

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST NOLA		2A. DATE OF DEATH (MONTH, DAY, YEAR) June 21, 1987	
1B. MIDDLE LOLITA		2B. HOUR 1250	
1C. LAST RHODES			
3. SEX Female	4. RACE/ETHNICITY White	5. SPANISH/HISPANIC NO	6. DATE OF BIRTH April 22, 1925
7. AGE 62	8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) CA	9. NAME AND BIRTHPLACE OF FATHER Edgar Hagler MO	10. BIRTH NAME AND BIRTHPLACE OF MOTHER Irene Moore MO
11A. CITIZEN OF WHAT COUNTRY USA	11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE 19 n a TO 19 n a	12. SOCIAL SECURITY NUMBER 561-29-2873	13. MARITAL STATUS Married
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Donald Rhodes	15. PRIMARY OCCUPATION Corporate Treasurer	16. NUMBER OF YEARS THIS OCCUPATION 15	17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) American Distributing Co
18. KIND OF INDUSTRY OR BUSINESS Wholesale Supplies	19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 3587 Mt. Rubidoux Dr.	19B. CITY OR TOWN Riverside	19C. CITY OR TOWN Riverside
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Donald Rhodes -- Husband 3587 Mt. Rubidoux Dr. Riverside, CA 92501	21A. PLACE OF DEATH At Home	21B. COUNTY Riverside	21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 3587 Mt. Rubidoux Dr.
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Respiratory Failure (B) Ovarian Cancer (C) none	23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A none	24. WAS DEATH REPORTED TO CORONER? Yes	25. WAS AUTOPSY PERFORMED? No
26. DATE OF DEATH 6/16/87	27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? Total abdominal hysterectomy Bilateral Salpingo oophorectomy	28. DATE SIGNED 6/24/87	29. PHYSICIAN'S LICENSE NUMBER G55234
30. TYPE OF PHYSICIAN'S NAME AND ADDRESS Suzanne Bergen, MD 107 City Drive, Orange, CA	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)	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
36. DISPOSITION Entombment	37. DATE—MONTH, DAY, YEAR June 25, 1987	38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Montecito Memorial Park, San Bruno, CA	39. EMBALMER'S LICENSE NUMBER AND SIGNATURE JUN 25 1987
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Mark B. Shaw Company, Inc.	40B. LICENSE NO. 406	41. LOCAL REGISTRAR—SIGNATURE	42. DATE ACCEPTED BY LOCAL REGISTRAR
STATE REGISTRAR	A.	B.	C.

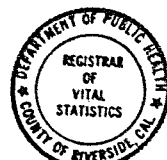
***** This must be in red to be a "CERTIFIED COPY" *****

COUNTY OF RIVERSIDE DEPARTMENT OF HEALTH CERTIFICATION

Date Of Amendments, if any _____

I hereby certify that this is a true copy of a certificate on file in the County of Riverside, Department of Health, if the certification is in red.

Edward J. Callagher
Edward J. Callagher, M.D.
Director of Health & Local Registrar



STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Richard Ebbert the March day
of 5th A.D., 19 96 at 10:46 o'clock A M., and duly recorded in Vol. M96
of Deeds on Page 5984

RETURN: Richard Ebbert Bernetha G. Letsch, County Clerk

FEE \$10.00

1901 Ave of the Stores, suite 700
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