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MIC. 2437-K

# CERTIFICATE OF DEATH
STATE OF CALIFORNIA

38719045807
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

| | | | | | | |
|---|---|---|---|---|---|---|
| 1. NAME OF DECEDENT: FIRST (GIVEN) | 1B. MIDDLE | 1C. LAST | 2A. DATE OF DEATH (MONTH, DAY, YEAR) | 2B. HOUR |
| MARTIN | FISHMAN | DUBIN | OCTOBER 16, 1987 | 1525 |
| 3. SEX | 4. RACE/ETHNICITY | 5. MARITAL STATUS | 6. DATE OF BIRTH | 7. AGE (IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HOURS: HOURS / MINUTES) |
| MALE | CAUC | M | JUNE 10, 1927 | 60 YEARS |
| 8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) | 9. NAME AND BIRTHPLACE OF FATHER | | 10. BIRTH NAME AND BIRTHPLACE OF MOTHER | |
| NEW YORK | HARRY S. DUBIN - NEW YORK | | GRACE FISHMAN - RUSSIA | |
| 11. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES OR NO) / (IF YES, GIVE DATES OF SERVICE) | 12. SOCIAL SECURITY NUMBER | 13. MARITAL STATUS | 14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) | |
| U.S.A. | 12-20-5289 | MARRIED | LYNNE JACOBS | |
| 15. USUAL OCCUPATION | 16. NUMBER OF YEARS THIS OCCUPATION | 17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) | 18. KIND OF INDUSTRY OR BUSINESS | |
| DOCTOR | 29 | SELF | MEDICINE | |
| 19A. USUAL RESIDENCE (STREET ADDRESS INCLUDING STREET AND NUMBER OR LOCATION) | | 19B. | 19C. CITY OR TOWN | |
| 4440 BERGAMO DRIVE | | | ENCINO | |
| 19D. COUNTY | 19E. STATE | 20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP | | |
| LOS ANGELES | CALIFORNIA | LYNNE DUBIN - WIFE<br>4440 BERGAMO DRIVE<br>ENCINO, CALIFORNIA<br>91436 | | |
| 21A. PLACE OF DEATH | 21B. COUNTY | | | |
| UCLA MEDICAL CENTER | LOS ANGELES | | | |
| 21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) | 21D. CITY OR TOWN | | | |
| 10833 LE CONTE AVENUE | LOS ANGELES | | | |

**22. CAUSE OF DEATH** (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

| | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE | a. RESPIRATORY ARREST | minutes |
| DUE TO, OR AS A CONSEQUENCE OF | b. PNEUMOCYSTIS PNEUMONIA | 15 days |
| DUE TO, OR AS A CONSEQUENCE OF | c. ACUTE MYELOGENOUS LEUKEMIA | 8 months |

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

PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN: LEFT HEMISPHERIC STROKE

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? NO — 27A. TYPE OF OPERATION — 27B. DATE

28A. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Kenneth Bulpitt M.D. — 28C. DATE SIGNED: 10/16/87 — 28D. PHYSICIAN'S LICENSE NUMBER: G 59166

28E. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. — 28F. PHYSICIAN'S NAME AND ADDRESS: UCLA MEDICAL CENTER
SEE TYPE PHYSICIAN'S NAME AND ADDRESS: KEN J. BULPITT, M.D. 10833 LeConte Ave.

28G. LAST SAW DECEDENT ALIVE (MO., DA., YR.): 10/4/87 — 28H. PRONOUNCED DECEDENT DEAD (MO., DA., YR.): 10/16/87

29. MEDICAL EXAMINER, INCIDENT, ETC. — 30. PLACE OF INJURY — 31. INJURY AT WORK — 32A. DATE OF INJURY—MONTH, DAY, YEAR — 32B. HOUR

32C. DESCRIBE HOW INJURY OCCURRED — 32D. IF TRANSPORTATION INJURY, STATE DECEDENT'S ROLE (DRIVER, PASSENGER, PEDESTRIAN, ETC.)

33A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AN INVESTIGATION WAS / WAS NOT REQUIRED BY LAW. I HAVE HELD AN INQUEST/INVESTIGATION. — 33B. CORONER—SIGNATURE AND DEGREE OR TITLE — 33C. DATE SIGNED

34. DISPOSITION: BURIAL — 34A. DATE—MONTH, DAY, YEAR: OCT. 20, 1987 — 34B. NAME AND LOCATION OF CEMETERY OR CREMATORY: EDEN MEMORIAL PARK, 11500 SEPULVEDA BOULEVARD, MISSION HILLS — 39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: NOT EMBALMED

34C. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: WALTON & STEVERMAN MORTUARY — 34D. LICENSE NO.: F-487 — 41. LOCAL REGISTRAR—SIGNATURE: H — 42. DATE ACCEPTED BY LOCAL REGISTRAR: OCT 17 1987

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

Please return to:
Lynn Dubin
5071 Calvin Ave
Tarzana, CA 91356

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.
DEC 23 1987
28
Director of Health Services and Registrar

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 12th day of Oct. A.D., 19 90 at 12:02 o'clock P.M., and duly recorded in Vol. M90, of Deeds on Page 20645.

Evelyn Biehn . County Clerk
By Darlene Mickenbore

FEE $8.00