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97 JUN -6 P3:21 Vol. M97 Page 17437
ATC #05046258

ORIGINAL

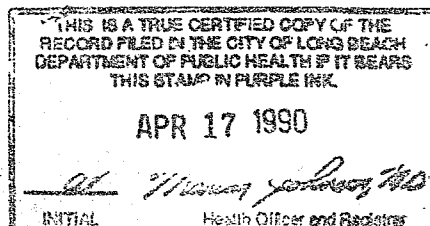
CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST (GIVEN) TERRY			1B. MIDDLE Lee		
1C. LAST (FAMILY) THOMPSON			2A. DATE OF DEATH—MO. DAY, YR. April 11, 1990		
4. RACE White			5. HISPANIC—SPECIFY ☐ YES ☒ NO		
6. DATE OF BIRTH—MO. DAY, YR. January 11, 1940			7. AGE IN YEARS 50		
8. STATE OF BIRTH Ca			9. CITIZEN OF WHAT COUNTRY USA		
10A. FULL NAME OF FATHER Robert R. Thompson			10B. STATE OF BIRTH Maine		
11A. FULL MAIDEN NAME OF MOTHER Gisele Delage			11B. STATE OF BIRTH Canada		
12. MILITARY SERVICE 19 ____ To 19 ____ ☐ NONE			13. SOCIAL SECURITY NO. 568-54-3829		
14. MARITAL STATUS Divorced			15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) 		
16A. USUAL OCCUPATION Painter			16B. USUAL KIND OF BUSINESS OR INDUSTRY Painting		
16C. USUAL EMPLOYER Unk			16D. YEARS IN OCCUPATION 20		
16E. EDUCATION—YEARS COMPLETED 11			18C. ZIP CODE 90805		
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 266 Platt			18B. CITY Long Beach		
18D. COUNTY Los Angeles			18E. NUMBER OF YEARS IN THIS COUNTY 50		
18F. STATE OR FOREIGN COUNTRY California			20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Gisele Thompson (Mother) 266 Platt St Long Beach Ca 90805		
19A. PLACE OF DEATH Residence			19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA 		
19C. STREET ADDRESS—STREET AND NUMBER OR LOCATION 266 Platt			19D. CITY Long Beach		
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) (A) Pulmonary Hypertension (B) Scleroderma (C) 			22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER ☐ YES ☒ NO		
23. WAS BIOPSY PERFORMED? ☐ YES ☒ NO			24A. WAS AUTOPSY PERFORMED? ☐ YES ☒ NO		
24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? ☐ YES ☒ 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. None			27A. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER Daniel B. Arkfeld MD		
27B. CERTIFIER'S LICENSE NUMBER 6061240			27C. DATE SIGNED 4-13-90		
27D. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Daniel Arkfeld MD 1000 W. Carson St Torrance Ca 90509			28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER 		
28B. DATE SIGNED 			29. MANNER OF DEATH—Specify one: natural, accident, suicide, homicide, pending investigation or could not be determined 		
30A. PLACE OF INJURY 			30B. INJURY AT WORK ☐ YES ☒ NO		
30C. DATE OF INJURY MONTH, DAY, YEAR 			30D. HOUR 		
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY) 			33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) 		
34A. DISPOSITION(S) Cr /Sc			34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS 3 miles off the coast of LB LA County		
34C. DATE MO. DAY, YEAR Apr 18, 1990			34D. SIGNATURE OF EMBLEMER Johnny E. Leggett		
34E. LICENSE NUMBER 5593			35. REGISTRATION DATE APR 16 1990		
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Leggett & King Funeral Home			36B. LICENSE NO. 1340		
37. SIGNATURE OF LOCAL REGISTRAR Manoia Johnson MD			38. REGISTRATION DATE APR 16 1990		
STATE REGISTRAR A. B. C. D. E. F. 			CENSUS TRACT 		

VS-11 (REV. 1-80)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

AFTER RECORDING MAIL TO:
JEAN DANIELS
2981 W. 4100 S.
West Valley City, UT 84119

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Aspen Title & Escrow the 6th day
of June A.D., 19 97 at 3:21 o'clock P. M., and duly recorded in Vol. M97
of Deeds on Page 17437

FEE \$10.00

By Bernetha G. Letsch, County Clerk
Kathleen R. Row