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11-16-95P03:35 RCVD

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K-48615

DATE APR 14 1993

This is to certify that if bearing the purple seal of this office, this is a true copy of the document filed with the Butte County Recorder's Office.

Candace J. Grubbs
Butte County Clerk-Recorder

By _____ Deputy

COUNTY RECORDER OF BUTTE COUNTY, CAL.

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER: 93-01 000766

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—First (Given): Luella | 1B. Middle: Mae | 1C. Last (Family): Taylor

2A. DATE OF DEATH—Mo. Day, Yr.: May 13,1991 | 2B. Hour: 0625 | 3. Sex: Female

4. Race: Caucasian | 5. Hispanic—Specify: [X] No [ ] Yes ____ | 6. Date of Birth—Mo. Day, Yr.: March 6, 1920 | 7. Age in Years: 71 | If under 1 year: Months / Days | If under 24 hours: Hours / Minutes

8. State of Birth: CA | 9. Citizen of What Country: USA | 10A. Full Name of Father: Martin Elam | 10B. State of Birth: UNK | 11A. Full Maiden Name of Mother: Fannie Reynolds | 11B. State of Birth: UNK

12. Military Service? [X] None | 13. Social Security No.: 558-24-5079 | 14. Marital Status: Married | 15. Name of Surviving Spouse (If wife, enter maiden name): Buster Taylor

19 ___ to 19 ___ | 16A. Usual Occupation: Computer Operator | 16B. Usual Kind of Business or Industry: Communications | 16C. Usual Employer: Pacific Bell | 16D. Years in Occupation: 36 | 17. Education—Years Completed: 9

18A. Residence—Street and Number or Location: 4556 Stonyford Ladoga Rd. | 18B. City: Stonyford | 18C. Zip Code: 95979

18D. County: Colusa | 18E. Number of Years in This County: 12 | 18F. State or Foreign Country: California | 19C. County: Butte

USUAL RESIDENCE

20. Name, Relationship, Mailing Address and Zip Code of Informant: Buster Taylor- Husband 4556 Stonyford Ladoga Rd. Stonyford, CA 95979

PLACE OF DEATH

19A. Place of Death: N.T. Enloe Hosp. | 19B. If Hospital, Specify: Inp. IP, ER/OP, DOA | 19C. County: Butte

19D. Street Address—Street and Number or Location: W. 5th & Esplanade | 19E. City: Chico

CAUSE OF DEATH

21. Death Was Caused By: (Enter only one cause per line for A, B, and C)

(A) Immediate Cause: Acute Lower Respiratory Infection

(B) Due To: COPD

(C) Due To: Cigarette Abuse

25. Other Significant Conditions Contributing to Death But Not Related to Cause Given in 21

Time Interval Between Onset and Death: ▲ 5 days | ▲ years | ▲ years

22. Was Death Reported to Coroner? [X] No [ ] Yes | Referral Number

23. Was Biopsy Performed? [X] No [ ] Yes

24A. Was Autopsy Performed? [X] No [ ] Yes

24B. Was It Used in Determining Cause of Death? [X] No [ ] Yes

26. Was Operation Performed for Any Condition in Item 21 or 25? If Yes, List Type of Operation and Date: [X] No [ ] Yes

PHYSICIAN'S CERTIFICATION

I Certify That to the Best of My Knowledge Death Occurred at the Hour, Date and Place Stated From the Causes Stated.

27A. Decedent Attended Since (Month, Day, Year): 12-11-87 | Decedent Last Seen Alive (Month, Day, Year): 05-12-91

27B. Signature and Degree or Title of Certifier: Carl J. Ulbrich, D.O.

27C. Certifier's License Number: 10A4203 | 27D. Date Signed: 5-14-91

27E. Type Attending Physician's Name and Address: Carl J. Ulbrich, D.O. 148 W. 4th Ave., Chico, CA

28A. Signature and Title of Coroner or Deputy Coroner

28B. Date Signed

CORONER'S USE ONLY

I Certify That in My Opinion Death Occurred at the Hour, Date and Place Stated From the Causes Stated.

29A. Place of Injury

29. Manner of Death—Specify One: Natural, Accident, Suicide, Homicide, Pending Investigation or Could Not Be Determined: Natural Causes

30A. Date of Injury (Month, Day, Year)

30B. Injury at Work [ ] Yes [ ] 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)

FUNERAL DIRECTOR AND LOCAL REGISTRAR

34A. Disposition(s): CRE-SEA

34B. Place of Final Disposition—Name and Address: Scatter at Sea 3 mi. off coast of San Francisco, CA.

34C. Date (Mo. Day, Year): May 17,1991

35A. Signature of Embalmer: Michael P. Bush

35B. License Number: 4784

36A. Name of Funeral Director (or Person Acting as Such): Paradise Chapel of the Pines

36B. License No.: F 809

37. Signature of Local Registrar: [illegible] 5-14-91

38. Registration Date: 5-14-91

STATE REGISTRAR

A. | B. | C. | D. | E. | F. | Census Tract

VS-11 (REV. 1-90) Return to: BUSTER TAYLOR 4556 Stonyford Lodoga Rd. Stonyford, CA 97979

DO NOT WRITE BELOW THIS LINE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

AFTER RECORDING RETURN TO: Klamath County Title Co.
422 Main St. , Klamath Falls, OR 97601

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Mountain Title Company the 16th day of November A.D., 19 95 at 3:35 o'clock P M., and duly recorded in Vol. M95, of Deeds on Page 31389.

Bernetha G. Letsch, County Clerk

By Annette Mueller

FEE $10.00