater Canyon Hwy #200, Phoenix, Az.	85051		