

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

39537009643

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN)		2. Surname	
Louis		Semegi	
3. DATE OF BIRTH MM/DD/CCYY		4. AGE YRS	
09/10/1924		71	
5. SEX		6. RACE	
M		H	
7. DATE OF DEATH MM/DD/CCYY		8. HOUR	
06/26/1996		0913	
9. STATE OF BIRTH		10. SOCIAL SECURITY NO.	
Hungary		141-32-7652	
11. MARRIAGE STATUS		12. USUAL RESIDENCE	
Married		6	
13. RACE		14. TYPE OF VEHICLE	
White		Bill Yate's Volkswagen	
15. OCCUPATION		16. END OF SERVICE	
Automobile Mechanic		Automobile	
17. RESIDENCE—STREET AND NUMBER OR LOCATION		18. YEARS IN OCCUPATION	
3890-89 No. Vista Campana		31	
19. CITY		20. COUNTY	
Oceanside		San Diego	
21. ZIP CODE		22. YEAR IN COUNTY	
92057		8	
23. STATE OR FOREIGN COUNTRY		24. EDUCATION—CLASS COMPLETED	
California		1 of 2	
25. NAME, RELATIONSHIP		26. RESIDENCE ADDRESS (STREET AND NUMBER OF TOWN, CITY OR TOWN, STATE, ZIP)	
Julianne Semegi, Wife		3890-89 No. Vista Campana, Oceanside, Ca. 92057	
27. NAME OF SURVIVING SPOUSE—FIRST		28. LAST SPOUSE NAME	
Julianne		Loring	
29. NAME OF FATHER—FIRST		30. MIDDLE	
Louis		Semegi	
31. NAME OF MOTHER—FIRST		32. MIDDLE	
Terez		Tomasek	
33. DATE MM/DD/CCYY		34. PLACE OF FINAL DISPOSITION	
06/28/1996		Res; Julianne Semegi, 3890-89 No. Vista Campana, Oceanside, Ca. 92057	
35. TYPE OF DISPOSITION		36. SIGNATURE OF CLERK	
CR/RES.		Not Embalmed	
37. NAME OF FUNERAL DIRECTOR		38. LICENSE NO.	
LEONESKI MORTUARY		FD 232	
39. DATE MM/DD/CCYY		40. DATE MM/DD/CCYY	
06/28/1996		06/28/1996	
41. PLACE OF DEATH		42. IF VENTILATOR, SPOUSE OR OTHER	
Tri-City Medical Center		San Diego	
43. STREET ADDRESS—STREET AND NUMBER OR LOCATION		44. CITY	
4002 Vista Way		Oceanside	
45. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE FOR LINE FOR A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 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996, 997, 998, 999, 1000		112. OTHER SIGNIFICANT CONTRIBUTING FACTORS TO DEATH (SEE INSTRUCTIONS FOR LINE 107)	
Acute renal failure		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN LINE 107 OR 112? IF YES, TYPE OF OPERATION AND DATE	
C A B G 05/26/1996		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSE STATED. DECEDENT ATTENDED SINCE DECEASED LAST SEEN ALIVE MM/DD/CCYY	
07/29/1993		06/26/1996	
115. MANNER OF DEATH		116. SIGNATURE AND TITLE OF PHYSICIAN	
NATURAL		M.D.	
117. DATE MM/DD/CCYY		118. TYPE ATTENDING PHYSICIAN (FACILITY, ADDRESS & ZIP)	
06/27/1996		Richard K. Petyn M.D.	
119. DEATH AT HOME		120. DEATH AT HOME	
121. DEATH AT HOME		122. DEATH AT HOME	
123. PLACE OF DEATH		124. DEATH AT HOME	
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361. DEATH AT HOME			

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

17642

3-051996 111901

STATE FILE NUMBER

AFFIDAVIT TO AMEND A RECORD

39637009643

DEATHS AFTER 1-1924
NO ERASURES, WHITEOUTS, OR ALTERATIONS

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE/LOCAL REGISTRAR USE ONLY	1.	2.	3.
PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY			
NAME AS IT APPEARS ON RECORD	1. NAME—FIRST (GIVEN) Louis	2. MIDDLE -	3. LAST (FAMILY) Semegi
ADDITIONAL INFORMATION TO LOCATE RECORD	4. SEX Male	5. DATE OF EVENT—MM/DD/CCYY 06/26/1996	6. CITY OF OCCURRENCE Oceanside
	7. COUNTY OF OCCURRENCE San Diego		
	8. FATHER'S NAME AS STATED ON ORIGINAL Louis Semegi		
9. MOTHER'S NAME AS STATED ON ORIGINAL Teresa Tomasek			
PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS			
LIST ONE ITEM PER LINE	10. CERTIFICATE NUMBER 30	11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD Loring	12. INFORMATION AS IT SHOULD APPEAR Loring
	32	Germany	Hungary
REASON FOR CORRECTION	13. Error		
AFFIDAVITS AND SIGNATURES			
TWO PERSONS MUST SIGN THIS FORM	We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.		
	14. SIGNATURE OF FIRST PERSON <i>Charles J. Semegi</i>	15. TITLE/RELATIONSHIP TO PERSON IN PART I Undertaker	16. DATE SIGNED—MM/DD/CCYY 10/23/1996
USE BLACK INK ONLY	17. AGE 68	18. ADDRESS (STREET, CITY, STATE, ZIP) 640 South El Camino Real, San Clemente, California 92672	
	19. SIGNATURE OF SECOND PERSON <i>Mary H. Semegi</i>	20. TITLE/RELATIONSHIP TO PERSON IN PART I Funeral Director	21. DATE SIGNED—MM/DD/CCYY 10/23/1996
	22. AGE 64	23. ADDRESS (STREET, CITY, STATE, ZIP) 640 South El Camino Real, San Clemente, California 92672	
STATE/LOCAL REGISTRAR USE ONLY	24. SIGNATURE OF STATE-APPOINTED REGISTRAR OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS		25. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY 11/27/1996

A0020524

County of San Diego - Department of Health Services - 1551 Rancocas Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

DATE ISSUED: May 18, 1997

Robert E. Ross
ROBERT E. ROSS, M.D.
REGISTRAR OF VITAL RECORDS
County of San Diego

This copy set valid unless prepared on engraved border displaying seal and signature of Registrar.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Julianna Semegi the 10th day
of June A.D., 19 97 at 10:27 o'clock A.M., and duly recorded in Vol. M97
of Deeds on Page 17641

Return: J. Semegi
3890-89 Vista Campana By Bernetha G. Leitch, County Clerk
Oceanside, Ca. 92057 Richard Ross

FEE

\$15.00