

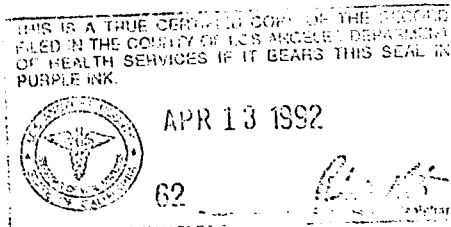
CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN) PAUL	1B. MIDDLE ---	1C. LAST (FAMILY) PONZI	2A. DATE OF DEATH—MO., DAY, YR. APRIL 11, 1992
4. RACE WHITE	5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6. DATE OF BIRTH—MO., DAY, YR. JANUARY 1, 1930	7. AGE IN YEARS 62
8. STATE OF BIRTH CO	9. CITIZEN OF WHAT COUNTRY U.S.A.	10A. FULL NAME OF FATHER JAMES PONZI	10B. STATE OF BIRTH It.
12. MILITARY SERVICE? 48 TO 51 <input type="checkbox"/> NONE	13. SOCIAL SECURITY NO. 522-34-7583	14. MARITAL STATUS MARRIED	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) JoANN NAVARRO
16A. USUAL OCCUPATION LEADMAN	16B. USUAL KIND OF BUSINESS PARIS MFG.	16C. USUAL EMPLOYER I.M.O., INC.	16D. YEARS IN OCCUPATION 30
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 3290 CABRILLO ST.		18B. CITY LAUGHLIN	18C. ZIP CODE 89029
18D. COUNTY CLARK		18E. NUMBER OF YEARS IN THIS COUNTY 1	18F. STATE OR FOREIGN COUNTRY NEVADA
19A. PLACE OF DEATH QUEEN OF VALLEY HOSPITAL		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA ER/OP	19C. COUNTY LOS ANGELES
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 1115 SO. SUNSET		19E. CITY WEST COVINA	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT JoANN PONZI, WIFE 3290 CABRILLO ST. LAUGHLIN, NEVADA, 89029
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) VENTRICULAR FIBRILLATION		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DUE TO (B) CORONARY ISCHEMIA		24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DUE TO (C) HYPERTENSION		25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 CIGARETTE SMOKING, 40 YEARS	26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. CORONARY ANGIOGRAM 9-8-1989
27A. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 8-12-1982		27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER Vincent Quattro, MD	27C. CERTIFIER'S LICENSE NUMBER G 7089
27A. DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR 3-26-92		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS VINCENT QUATTRO, M.D., 1512 CAMINO LINDO, SO. PASADENA, CA.	
28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER [Signature]		28B. DATE SIGNED 4-11-92	
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined		30A. PLACE OF INJURY	30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	30C. DATE OF INJURY MONTH, DAY, YEAR
34A. DISPOSITION(S) CR/BU		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS RIVERSIDE NATIONAL CEM., 22495 VAN BUREN BLVD., RIVERSIDE, CALIF.	34C. DATE MO., DAY, YEAR APR. 16, 1992
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) BLACKMAN MORTUARY		36B. LICENSE NO. F1001	35A. SIGNATURE OF EMBALMER Robert C. [Signature]
37. SIGNATURE OF LOCAL REGISTRAR [Signature]		38. REGISTRATION DATE APR 13 1992	35B. LICENSE NUMBER
STATE REGISTRAR	A.	B.	C.
	D.	E.	F.

VS-11 (REV. 3-91)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

Return: JoAnn Ponzi
3290 Cabrillo St.
Laughlin, Nv. 89029



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of JoAnn Ponzi the 28th day of May A.D., 19 92 at 10:51 o'clock A M., and duly recorded in Vol. M92 of Deeds on Page 11511.

FEE \$10.00

Evelyn Biehn, County Clerk

By [Signature]