CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

SANTA ANA, CALIFORNIA

1999 JUL 19 PM 3:15

Vol M99 Page 28719

3-95-33-000768

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

STATE FILE NUMBER — USE BLACK INK ONLY—NO ERASURES, WHITEOUTS OR ALTERATIONS — LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN): THOMAS	2. MIDDLE: PRESTON	3. LAST (FAMILY): SMITH			
	4. DATE OF BIRTH MM/DD/CCYY: 11/27/1905	5. AGE YRS: 89	6. IF UNDER 24 HOURS: MONTHS / DAYS / HOURS / MINUTES	7. SEX: MALE	8. DATE OF DEATH MM/DD/CCYY: 01/20/1995	8. HOUR: EST 0430
	9. STATE OF BIRTH: OKLAHOMA	10. SOCIAL SECURITY NO.: 549-03-5226	11. MILITARY SERVICE: 19__ TO 19__ [X] NONE	12. MARITAL STATUS: MARRIED	13. EDUCATION—YEARS COMPLETED: 12	
	14. RACE: WHITE	15. HISPANIC—SPECIFY: [ ] YES [X] NO	16. USUAL OCCUPATION: AL LARSON BOAT SHOP			
	17. OCCUPATION: WOOD CAULKER	18. KIND OF BUSINESS: BOAT YARD	19. YEARS IN OCCUPATION: 40			
USUAL RESIDENCE	20. RESIDENCE—STREET AND NUMBER OR LOCATION: 6072 IROQUOIS STREET					
	21. CITY: WESTMINSTER	22. COUNTY: ORANGE	23. ZIP CODE: 92683	24. YRS IN COUNTY: 58	25. STATE OR FOREIGN COUNTRY: CALIFORNIA	
INFORMANT	26. NAME, RELATIONSHIP: LOLA M. SMITH - WIFE	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP): 6072 IROQUOIS STREET, WESTMINSTER, CALIFORNIA 92683				
SPOUSE AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE—FIRST: LOLA	29. MIDDLE: M.	30. LAST (MAIDEN NAME): DIEW			
	31. NAME OF FATHER—FIRST: THOMAS	32. MIDDLE: L.	33. LAST: SMITH		34. BIRTH STATE: VIRGINIA	
	35. NAME OF MOTHER—FIRST: ETHEL	36. MIDDLE: JANE	37. LAST (MAIDEN): OGLE		38. BIRTH STATE: VIRGINIA	
DISPOSITION(S)	39. DATE MM/DD/CCYY: 01/24/1995	40. PLACE OF FINAL DISPOSITION: HARBOR LAWN MEMORIAL PARK, 1625 GISLER AVENUE, COSTA MESA, CALIFORNIA 92626				
FUNERAL DIRECTOR AND LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S): BURIAL	42. SIGNATURE OF EMBALMER: Kaye Mitchell			43. LICENSE NO: 7928	
	44. NAME OF FUNERAL DIRECTOR: PEEK FAMILY COLONIAL FUNERAL HOME	45. LICENSE NO: FD 946	46. SIGNATURE OF LOCAL REGISTRAR: [illegible] MD		47. DATE MM/DD/CCYY: 01/23/1995	
PLACE OF DEATH	101. PLACE OF DEATH: RESIDENCE	102. IF HOSPITAL—SPECIFY ONE: [ ] ER [ ] IP/OP [ ] DOA	103. FACILITY OTHER THAN HOSPITAL: [ ] CONV. HOME [ ] P.D. [ ] OTHER		104. COUNTY: ORANGE	
	105. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 6072 IROQUOIS STREET				106. CITY: WESTMINSTER	
CAUSE OF DEATH	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)			TIME INTERVAL BETWEEN ONSET AND DEATH	108. DEATH REPORTED TO CORONER: [X] YES [ ] NO; REFERRAL NUMBER: 95-00464-MJ	
	IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION			MINS/HRS		
	DUE TO (b) ATHEROSCLEROTIC CARDIOVASCULAR DISEASE			YEARS	109. BIOPSY PERFORMED: [ ] YES [X] NO	
	DUE TO (c)				110. AUTOPSY PERFORMED: [ ] YES [X] NO	
	DUE TO (d)				111. USED IN DETERMINING CAUSE: [ ] YES [ ] NO	
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: HYPERTENSION					
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 111? IF YES, LIST TYPE OF OPERATION AND DATE: NO					
PHYSICIAN'S CERTIFICATION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED AND THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY; DECEDENT LAST SEEN ALIVE MM/DD/CCYY	115. SIGNATURE AND TITLE OF CERTIFIER			116. LICENSE NO.	117. DATE MM/DD/CCYY
		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP				
CORONER'S USE ONLY	I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	120. INJURY AT WORK: [ ] YES [ ] NO	121. INJURY DATE MM/DD/CCYY	122. HOUR	123. PLACE OF INJURY	
	119. MANNER OF DEATH: [X] NATURAL [ ] ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] PENDING INVESTIGATION [ ] COULD NOT BE DETERMINED	124. DESCRIBE (IN DETAIL) INJURY OCCURRED EVENTS WHICH RESULTED IN INJURY:				
	125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE):					
	126. SIGNATURE OF CORONER OR DEPUTY CORONER: [signature]	127. DATE MM/DD/CCYY: 01/20/1995	128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER: DEPUTY CORONER WILLIAM C. KING FOR THE LIFE CORONER, SNA, CATES			
STATE REGISTRAR	A	B	C	D	E	F	G	H	FILE NUMBER: 2497	CENSUS TRACT

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF ORANGE } SS

DATE ISSUED MAY 04 1999

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Orange County Clerk-Recorder.

GARY L. GRANVILLE, Clerk-Recorder
ORANGE COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Clerk-Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

28720

Return
O'Brien, Gazin & Peterson
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Costa Mesa, CA 92626

State of Oregon, County of Klamath
Recorded 7/19/99, at 3:15 p. m.
In Vol. M99 Page 28719
Linda Smith,
County Clerk Fee$ 15 KR