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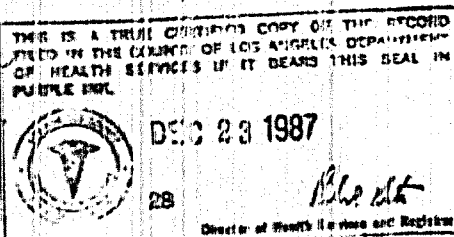
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CERTIFICATE OF DEATH STATE OF CALIFORNIA

38719045807

1. FULL NAME OF DECEASED HARRY S. DUBIN		2. LAST NAME DUBIN		3. LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 1525	
4. DATE OF DEATH (MONTH, DAY, YEAR) OCTOBER 16, 1987		5. AGE 60		6. UNDER 1 YEAR MONTHS DAYS HOURS MINUTES	
7. SEX MALE		8. RACE CAUC		9. BIRTH NAME AND BIRTHPLACE OF MOTHER GRACE FISHMAN - RUSSIA	
10. BIRTH NAME AND BIRTHPLACE OF FATHER HARRY S. DUBIN - NEW YORK		11. SOCIAL SECURITY NUMBER 12-20-5289		12. MARITAL STATUS MARRIED	
13. NAME OF SURVIVING SPOUSE IF WIFE, ENTER BIRTH NAME LYNNE JACOBS		14. KIND OF INDUSTRY OR BUSINESS MEDICINE		15. CITY OR TOWN ENCINO	
16. NUMBER OF YEARS THIS OCCUPATION 29		17. EMPLOYER IF SELF-EMPLOYED, SO STATE SELF		18. CITY OR TOWN ENCINO	
19. STREET ADDRESS (NUMBER AND NAME OF STREET) 4440 BERGAMO DRIVE		20. CITY OR TOWN LOS ANGELES		21. STATE CALIFORNIA	
22. PLACE OF DEATH UCLA MEDICAL CENTER		23. CITY OR TOWN LOS ANGELES		24. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP LYNNE DUBIN - WIFE 4440 BERGAMO DRIVE ENCINO, CALIFORNIA 91436	
25. STREET ADDRESS (NUMBER AND NAME OF STREET) 10735 LE CONTE AVENUE		26. CITY OR TOWN LOS ANGELES		27. WAS DEATH REPORTED TO CORONER? NO	
28. IMMEDIATE CAUSE RESPIRATORY ARREST		29. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 15 day		30. WAS AUTOPSY PERFORMED? NO	
31. DUE TO OR AS A CONSEQUENCE OF PNEUMOCYSTIS PNEUMONIA		32. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8 months		33. WAS AUTOPSY PERFORMED? NO	
34. DUE TO OR AS A CONSEQUENCE OF ACUTE MYELOGENOUS LEUKEMIA		35. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? NO		36. TYPE OF OPERATION	
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN LEFT HEMISPHERIC STROKE		38. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE <i>Kenn J. Bulpitt M.D.</i>		39. DATE SIGNED 10/16/87	
40. DATE AND PLACE OF DEATH 10/16/87		41. PHYSICIAN'S NAME AND ADDRESS UCLA MEDICAL CENTER 10033 LeConte Ave.		42. PHYSICIAN'S LICENSE NUMBER G 59166	
43. PLACE OF DEATH UCLA MEDICAL CENTER		44. NAME AND ADDRESS OF DECEASED KEN J. BULPITT, M.D.		45. DATE OF INJURY—MONTH, DAY, YEAR 10/16/87	
46. NAME AND ADDRESS OF DECEASED KEN J. BULPITT, M.D.		47. NAME AND ADDRESS OF DECEASED KEN J. BULPITT, M.D.		48. NAME AND ADDRESS OF DECEASED KEN J. BULPITT, M.D.	
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73. NAME AND ADDRESS OF DECEASED KEN J. BULPITT, M.D.		74. NAME AND ADDRESS OF DECEASED KEN J. BULPITT, M.D.		75. NAME AND ADDRESS OF DECEASED KEN J. BULPITT, M.D.	
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79. NAME AND ADDRESS OF DECEASED KEN J. BULPITT, M.D.		80. NAME AND ADDRESS OF DECEASED KEN J. BULPITT, M.D.		81. NAME AND ADDRESS OF DECEASED KEN J. BULPITT, M.D.	
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88. NAME AND ADDRESS OF DECEASED KEN J. BULPITT, M.D.		89. NAME AND ADDRESS OF DECEASED KEN J. BULPITT, M.D.		90. NAME AND ADDRESS OF DECEASED KEN J. BULPITT, M.D.	
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94. NAME AND ADDRESS OF DECEASED KEN J. BULPITT, M.D.		95. NAME AND ADDRESS OF DECEASED KEN J. BULPITT, M.D.		96. NAME AND ADDRESS OF DECEASED KEN J. BULPITT, M.D.	
97. NAME AND ADDRESS OF DECEASED KEN J. BULPITT, M.D.		98. NAME AND ADDRESS OF DECEASED KEN J. BULPITT, M.D.		99. NAME AND ADDRESS OF DECEASED KEN J. BULPITT, M.D.	
100. NAME AND ADDRESS OF DECEASED KEN J. BULPITT, M.D.		101. NAME AND ADDRESS OF DECEASED KEN J. BULPITT, M.D.		102. NAME AND ADDRESS OF DECEASED KEN J. BULPITT, M.D.	

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



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 20645 on Page 20645
By Evelyn Biehn County Clerk

FEE \$3.00