CERTIFICATION OF VITAL RECORD

COUNTY OF SHASTA

REDDING, CALIFORNIA

50226 Vol. M92 Page 20256

'92 SEP 3 PM 3 1 Aspen Title #01038887

309

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

4500 0705

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: DENNIS | 1B. MIDDLE: DAIR | 1C. LAST: MAGNUSON

2A. DATE OF DEATH (MONTH, DAY, YEAR): July 3, 1988 | 2B. HOUR: 1052

3. SEX: Male | 4. RACE/ETHNICITY: White | 5. SPANISH/HISPANIC: NO | 6. DATE OF BIRTH: July 7, 1933 | 7. AGE: 54 YEARS | IF UNDER 1 YEAR MONTHS | DAYS | IF UNDER 24 HOURS HOURS | MINUTES

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): Oregon | 9. NAME AND BIRTHPLACE OF FATHER: Clarence Magnuson-Washington | 10. NAME AND BIRTHPLACE OF MOTHER: Lenore Cram-Oregon

11A. CITIZEN OF WHAT COUNTRY: USA | 11B. IF DECEASED WAS EVER IN MILITARY ON (DATES OF SERVICE): 19 55 TO 19 57 | 12. SOCIAL SECURITY NUMBER: 563-40-5186 | 13. MARITAL STATUS: Married | 14. NAME OF SURVIVING SPOUSE IF WIFE, ENTER BIRTH NAME: Lana Svensson

15. PRIMARY OCCUPATION: Appraiser | 16. NUMBER OF YEARS THIS OCCUPATION: 29 | 17. EMPLOYER OF SELF-EMPLOYED, SO STATED: Self | 18. KIND OF INDUSTRY OR BUSINESS: Real Estate

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET & NUMBER (STREET AND NUMBER OR LOCATION): Old School Rd. | 19B.: | 19C. CITY OR TOWN: Fall River Mills

19D. COUNTY: Shasta | 19E. STATE: California | 20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Lana Magnuson-Wife

PLACE OF DEATH

21A. PLACE OF DEATH: Residence | 21B. COUNTY: Shasta | PO Box 456

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): Old School Rd. | 21D. CITY OR TOWN: Fall River Mills | Fall River Mills, Ca. 96028

CAUSE OF DEATH

22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)

IMMEDIATE CAUSE: (a) Metastatic pancreatic Carcinoma — 1 month

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

DUE TO, OR AS A CONSEQUENCE OF: (b)

DUE TO, OR AS A CONSEQUENCE OF: (c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? Yes I 294

25. WAS BIOPSY PERFORMED? Yes

26. WAS AUTOPSY PERFORMED? NO

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A: massive U&T bleed, liver failure

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: Exp. Laparotomy | DATE: 2/88

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. | 28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Chris Camarata MD | 28C. DATE SIGNED: 7/5/88 | 28D. PHYSICIAN'S LICENSE NUMBER: G042171

I ATTENDED DECEDENT SINCE (ENTER MO, DA, YR): 3/10/84 | I LAST SAW DECEDENT ALIVE (ENTER MO, DA, YR): 7/2/88

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Chris Camarata MD Hwy 299 E., Fall River Mills, Ca

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC. | 30. PLACE OF INJURY | 31. INJURY AT WORK | 32A. DATE OF INJURY—MONTH, DAY, YEAR | 32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) | 34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

CORONER'S USE ONLY

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

36. DISPOSITION: Cremation | 37. DATE—MONTH, DAY, YEAR: July 7, 1988 | 38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Pine Grove Cemetery, McArthur, California | 39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: Not embalmed

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): McDonalds Chapel Burney, CA | 40C. LICENSE NO.: 1012 | 41. LOCAL REGISTRAR—SIGNATURE: Linda L. Allen Deputy | 42. DATE ACCEPTED BY LOCAL REGISTRAR: JUL - 6 1988

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

After recording, return to:
Lana Magnuson
27424 Masac Lane
Fall River Mills, CA. 96028

CERTIFIED COPY OF VITAL RECORDS

000146

STATE OF CALIFORNIA } ss
COUNTY OF SHASTA }

DATE ISSUED MAY 9 1991

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Shasta County Assessor - Recorder's office.

Virginia A. Loftus
SHASTA COUNTY ASSESSOR-RECORDER
SHASTA COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title Co. the 3rd day of Sept. A.D., 19 92 at 3:17 o'clock P M., and duly recorded in Vol. M92, of Deeds on Page 20256.

Evelyn Biehn - County Clerk
By Deanne Whitesides

FEE $10.00