

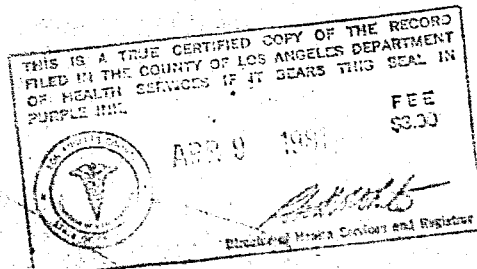
2911

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

Vol 1195 Page 18546

STATE FILE NUMBER		1C. LAST		2A. DATE OF DEATH (MONTH, DAY, YEAR)		2B. HOUR	
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		Turner		MARCH 26, 1981	
3. SEX		4. RACE		5. ETHNICITY		6. DATE OF BIRTH	
Male		Caucasian				May 1, 1954	
7. AGE		IF UNDER 1 YEAR		IF UNDER 1 YEAR		IF UNDER 1 YEAR	
26		YEARS		MONTHS		DAYS	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		10. BIRTH NAME AND BIRTHPLACE OF MOTHER			
CA		Gary J. Turner - OK		Colleen Pachy - CA			
11. CITIZEN OF WHAT COUNTRY		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)	
USA		556-92-3982		Never Married			
15. PRIMARY OCCUPATION		16. NUMBER OF YEARS THIS OCCUPATION		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE)		18. KIND OF INDUSTRY OR BUSINESS	
Cement Finisher		8		Gary J. Turner Co.		Construction	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B.		19C. CITY OR TOWN			
1016 1/2 California				Huntington Beach			
19D. COUNTY		19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP			
Orange		California		Mr. Gary J. Turner, father			
21A. PLACE OF DEATH		21B. COUNTY		7125 El Cerro Drive			
STREET		LOS ANGELES		Buena Park, California 90620			
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		21D. CITY OR TOWN					
RANDOLPH AND RIVER DR.		BELL					
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? DATE		28. WAS DEATH REPORTED TO CORONER?	
(A) HEMOTHORAX				NO		81-4068	
(B) CRUSHING INJURIES TO CHEST						29. WAS BIOPSY PERFORMED?	
(C)						NO	
25. TYPE PHYSICIAN'S NAME AND ADDRESS		26. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE		28C. DATE SIGNED		28D. PHYSICIAN'S LICENSE NUMBER	
29. SPECIFY ACCIDENT, SUICIDE, ETC.		30. PLACE OF INJURY		31. INJURY AT WORK		32A. DATE OF INJURY—MONTH, DAY, YEAR	
ACCIDENT		STREET		UNKNOWN		MARCH 26, 1981	
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		35C. DATE SIGNED		35D. HOURS	
RANDOLPH AND RIVER DR., BELL		TRUCK (DRIVER) VS. FIXED OBJECT		3-27-81			
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM 1950 TO 1954		35B. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM 1955 TO 1959		35C. DATE SIGNED		35D. HOURS	
3-31-81		Forest Lawn Memorial Park Cypress, Ca.		3-27-81			
40. NAME OF FUNERAL DIRECTOR (ON PERSON ACTING AS SUCH)		41. LOCAL HEALTH OFFICER'S SIGNATURE		42. DATE ACCEPTED BY LOCAL HEALTH OFFICER			
Forest Lawn Mortuary Cypress, Ca.		MAR 30 1981					
STATE REGISTRAR		A.		B.		C.	
VS-11 (10-78)		D.		E.		F.	



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Gary Turner the 18th day of July A.D. 19 95 at 1:51 o'clock P M., and duly recorded in Vol. M95 of Deeds on Page 18546

RETURN: Gary Turner

P.O. Box 914

Valley Springs, CA 95252

Bernetha G. Matsch, County Clerk

FEE \$10.00