

## RECORDING REQUESTED BY

JODEEN E. WERP, SUCCESSOR TRUSTEE

State of Oregon, County of Klamath  
 Recorded 01/25/05 9.25 a m  
 Vol M05 Pg 05249-51  
 Linda Smith, County Clerk  
 Fee \$ 31<sup>00</sup> # of Pgs 3

AND WHEN RECORDED MAIL TO

NAME JOHN H. CARLSON JR.  
 ADDRESS 5726 PENNSWOOD AVE.  
 CITY/STATE/ZIP LAKEWOOD, CALIF 90712.

'05 JAN 25 AM9:25

## QUITCLAIM DEED

## KNOW ALL MEN BY THESE PRESENTS THAT:

FOR NO CONSIDERATION, JODEEN E. WERP, Successor Trustee of the John H. Carlson Revocable Family Trust dated June 17, 2002, hereinafter referred to as "Grantor," does hereby remise, release and forever quitclaim unto JOHN H. CARSON, JR., an Individual, hereinafter referred to as "Grantee," the following lands and property, together with all improvements, located in the County of Klamath, State of Oregon, to-wit:

RIVER PARK, Block 1, Lots 19 and 20  
 R-3307-035GC-01100-000

Prior instrument reference: Vol. M93 of Deeds, Page 28266, Klamath County, Oregon.

This transfer is a gift to the grantee upon distribution of assets to beneficiaries from a revocable trust.

Dated: JAN. 13, 2005

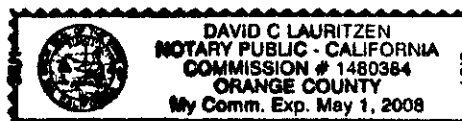
Jodeen E. Werp, Successor Trustee  
 JODEEN E. WERP, Successor Trustee

STATE OF CALIFORNIA )  
ORANGE CO ) ss.  
 COUNTY OF LOS ANGELES )

On Jan. 13, 2005, before me, DAVID C. LAURITZEN, personally appeared JODEEN E. WERP, ~~personally known to me~~ (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) ~~is~~ are subscribed to the within instrument and acknowledged to me that he ~~she~~ they executed the same in his ~~her~~ their authorized capacity(ies), and that by his ~~her~~ their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

[Signature]  
 Signature



## COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

05250

## CERTIFICATE OF DEATH

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| STATE FILE NUMBER   |  | USE BLACK INK ONLY / NO ERASURES, WRITED OUTS OR ALTERATIONS  |  | LOCAL REGISTRATION NUMBER   |  |
| 1. NAME OF DECEDENT -- FIRST (Given)  |  | 2. MIDDLE   |  | 3. LAST (Family)  |  |
| EDNA  |  | MATILDA   |  | CARLSON   |  |
| 4. DATE OF BIRTH mm/dd/yyyy   |  | 5. AGE Yrs.   |  | 6. SEX  |  |
| 09/17/1918  |  | 85  |  | F   |  |
| 7. DATE OF DEATH mm/dd/yyyy   |  | 8. HOUR (24 Hours)  |  | 9. TIME (24 Hours)  |  |
| 07/06/2004  |  | 1300  |  |   |  |
| 10. SOCIAL SECURITY NUMBER  |  | 11. EVER IN U.S. ARMED FORCES?  |  | 12. MARITAL STATUS (at Time of Death)   |  |
| 563-10-0576   |  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK                        |  | WIDOWED   |  |
| 13. EDUCATION -- Highest Level (Degrees) (see worksheet on back)  |  | 14. WAS DECEDENT SPANISH/Spanish/LATINO? (If yes, see worksheet on back)  |  | 15. DECEDENT'S RACE -- Up to 3 races may be listed (see worksheet on back)  |  |
| 12  |  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  | WHITE   |  |
| 16. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED   |  | 17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)                      |  | 18. YEARS IN OCCUPATION   |  |
| OWNER/OPERATOR  |  | ACCOUNTING  |  | 20  |  |
| 19. DECEDENT'S RESIDENCE (Street and number or location)  |  |   |  |   |  |
| 3463 LIVE OAK ST  |  |   |  |   |  |
| 21. CITY  |  | 22. COUNTY/PROVINCE   |  | 23. ZIP CODE  |  |
| HUNTINGTON PARK   |  | LOS ANGELES   |  | 90255   |  |
| 24. YEARS IN COUNTY   |  | 25. STATE/FOREIGN COUNTRY   |  |   |  |
| 58  |  | CALIFORNIA  |  |   |  |
| 26. INFORMANT'S NAME, RELATIONSHIP  |  |   |  |   |  |
| JODEEN WERP - DAUGHTER  |  |   |  |   |  |
| 27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)   |  |   |  |   |  |
| 235 S. BEACH BLVD #48 ANAHEIM, CA 92804   |  |   |  |   |  |
| 28. NAME OF SURVIVING SPOUSE -- FIRST   |  | 29. MIDDLE  |  | 30. LAST ( maiden Name)   |  |
|   |  |   |  |   |  |
| 31. NAME OF FATHER -- FIRST   |  | 32. MIDDLE  |  | 33. LAST  |  |
| CARL  |  | GUNNAR  |  | ANDERSON  |  |
| 34. BIRTH STATE   |  | 35. NAME OF MOTHER -- FIRST   |  | 36. MIDDLE  |  |
| SWEDEN  |  | SIGNÉ   |  | ELIZABETH   |  |
| 37. BIRTH STATE   |  | 38. LAST ( maiden)  |  | 39. BIRTH STATE   |  |
|   |  | HOLM  |  | SWEDEN  |  |
| 40. DISPOSITION DATE mm/dd/yyyy   |  | 41. PLACE OF FINAL DISPOSITION  |  |   |  |
| 07/13/2004  |  | RES: JODEEN WERP 235 S. BEACH BLVD #48 ANAHEIM, CA 92804  |  |   |  |
| 42. TYPE OF DISPOSITION(S)  |  | 43. SIGNATURE OF EMBALMER   |  | 44. LICENSE NUMBER  |  |
| CR/RES  |  | NOT EMBALMED  |  |   |  |
| 45. NAME OF FUNERAL ESTABLISHMENT   |  | 46. LICENSE NUMBER  |  | 47. DATE mm/dd/yyyy   |  |
| PIERCE BROTHERS ANAHEIM MORTUARY  |  | FD1060  |  | 07/09/2004  |  |
| 101. PLACE OF DEATH   |  | 102. IF HOSPITAL, SPECIFY ONE   |  | 103. IF OTHER THAN HOSPITAL, SPECIFY ONE  |  |
| RESIDENCE   |  | <input type="checkbox"/> IF <input type="checkbox"/> ENOP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice |  | <input checked="" type="checkbox"/> Nursing Home/TC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other |  |
| 104. COUNTY   |  | 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)   |  | 106. CITY   |  |
| LOS ANGELES   |  | 3463 LIVE OAK ST  |  | HUNTINGTON PARK   |  |
| 107. CAUSE OF DEATH   |  | 108. DEATH REPORTED TO CORONERO   |  | 109. DEATH REPORTED TO CORONERO   |  |
| IMMEDIATE CAUSE (Final disease or condition resulting in death)   |  | YRS   |  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  |
| CEREBROVASCULAR ACCIDENT  |  | YRS   |  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  |
| ATRIAL FIBRILLATION   |  | YRS   |  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  |
| CORONARY ARTERY DISEASE   |  | YRS   |  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  |
| HYPERTENSION  |  | YRS   |  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  |
| 110. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107  |  | 111. IF FEMALE, PREGNANT IN LAST YEAR?  |  | 112. USED IN DETERMINING CAUSE?   |  |
| ANEMIA  |  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  |
| 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? (If yes, list type of operation and date)  |  | 114. SIGNATURE AND TITLE OF CERTIFIER   |  | 115. LICENSE NUMBER   |  |
| NO  |  | Jacquelyn Vander Wall MD  |  | G065045   |  |
| 116. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED   |  | 117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE   |  | 118. DATE mm/dd/yyyy  |  |
| Decedent Attended Since Decedent Last Seen Alive  |  | 3771 KATELLA AVE #100<br>LOS ALAMITOS, CA 90720   |  | 07/08/2004  |  |
| 119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED   |  | 120. INJURED AT WORK?   |  | 121. INJURY DATE mm/dd/yyyy   |  |
| MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined |  | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK                                   |  |   |  |
| 122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)   |  | 123. INJURY DATE mm/dd/yyyy   |  | 124. HOUR (24 Hours)  |  |
|   |  |   |  |   |  |
| 125. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)   |  | 126. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)   |  | 127. SIGNATURE OF CORONER / DEPUTY CORONER  |  |
|   |  |   |  |   |  |
| 128. DATE mm/dd/yyyy  |  | 129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER   |  | 130. STATE REGISTRAR  |  |
|   |  |   |  | A B C D E   |  |
| FAX AUTH. #   |  | CENSUS TRACT  |  |   |  |
| 061-4157  |  |   |  |   |  |

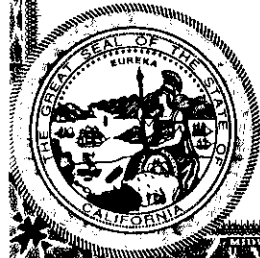
\*060128304\*

This is a true certified copy of the record filed in the County of Los Angeles  
Department of Health Services if it bears the Registrar's signature in purple ink.

Director of Health Services and Registrar

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



# CERTIFICATE OF DEATH

05251

STATE OF CALIFORNIA  
USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS  
VS-11 (REV. 7/93)

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

|  |  |    |  |    |   |  |
|--|--|----|--|----|---|--|
| DECEDENT<br>PERSONAL<br>DATA                     | 1. NAME OF DECEDENT—FIRST (GIVEN)<br><b>JOHN</b>   |    | 2. MIDDLE<br><b>HAROLD</b>   |    | 3. LAST (FAMILY)<br><b>CARLSON</b>  |  |
|  | 4. DATE OF BIRTH MM/DD/CCYY<br><b>12/02/1918</b>   |    | 5. AGE YRS.<br><b>77</b>   |    | 6. SEX<br><b>Male</b>   |  |
|  | 7. DATE OF DEATH MM/DD/CCYY<br><b>04/09/1996</b>   |    | 8. HOUR<br><b>1211</b>   |    |   |  |
|  | 9. STATE OF BIRTH<br><b>PA</b>   |    | 10. SOCIAL SECURITY NO.<br><b>561-16-8911</b>  |    | 11. MILITARY SERVICE<br><b>19 To 19 NONE</b>  |  |
| USUAL<br>RESIDENCE                               | 12. MARITAL STATUS<br><b>Married</b>   |    | 13. EDUCATION —YEARS COMPLETED<br><b>14</b>  |    |   |  |
|  | 14. RACE<br><b>White</b>   |    | 15. HISPANIC—SPECIFY<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |    | 16. USUAL EMPLOYER<br><b>Self Employed</b>  |  |
|  | 17. OCCUPATION<br><b>Accountant</b>  |    | 18. KIND OF BUSINESS<br><b>Accounting</b>  |    | 19. YEARS IN OCCUPATION<br><b>20</b>  |  |
|  | 20. RESIDENCE—STREET AND NUMBER OR LOCATION<br><b>3463 Live Oak St.</b>  |    |  |    |   |  |
| INFORMANT  | 21. CITY<br><b>Huntington Park</b>   |    | 22. COUNTY<br><b>Los Angeles</b>   |    | 23. ZIP CODE<br><b>90255</b>  |  |
|  | 24. YRS IN COUNTY<br><b>60</b>   |    | 25. STATE OR FOREIGN COUNTRY<br><b>California</b>  |    |   |  |
| SPOUSE<br>AND<br>PARENT<br>INFORMATION           | 26. NAME, RELATIONSHIP<br><b>Edna M. Carlson - Wife</b>  |    | 27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)<br><b>3463 Live Oak St., Huntington Park, CA 90255</b> |    |   |  |
|  | 28. NAME OF SURVIVING SPOUSE—FIRST<br><b>Edna</b>  |    | 29. MIDDLE<br><b>Matilda</b>   |    | 30. LAST (MAIDEN NAME)<br><b>Anderson</b>   |  |
|  | 31. NAME OF FATHER—FIRST<br><b>Carl</b>  |    | 32. MIDDLE<br><b>-</b>   |    | 33. LAST<br><b>Carlson</b>  |  |
|  | 34. BIRTH STATE<br><b>Sweden</b>   |    | 35. NAME OF MOTHER—FIRST<br><b>Anna</b>  |    | 36. MIDDLE<br><b>Elizabeth</b>  |  |
| DISPOSITION(S)                                   | 37. LAST (MAIDEN)<br><b>Anderson</b>   |    | 38. BIRTH STATE<br><b>Sweden</b>   |    |   |  |
|  | 39. DATE MM/DD/CCYY<br><b>04/12/1996</b>   |    | 40. PLACE OF FINAL DISPOSITION<br><b>Res. of wife, Edna M. Carlson, 3463 Live Oak St., Huntington Park, CA 90255</b>                           |    |   |  |
| FUNERAL<br>DIRECTOR<br>AND<br>LOCAL<br>REGISTRAR | 41. TYPE OF DISPOSITION(S)<br><b>CR/RES</b>  |    | 42. SIGNATURE OF EMBALMER<br><b>Not Embalmed</b>   |    | 43. LICENSE NO.<br><b>-</b>   |  |
|  | 44. NAME OF FUNERAL DIRECTOR<br><b>Dilday-Mottell Mortuary</b>   |    | 45. LICENSE NO.<br><b>FD-887</b>   |    | 46. SIGNATURE OF LOCAL REGISTRAR<br><b>Robert C. Mottell</b>  |  |
| PLACE<br>OF<br>DEATH                             | 47. DATE MM/DD/CCYY<br><b>04/11/1996</b>   |    |  |    |   |  |
|  | 101. PLACE OF DEATH<br><b>DOWNEY COMMUNITY HOSPITAL</b>  |    | 102. IF HOSPITAL, SPECIFY ONE:<br><input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA           |    | 103. FACILITY OTHER THAN HOSPITAL:<br><input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER |  |
| CAUSE<br>OF<br>DEATH                             | 104. COUNTY<br><b>LOS ANGELES</b>  |    | 105. STREET ADDRESS—STREET AND NUMBER OR LOCATION<br><b>11500 S. BROOKSHIRE</b>  |    |   |  |
|  | 106. CITY<br><b>DOWNEY</b>   |    |  |    |   |  |
|  | 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  |  |
|  | (A) <b>RESPIRATORY FAILURE</b>   |    | <b>4 MINS.</b>   |    | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>REFERRAL NUMBER  |  |
| PHYSI-<br>CIAN'S<br>CERTIFI-<br>CATION           | (B) <b>C.O.P.D.</b>  |    | <b>5 YEARS</b>   |    | 109. BIOPSY PERFORMED   |  |
|  | (C) <b>SMOKING</b>   |    | <b>YEARS</b>   |    | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  |
|  | (D)  |    |  |    | 110. AUTOPEY PERFORMED  |  |
|  |  |    |  |    | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  |
| CORONER'S<br>USE<br>ONLY                         | 111. USED IN DETERMINING CAUSE<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |    | 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107<br><b>PNEUMONIA</b>                              |    |   |  |
|  | 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.<br><b>NO</b>   |    |  |    |   |  |
|  | 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.<br>DECEDENT ATTENDED SINCE MM/DD/CCYY <b>04/05/1996</b> DECEDENT LAST SEEN ALIVE MM/DD/CCYY <b>04/09/1996</b>                          |    | 115. SIGNATURE AND TITLE OF CERTIFIER<br><b>Andrew J. Fishman, MD</b>  |    | 116. LICENSE NO.<br><b>G44744</b>   |  |
|  | 117. DATE MM/DD/CCYY<br><b>04/09/1996</b>  |    | 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP<br><b>Andrew J. Fishman, MD 1245 Wilshire Bl. #514 L.A., CA 90017</b>              |    |   |  |
| STATE<br>REGISTRAR                               | 119. MANNER OF DEATH<br><input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE<br><input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED |    | 120. INJURY AT WORK<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |    | 121. INJURY DATE MM/DD/CCYY   |  |
|  | 122. HOUR  |    | 123. PLACE OF INJURY   |    |   |  |
|  | 124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)  |    |  |    |   |  |
|  | 125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)  |    |  |    |   |  |
| FAX AUTH. #                                      | 126. SIGNATURE OF CORONER OR DEPUTY CORONER<br><b>Robert C. Mottell</b>  |    | 127. DATE MM/DD/CCYY   |    | 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER   |  |
|  | 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  |  | AA |   |  |
| AB   |  | AC |  | AD |   |  |
| AE   |  | AF |  | AG |   |  |
| AH   |  | AI |  | AJ |   |  |
| AK   |  | AL |  | AM |   |  |
| AN   |  | AO |  | AP |   |  |
| AQ   |  | AR |  | AS |   |  |
| AT   |  | AU |  | AV |   |  |
| AW   |  | AX |  | AY |   |  |
| AZ   |  | BA |  | BB |   |  |
| BC   |  | BD |  | BE |   |  |
| BF   |  | BG |  | BH |   |  |
| BI   |  | BJ |  | BK |   |  |
| BL   |  | BM |  | BN |   |  |
| BO   |  | BP |  | BQ |   |  |
| BR   |  | BS |  | BT |   |  |
| BU   |  | BV |  | BW |   |  |
| BX   |  | BY |  | BZ |   |  |
| CA   |  | CB |  | CC |   |  |
| CD   |  | CE |  | CF |   |  |
| CG   |  | CH |  | CI |   |  |
| CJ   |  | CK |  | CL |   |  |
| CM   |  | CN |  | CO |   |  |
| CP   |  | CQ |  | CR |   |  |
| CS   |  | CT |  | CU |   |  |
| CV   |  | CW |  | CX |   |  |
| CY   |  | CZ |  | DA |   |  |
| DB   |  | DC |  | DD |   |  |
| DE   |  | DF |  | DG |   |  |
| DH   |  | DI |  | DJ |   |  |
| DK   |  | DL |  | DM |   |  |
| DN   |  | DO |  | DP |   |  |
| DQ   |  | DR |  | DS |   |  |
| DT   |  | DU |  | DV |   |  |
| DW   |  | DX |  | DY |   |  |
| DZ   |  | EA |  | EB |   |  |
| EC   |  | ED |  | EE |   |  |
| EF   |  | EG |  | EH |   |  |
| EI   |  | EJ |  | EK |   |  |
| EL   |  | EM |  | EN |   |  |
| EO   |  | EP |  | EQ |   |  |
| ER   |  | ES |  | ET |   |  |
| EU   |  | EV |  | EW |   |  |
| EX   |  | EY |  | EZ |   |  |
| FA   |  | FB |  | FC |   |  |
| FD   |  | FE |  | FF |   |  |
| FG   |  | FH |  | FI |   |  |
| FJ   |  | FK |  | FL |   |  |
| FM   |  | FN |  | FO |   |  |
| FP   |  | FQ |  | FR |   |  |
| FS   |  | FT |  | FU |   |  |
| FV   |  | FW |  | FX |   |  |
| FY   |  | FZ |  | GA |   |  |
| GB   |  | GC |  | GD |   |  |
| GE   |  | GF |  | GG |   |  |
| GH   |  | GI |  | GJ |   |  |
| GK   |  | GL |  | GM |   |  |
| GN   |  | GO |  | GP |   |  |
| GQ   |  | GR |  | GS |   |  |
| GT   |  | GU |  | GV |   |  |
| GW   |  | GX |  | GY |   |  |
| GZ   |  | HA |  | HB |   |  |
| HC   |  | HD |  | HE |   |  |
| HF   |  | HG |  | HH |   |  |
| HI   |  | HJ |  | HK |   |  |
| HL   |  | HM |  | HN |   |  |
| HO   |  | HP |  | HQ |   |  |
| HR   |  | HS |  | HT |   |  |
| HU   |  | HV |  | HW |   |  |
| HX   |  | HY |  | HZ |   |  |
| IA   |  | IB |  | IC |   |  |
| ID   |  | IE |  | IF |   |  |
| IG   |  | IH |  | II |   |  |
| IJ   |  | IK |  | IL |   |  |
| IM   |  | IN |  | IO |   |  |
| IP   |  | IQ |  | IR |   |  |
| IS   |  | IT |  | IU |   |  |
| IV   |  | IW |  | IX |   |  |
| IY   |  | IZ |  | JA |   |  |
| JB   |  | JC |  | JD |   |  |
| JE   |  | JF |  | JG |   |  |
| JH   |  | JI |  | JJ |   |  |
| JK   |  | JL |  | JM |   |  |
| JN   |  | JO |  | JP |   |  |
| JQ   |  | JR |  | JS |   |  |
| JT   |  | JU |  | JV |   |  |
| JW   |  | JX |  | JY |   |  |
| JZ   |  | KA |  | KB |   |  |
| KC   |  | KD |  | KE |   |  |
| KF   |  | KG |  | KH |   |  |
| KI   |  | KJ |  | KK |   |  |
| KL   |  | KM |  | KN |   |  |
| KO   |  | KP |  | KQ |   |  |
| KR   |  | KS |  | KT |   |  |
| KU   |  | KV |  | KW |   |  |
| KX   |  | KY |  | KZ |   |  |
| LA   |  | LB |  | LC |   |  |
| LD   |  | LE |  | LF |   |  |
| LG   |  | LH |  | LI |   |  |
| LJ   |  | LK |  | LL |   |  |
| LM   |  | LN |  | LO |   |  |
| LP   |  | LQ |  | LR |   |  |
| LS   |  | LT |  | LU |   |  |
| LV   |  | LW |  | LX |   |  |
| LY   |  | LZ |  | MA |   |  |
| MB   |  | MC |  | MD |   |  |
| ME   |  | MF |  | MG |   |  |
| MH   |  | MI |  | MJ |   |  |
| MK   |  | ML |  | MM |   |  |
| MN   |  | MO |  | MP |   |  |
| MQ   |  | MR |  | MS |   |  |
| MT   |  | MU |  | MV |   |  |
| MW   |  | MX |  | MY |   |  |
| MZ   |  | NA |  | NB |   |  |
| NC   |  | ND |  | NE |   |  |
| NF   |  | NG |  | NH |   |  |
| NI   |  | NJ |  | NK |   |  |
| NL   |  | NM |  | NN |   |  |
| NO   |  | NP |  | NQ |   |  |
| NR   |  | NS |  | NT |   |  |
| NU   |  | NV |  | NW |   |  |
| NX   |  | NY |  | NZ |   |  |
| OA   |  | OB |  | OC |   |  |
| OD   |  | OE |  | OF |   |  |
| OG   |  | OH |  | OI |   |  |
| OJ   |  | OK |  | OL |   |  |
| OM   |  | ON |  | OO |   |  |
| OP   |  | OQ |  | OR |   |  |
| OS   |  | OT |  | OU |   |  |
| OV   |  | OW |  | OX |   |  |
| OY   |  | OZ |  | PA |   |  |
| PB   |  | PC |  | PD |   |  |
| PE   |  | PF |  | PG |   |  |
| PH   |  | PI |  | PJ |   |  |
| PK   |  | PL |  | PM |   |  |
| PN   |  | PO |  | PP |   |  |
| PQ   |  | PR |  | PS |   |  |
| PT   |  | PU |  | PV |   |  |
| PW   |  | PX |  | PY |   |  |
| PZ   |  | QA |  | QB |   |  |
| QC   |  | QD |  | QE |   |  |
| QF   |  | QG |  | QH |   |  |
| QI   |  | QJ |  | QK |   |  |
| QL   |  | QM |  | QN |   |  |
| QO   |  | QP |  | QQ |   |  |
| QR   |  | QS |  | QT |   |  |
| QU   |  | QV |  | QW |   |  |
| QX   |  | QY |  | QZ |   |  |
| RA   |  | RB |  | RC |   |  |
| RD   |  | RE |  | RF |   |  |
| RG   |  | RH |  | RI |   |  |
| RJ   |  | RK |  | RL |   |  |
| RM   |  | RN |  | RO |   |  |
| RP   |  | RQ |  | RR |   |  |
| RS   |  | RT |  | RU |   |  |
| RV   |  | RW |  | RX |   |  |
| RY   |  | RZ |  | SA |   |  |
| SB   |  | SC |  | SD |   |  |
| SE   |  | SF |  | SG |   |  |
| SH   |  | SI |  | SJ |   |  |
| SK   |  | SL |  | SM |   |  |
| SN   |  | SO |  | SP |   |  |
| SQ   |  | SR |  | SS |   |  |
| ST   |  | SU |  | SV |   |  |
| SW   |  | SX |  | SY |   |  |
| SZ   |  | TA |  | TB |   |  |
| TC   |  | TD |  | TE |   |  |
| TF   |  | TG |  | TH |   |  |
| TI   |  | TJ |  | TK |   |  |
| TL   |  | TM |  | TN |   |  |
| TO   |  | TP |  | TQ |   |  |
| TR   |  | TS |  | TT |   |  |
| TU   |  | TV |  | TW |   |  |
| TX   |  | TY |  | TZ |   |  |
| UA   |  | UB |  | UC |   |  |
| UD   |  | UE |  | UF |   |  |
| UG   |  | UH |  | UI |   |  |
| UJ   |  | UK |  | UL |   |  |
| UM   |  | UN |  | UO |   |  |
| UP   |  | UQ |  | UR |   |  |
| US   |  | UT |  | UU |   |  |
| UV   |  | UW |  | UX |   |  |
| UY   |  | UZ |  | VA |   |  |
| VB   |  | VC |  | VD |   |  |
| VE   |  | VF |  | VG |   |  |
| VH   |  | VI |  | VJ |   |  |
| VK   |  | VL |  | VM |   |  |
| VN   |  | VO |  | VP |   |  |
| VQ   |  | VR |  | VS |   |  |
| VT   |  | VU |  | VV |   |  |
| VW   |  | VX |  | VY |   |  |
| VZ   |  | WA |  | WB |   |  |
| WC   |  | WD |  | WE |   |  |
| WF   |  | WG |  | WH |   |  |
| WI   |  | WJ |  | WK |   |  |
| WL   |  | WM |  | WN |   |  |
| WO   |  | WP |  | WQ |   |  |
| WR   |  | WS |  | WT |   |  |
| WU   |  | WV |  | WW |   |  |
| WX   |  | WY |  | WZ |   |  |
| XA   |  | XB |  | XC |   |  |
| XD   |  | XE |  | XF |   |  |
| XG   |  | XH |  | XI |   |  |
| XJ   |  | XK |  | XL |   |  |
| XM   |  | XN |  | XO |   |  |
| XP   |  | XQ |  | XR |   |  |
| XS   |  | XT |  | XU |   |  |
| XV   |  | XW |  | XX |   |  |
| XY   |  | XZ |  | YA |   |  |
| YB   |  | YC |  | YD |   |  |
| YE   |  | YF |  | YG |   |  |
| YH   |  | YI |  | YJ |   |  |
| YK   |  | YL |  | YM |   |  |
| YN   |  | YO |  | YP |   |  |
| YQ   |  | YR |  | YS |   |  |
| YT   |  | YU |  | YV |   |  |
| YW   |  | YX |  | YY |   |  |
| YZ   |  | ZA |  | ZB |   |  |
| ZC   |  | ZD |  | ZE |   |  |
| ZF   |  | ZG |  | ZH |   |  |
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| ZL   |  | ZM |  | ZN |   |  |
| ZO   |  | ZP |  | ZQ |   |  |
| ZR   |  | ZS |  | ZT |   |  |
| ZU   |  | ZV |  | ZW |   |  |
| ZX   |  | ZY |  | ZZ |   |  |

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Director of Health Services and Registrar