

54840

92 DEC 7 AM 11 32

Vol 192 Page 28891

## CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
USE BLACK INK ONLY

3-91-30-010984

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN) Robert		2A. DATE OF DEATH—MO, DAY, YR October 14, 1991	
1B. MIDDLE Earl		2B. HOUR 1715	
1C. LAST (FAMILY) Fair		3. SEX M	
4. RACE Cauc.		6. DATE OF BIRTH—MO, DAY, YR December 30, 1922	
5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		7. AGE IN YEARS 68	
8. STATE OF BIRTH MO		IF UNDER 1 YEAR MONTHS DAYS	
9. CITIZEN OF WHAT COUNTRY USA		IF UNDER 24 HOURS HOURS MINUTES	
10A. FULL NAME OF FATHER Arthur Fair		11A. FULL MAIDEN NAME OF MOTHER Veronica O'Shaughnessey	
10B. STATE OF BIRTH IL		11B. STATE OF BIRTH MO	
12. MILITARY SERVICE?		13. SOCIAL SECURITY NO. 568-22-8326	
14. MARITAL STATUS Married		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Virginia Hogan	
16A. USUAL OCCUPATION Control Operator		16B. USUAL KIND OF BUSINESS OR INDUSTRY Electric Utility	
16C. USUAL EMPLOYER Southern California Edison		16D. YEARS IN OCCUPATION 22	
17. EDUCATION—YEARS COMPLETED 14		18A. RESIDENCE—STREET AND NUMBER OR LOCATION 23572 Lagarto	
18B. CITY Mission Viejo		18C. ZIP CODE 92691	
18D. COUNTY Orange		18E. NUMBER OF YEARS IN THIS COUNTY 35	
18F. STATE OR FOREIGN COUNTRY California		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Virginia T. Fair - Wife 23572 Lagarto Mission Viejo, CA 92691	
19A. PLACE OF DEATH Residence		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA —	
19C. COUNTY Orange		19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 23572 Lagarto	
19E. CITY Mission Viejo		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input checked="" type="checkbox"/> YES 91-5695AB <input type="checkbox"/> NO	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Mesothelioma DUE TO (B) DUE TO (C)		23. WAS BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
24. 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 type="checkbox"/> NO	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 None		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. No	
27A. DECEASED ATTENDED SINCE: MONTH, DAY, YEAR 8/26/90		27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER John A. Hunt M.D.	
27C. CERTIFIER'S LICENSE NUMBER G15890		27D. DATE SIGNED 10/15/91	
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS John Hunt, M.D. 24953 P.D. Valencia #25B, Laguna Hills, CA.		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER	
28B. DATE SIGNED		29. MAINER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined	
30A. PLACE OF INJURY 190: E 5730		30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	
30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
34A. DISPOSITION(S) BU		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Fairhaven Memorial Park Santa Ana, California	
34C. DATE MO, DAY, YEAR 10/19/1991		35A. SIGNATURE OF EMBALMER Jim Hughes	
35B. LICENSE NUMBER 7806		36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) O'Connor Laguna Hills Mortuary	
36B. LICENSE NO. 1293		37. SIGNATURE OF LOCAL REGISTRAR R. L. Ching, D.C. Coroner	
38. REGISTRATION DATE 10/15/1991		39. CENSUS TRACT	
STATE REGISTRAR		A. B. C. D. E. F.	

VS-11 (REV. 1-90)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

Return: Aspen Title Co

10885

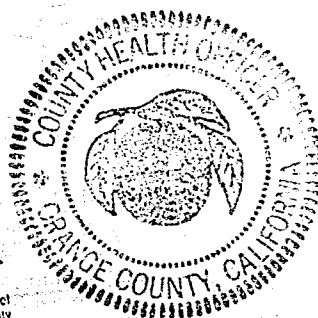
01812

28892

COUNTY OF ORANGE  
HEALTH CARE AGENCY  
PUBLIC HEALTH & MED. SERVICES  
SANTA ANA, CALIFORNIA

This is to certify, if impressed  
with the seal of the Orange  
County Health Officer, that this  
is a true copy of the permanent  
record filed in this office.

*L. Rex Felling, M.D.*  
L. Rex Felling, M.D.  
Health Officer and Local Registrar of  
Births and Deaths of Orange County



Date OCT 23 1991

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title co the 7th day  
of Dec. A.D., 19 92 at 11:32 o'clock A M., and duly recorded in Vol. M92,  
on Page 28891.  
Deeds  
By Evelyn Biehn County Clerk  
Darlene Muehlendore

FEE \$15.00