68866

09-29-93A10:43 RCVD

Vol m93 Page 25171

Return To:
Stepahnie Lindemann
113 Delaware St.
Archbald, PA 18403

K-45600

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST: David | 1B. MIDDLE: --- | 1C. LAST: Lindemann

2A. DATE OF DEATH (MONTH, DAY, YEAR): September 22, 1985 | 2B. HOUR: 2237

3. SEX: Male | 4. RACE/ETHNICITY: Cauc. | 5. SPANISH/HISPANIC: NO ☒ | 6. DATE OF BIRTH: May 25, 1923 | 7. AGE: 62 YEARS | IF UNDER 1 YEAR: MONTHS / DAYS | IF UNDER 24 HOURS: HOURS / MINUTES

8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY): NJ | 9. NAME AND BIRTHPLACE OF FATHER: Kay Lindemann / NJ | 10. BIRTH NAME AND BIRTHPLACE OF MOTHER: Helen Dexter / NJ

11A. CITIZEN OF WHAT COUNTRY: USA | 11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE: 19 43 TO 19 46 | 12. SOCIAL SECURITY NUMBER: 145-14-9645 | 13. MARITAL STATUS: Married | 14. NAME OF SURVIVING SPOUSE OR WIFE, ENTER BIRTH NAME: Stephanie Sokal

15. PRIMARY OCCUPATION: Real estate analyst | 16. NUMBER OF YEARS THIS OCCUPATION: 6 | 17. EMPLOYER (IF SELF-EMPLOYED, SO STATE): HUD | 18. KIND OF INDUSTRY OR BUSINESS: Civil service

AMENDED

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 600 E. Weddell #69 | 19B.

19C. CITY OR TOWN: Sunnyvale

19D. COUNTY: Santa Clara | 19E. STATE: CA

1 OF 2

20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP: Stephanie Lindemann - Spouse

19A 94089

PLACE OF DEATH

21A. PLACE OF DEATH: El Camino Hospital | 21B. COUNTY: Santa Clara

21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION): 2500 Grant Rd. | 21D. CITY OR TOWN: Mtn. View

05

CAUSE OF DEATH

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

IMMEDIATE CAUSE — (A) Cardiopulmonary arrest — DUE TO, OR AS A CONSEQUENCE OF — 9/22

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST. — (B) Sepsis — DUE TO, OR AS A CONSEQUENCE OF — 9/15

(C) Bowel infarction — 9/15

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? No

25. WAS SURGERY PERFORMED? No

26. WAS AUTOPSY PERFORMED? No

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A: Diabetes Mellitus, ESRD

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.): 9/13/85 | I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.): 9/20/85

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE: Thomas Glaser M.D.

28C. DATE SIGNED: 9/24/85 | 28D. PHYSICIAN'S LICENSE NUMBER: G040548

28E. TYPE PHYSICIAN'S NAME AND ADDRESS: Thomas Glaser MD, 515 South Dr., Mtn. View, CA

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? 27A. TYPE OF OPERATION: Bowel resection | DATE: 9/15/85

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: 9-25-85 | 38. NAME AND ADDRESS OF CEMETERY OR CREMATORY: Golden Gate National, San Bruno, CA

39. EMBALMER'S LICENSE NUMBER AND SIGNATURE: not embalmed

40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Lima Family Sunnyvale | 40B. LICENSE NO.: FD369 | 41. LOCAL REGISTRAR—SIGNATURE: Bernadette DeArmond M.D. Reg | 42. DATE ACCEPTED BY LOCAL REGISTRAR: SEP 24 1985

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

VS-11 (1-85)

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF A DOCUMENT FILED IN THIS OFFICE

Bernadette DeArmond, M.D.
LOCAL REGISTRAR OF VITAL STATISTICS
September24, 1985
CERTIFICATION FEE: $4.00

BY: [signature]
DEPUTY REGISTRAR OF VITAL STATISTICS
SANTA CLARA COUNTY HEALTH DEPARTMENT
SAN JOSE, CALIFORNIA

25172

AFFIDAVIT TO AMEND A RECORD

STATE CERTIFICATE NUMBER

☐ BIRTH ☑ DEATH ☐ FETAL DEATH ☐ MARRIAGE

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

PART I INFORMATION AS REPORTED ON THE ORIGINAL REGISTERED CERTIFICATE

TYPE OR PRINT IN BLACK INK ONLY

1a. FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME
David	----	Lindemann

2. SEX	3. DATE OF EVENT	4. PLACE OF OCCURRENCE—CITY AND COUNTY	
Male	September 22, 1985	Mtn. View	Santa Clara

AMENDED

5. NAME OF FATHER	6. BIRTH NAME OF MOTHER
Kay Lindemann	Helen Dexter

2 OF 2

PART II STATEMENT OF CORRECTIONS

LIST ONE ITEM PER LINE

7. ITEM NUMBER	8a. ERRONEOUS INFORMATION AS STATED ON THE ORIGINAL RECORD	8b. CORRECT INFORMATION THAT SHOULD HAVE BEEN STATED ON THE ORIGINAL RECORD AT THE TIME OF OCCURRENCE.
14	Stephanie Sokal	Stephanie Sokol

REASON FOR CORRECTION

9. To Correct record

PART III SUPPORTING AFFIDAVITS

FIRST SUPPORTING AFFIDAVIT

I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.

10. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	11. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1.	12. AGE OF PERSON COMPLETING THE AFFIDAVIT
Jeannette Cadwalader	Secretary	

13. DATE SIGNED	14. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE)
9-25-85	1315 Hollenbeck Ave., Sunnyvale, CA 94087

SECOND SUPPORTING AFFIDAVIT

I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.

15. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT	16. RELATIONSHIP TO PERSON WHOSE NAME IS ENTERED IN ITEM 1.	17. AGE OF PERSON COMPLETING THE AFFIDAVIT
[illegible]	Funeral director	

18. DATE SIGNED	19. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE)
9-25-85	1315 Hollenbeck Ave., Sunnyvale, CA

STATE OR LOCAL REGISTRAR USE ONLY

20. DATE ACCEPTED	21. OFFICE OF THE STATE OR LOCAL REGISTRAR
SEP 25 1985	Bernadette DeArmond M.D.

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

(REV. 11-83) FORM VS

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF A DOCUMENT FILED IN THIS OFFICE
Bernadette DeArmond, M.D.
LOCAL REGISTRAR OF VITAL STATISTICS
September 25, 1985
CERTIFICATION FEE: $4.00
BY: [signature]
DEPUTY REGISTRAR OF VITAL STATISTICS
SANTA CLARA COUNTY HEALTH DEPARTMENT
SAN JOSE, CALIFORNIA

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title co the 29th day of Sept. A.D., 19 93 at 10:43 o'clock A.M., and duly recorded in Vol. M93 of Deeds on Page 25171

FEE $15.00

Evelyn Biehn - County Clerk
By Darlene Mushrooch