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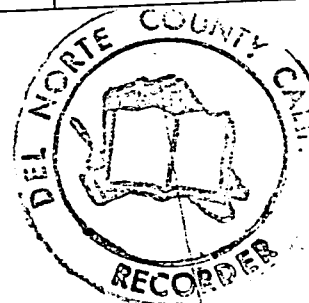
3-86-08-000153

CERTIFICATE OF DEATH  
STATE OF CALIFORNIA

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR	
		Helen		Chequita		Arnett		August 29, 1986		1716	
3. SEX		4. RACE/ETHNICITY		5. SPANISH/HISPANIC		6. DATE OF BIRTH		7. AGE		8. UNDER 1 YEAR	
Female		White/American		NO		January 29, 1910		76		YEARS	
9. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE OF WIFE, ENTER BIRTH NAME		15. KIND OF INDUSTRY OR BUSINESS	
Kansas		Frank Green - Iowa		565-38-6583		Married		Leslie Paul Arnett		Homemaking	
11A. CITIZEN OF WHAT COUNTRY		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER IF SELF-EMPLOYED, SO STATE		18. CITY OR TOWN		19C. CITY OR TOWN	
U.S.A.		19 -- TO 19 --		adult yrs.		---		Klamath Falls		Klamath Falls	
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER IF SELF-EMPLOYED, SO STATE		18. CITY OR TOWN		19C. CITY OR TOWN		19C. CITY OR TOWN	
Homemaker		adult yrs.		---		---		Klamath Falls		Klamath Falls	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		21. PLACE OF DEATH		21B. COUNTY		21D. CITY OR TOWN	
5637 Homedale Road		Oregon		Leslie P. Arnett - husband		Sutter Coast Hospital		Del Norte		Crescent City	
19C. CITY OR TOWN		19D. COUNTY		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP		21A. PLACE OF DEATH		21B. COUNTY		21D. CITY OR TOWN	
Klamath		Oregon		Leslie P. Arnett - husband		Sutter Coast Hospital		Del Norte		Crescent City	
21A. PLACE OF DEATH		21B. COUNTY		21D. CITY OR TOWN		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN		21D. CITY OR TOWN	
Sutter Coast Hospital		Del Norte		Crescent City		100 A Street		Crescent City		Crescent City	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN		21D. CITY OR TOWN		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN		21D. CITY OR TOWN	
100 A Street		Crescent City		Crescent City		100 A Street		Crescent City		Crescent City	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		28. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		29C. DATE SIGNED		29D. PHYSICIAN'S LICENSE NUMBER	
(A) ACUTE Cerebral VASC ACCIDENT		EMPHYSEMA		NONE		Thomas Martinelli MD		8-31-86		6042174	
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		28. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		29C. DATE SIGNED		29D. PHYSICIAN'S LICENSE NUMBER	
(B) DUE TO, OR AS A CONSEQUENCE OF		EMPHYSEMA		NONE		Thomas Martinelli MD		8-31-86		6042174	
(C) DUE TO, OR AS A CONSEQUENCE OF		EMPHYSEMA		NONE		Thomas Martinelli MD		8-31-86		6042174	
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION		28. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		29C. DATE SIGNED		29D. PHYSICIAN'S LICENSE NUMBER		29D. PHYSICIAN'S LICENSE NUMBER	
EMPHYSEMA		NONE		Thomas Martinelli MD		8-31-86		6042174		6042174	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		29C. DATE SIGNED		29D. PHYSICIAN'S LICENSE NUMBER		29D. PHYSICIAN'S LICENSE NUMBER		29D. PHYSICIAN'S LICENSE NUMBER	
I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE		29C. DATE SIGNED		29D. PHYSICIAN'S LICENSE NUMBER		29D. PHYSICIAN'S LICENSE NUMBER		29D. PHYSICIAN'S LICENSE NUMBER	
12-27-85		Thomas Martinelli MD		8-31-86		6042174		6042174		6042174	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR		32B. HOUR		32B. HOUR	
										32B. HOUR	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED		35C. DATE SIGNED		35C. DATE SIGNED	
										35C. DATE SIGNED	
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION)		35B. CORONER—SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED		35C. DATE SIGNED		35C. DATE SIGNED		35C. DATE SIGNED	
										35C. DATE SIGNED	
36. DISPOSITION		37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE		39. EMBALMER'S LICENSE NUMBER AND SIGNATURE	
Burial		9/2/86		Eternal Hills Memorial Gardens		#6647		#6647		#6647	
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE		42. DATE ACCEPTED BY LOCAL REGISTRAR		42. DATE ACCEPTED BY LOCAL REGISTRAR		42. DATE ACCEPTED BY LOCAL REGISTRAR	
Wier's Mortuary Chapel, Inc.		F#826		Paul W. Anderson MD Jr		Aug 31, 1986		Aug 31, 1986		Aug 31, 1986	
STATE REGISTRAR		A.		B.		C.		D.		E.	

VS-11 (1-85)

THIS IS CERTIFIED TO BE A CORRECT COPY OF THE ORIGINAL RECORD IF IT BEARS THE SEAL, IMPRINTED IN PURPLE INK, THE DATE OF ISSUANCE AND AN ORIGINAL SIGNATURE.  
JOHN D. ALEXANDER, DEL NORTE COUNTY CLERK-RECORDER  
AT CRESCENT CITY, CALIFORNIA  
DATE 8/31/86 BY [Signature]



STATE OF OREGON.  
County of Klamath ss.

Filed for record at request of:

Mountain Title Co.

on this 27th day of July A.D. 19 92  
at 9:53 o'clock A.M. and duly recorded  
in Vol. M92 of Deeds Page 16480.  
Evelyn Biehn County Clerk  
By [Signature] Deputy.

AFTER RECORDING RETURN TO:

Richard Arnett  
P. O. Box 326  
Gold Hill, Or 97525

Fee, \$10.00