MTC-72683 KR

AmeriTitle
Part Of The JELD-WEN Family

M05-72097
Klamath County, Oregon
12/30/2005 10:36:06 AM
Pages 9 Fee: $61.00

THIS SPACE RESERVED FOR RECORDER'S USE

After recording return to:
JELD-WEN, inc., an Oregon corporation c/o Kristi
~~3250 LAKEPORT BLVD.~~ AmeriTitle
KLAMATH FALLS, OR 97601-

Until a change is requested all
tax statements shall be sent to
The following address:

JELD-WEN, inc., an Oregon corporation
3250 LAKEPORT BLVD.
KLAMATH FALLS, OR 97601-

Escrow No. MT72683-KR
Title No. 0072683

STATUTORY WARRANTY DEED

Marjorie R. Dinneen Trustee of the Charles A. Dinneen and Marjorie Dinneen Trust, Grantor(s) hereby convey and warrant to **JELD-WEN, inc., an Oregon corporation,** Grantee(s) the following described real property in the County of **KLAMATH** and State of Oregon free of encumbrances except as specifically set forth herein:

Lot 9 in Block 3, PELICAN CITY, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

Tax Account No: 3809-019AC-00700-000 Key No: 432767

The above-described property is free of encumbrances except all those items of record, if any, as of the date of this deed and those shown below, if any:

The true and actual consideration for this conveyance is **$10,030.00.**

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES AND TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930.

Dated this 27 day of Dec. 2005.

Marjorie R. Dinneen
Marjorie R. Dinneen, Trustee of the Charles A. Dinneen and
Marjorie Dinneen Trust

State of ~~Oregon~~ California
County of ~~KLAMATH~~ San Joaquin

This instrument was acknowledged before me on Dec 27, ~~2005~~ 2005 by Marjorie R. Dinneen Trustee of the Charles A. Dinneen and Marjorie Dinneen Trust.

(Notary Public for ~~Oregon~~ California)
My commission expires 4-17-06

MEGAN EICHENBERGER
Commission # 1347528
Notary Public - California
San Joaquin County
My Comm. Expires Apr 17, 2006

51.00

AFFIDAVIT OF HEIRSHIP,
INHERITANCE AND OWNERSHIP

STATE OF OREGON)
)
County of Klamath)

The undersigned, Marjorie R Dinneen, over the age of 18 years, being first duly sworn, depose and say;

1) That the following are all the heirs at law of Anita V. Dinneen, deceased and have their residence and domicile at:

NAMES	ADDRESS
~~Charles A. Dinneen~~ (Son) Pursuant to will out of Probate in Alameda County, California for Anita V. Dinneen	Deceased on * 10/21/1998
Marjorie R, Dinneen Trustee of the Charles A. Dinneen and Marjorie Dinneen Trust Pursuant to the will of Charles A. Dinneen.	

That the descendent has no deceased children or children of such children that are not affiants hereto.

2) That Anita V. Dinneen died 1/24/1969; that at the time of her death, the domicile of the descendent was Oakland California.

3) That at the time of her death, She owned in fee simple title:

Lot 9, Block 3 of Pelican City, according to the official plat thereof on file in the office of the Clerk of Klamath County, Oregon

4) That there are no debts or encumbrances remaining unpaid which are or may become a lien on said property, all claims against the estate have been paid, and federal estate taxes have been paid and all inheritance taxes have been paid.

5) That this affidavit is made for the purpose inducing AmeriTitle/Chicago Title Insurance Company of Oregon to issue its policy or policies of title insurance on the above described property. In consideration of the issuance of said policy or policies, the undersigned agrees to hold AmeriTitle and/or Chicago Title Insurance Company of Oregon free and clear of all liability and responsibility for any loss, damage or expense that may arise or it may suffer by reason of the issuance of such policy or policies without requiring probate of the estate of the decedent.

Marjorie R Dinneen — Signor
Marjorie R. Dinneen

12/27/05 — Dated

STATE OF ~~OREGON~~ California)
COUNTY OF San Joaquin

BE IT REMEMBERED, That on this 27 day of Dec, 2005, before me, the undersigned, a Notary Public in the State of California personally appeared the within named Marjorie Dinneen known to me or proved to me on the basis of satisfactory evidence, to be the identical individual described in and who executed the same freely instrument and acknowledged to me that She executed the same freely and voluntarily.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal the day and year last above written.

MEGAN EICHENBERGER
Commission # 1347528
Notary Public - California
San Joaquin County
My Comm. Expires Apr 17, 2006

Notary Public, State of ~~Oregon~~ California
My commission expires: 4 17 06

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SAN JOAQUIN COUNTY

PUBLIC HEALTH SERVICES

STOCKTON, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS

VS-11 (REV. 11/96)

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER #3343

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN): Charles
2. MIDDLE: Augustin
3. LAST (FAMILY): Dinneen
4. DATE OF BIRTH MM/DD/CCYY: 12/16/1912
5. AGE YRS.: 85
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HOURS: HOURS / MINUTES
6. SEX: M
7. DATE OF DEATH MM/DD/CCYY: 10/21/1998
8. HOUR: 1655
9. STATE OF BIRTH: Rhode Island
10. SOCIAL SECURITY NO.: 573-14-9715
11. MILITARY SERVICE: [ ] YES [X] NO
12. MARITAL STATUS: Married
13. EDUCATION—YEARS COMPLETED: 13
14. RACE: White
15. HISPANIC—SPECIFY: [ ] YES [X] NO
16. USUAL EMPLOYER: Pacific Pipe
17. OCCUPATION: Operating Engineer
18. KIND OF BUSINESS: Construction
19. YEARS IN OCCUPATION: 35

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION: 975 Carrie Street
21. CITY: Stockton
22. COUNTY: San Joaquin
23. ZIP CODE: 95206
24. YRS IN COUNTY: 4
25. STATE OR FOREIGN COUNTRY: CA

INFORMANT

26. NAME, RELATIONSHIP: Marjorie R. Dinneen Wife
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP): 975 Carrie Street, Stockton, CA 95206

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST: Marjorie
29. MIDDLE: Ruth
30. LAST (MAIDEN NAME): London
31. NAME OF FATHER—FIRST: Edward
32. MIDDLE: Joseph
33. LAST: Dinneen
34. BIRTH STATE: R.I.
35. NAME OF MOTHER—FIRST: Anita
36. MIDDLE: Virgina
37. LAST (MAIDEN): Gonzales
38. BIRTH STATE: UNK

DISPOSITION(S)

39. DATE MM/DD/CCYY: 10/26/1998
40. PLACE OF FINAL DISPOSITION: Holy Sepulchre Cemetery 26320 Mission Blvd. Hayward, Ca 94544

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S): CR/BU
42. SIGNATURE OF EMBALMER: ▶ Not Embalmed
43. LICENSE NO.: -
44. NAME OF FUNERAL DIRECTOR: Neptune Society of NO. CA
45. LICENSE NO.: 1502
46. SIGNATURE OF LOCAL REGISTRAR: ▶ R Chavez
47. DATE MM/DD/CCYY: 10/26/1998 VH

PLACE OF DEATH

101. PLACE OF DEATH: Sunrise Hampton Care Center
102. IF HOSPITAL, SPECIFY ONE: [ ] IP [ ] ER/OP [ ] DOA
103. FACILITY OTHER THAN HOSPITAL: [X] CONV. HOSP. [ ] RES. CARE [ ] OTHER
104. COUNTY: San Joaquin
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 442 E. Hampton
106. CITY: Stockton

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
IMMEDIATE CAUSE (A)	Septicemia	2 days
DUE TO (B)	Severe Parkinson's Disease	10 yrs
DUE TO (C)	Dementia - Senile	10 yrs
DUE TO (D)		

108. DEATH REPORTED TO CORONER: [ ] YES [X] NO REFERRAL NUMBER
109. BIOPSY PERFORMED: [ ] YES [X] NO
110. AUTOPSY PERFORMED: [ ] YES [X] NO
111. USED IN DETERMINING CAUSE: [ ] YES [X] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: Anemia

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? 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 FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY: 08/19/1998 DECEDENT LAST SEEN ALIVE MM/DD/CCYY: 09/20/1998
115. SIGNATURE AND TITLE OF CERTIFIER: ▶ Steven Nelson MD
116. LICENSE NO.: G 29851
117. DATE MM/DD/CCYY: 10/26/1998
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP: Steven Nelson M.D. 800 Douglas Rd. Stockton, CA 95207

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

119. MANNER OF DEATH: [ ] NATURAL [ ] SUICIDE [ ] HOMICIDE [ ] ACCIDENT [ ] PENDING INVESTIGATION [ ] COULD NOT BE DETERMINED
120. INJURY AT WORK: [ ] YES [ ] 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, ZIP)
126. SIGNATURE OF CORONER OR DEPUTY CORONER: ▶
127. DATE MM/DD/CCYY
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER

STATE REGISTRAR

A	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT
								85850	

182861

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS
COUNTY OF SAN JOAQUIN

This is a true and exact reproduction of the document officially registered and placed on file with San Joaquin County Public Health Services.

DATE ISSUED: 10/27/1998

Karen Furst MD
KAREN FURST, M.D.
LOCAL REGISTRAR

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

THE GREAT SEAL OF THE STATE OF CALIFORNIA EUREKA

SAN JOAQUIN COUNTY CALIFORNIA

HOWARD BANK NOTE COMPANY — ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

69-014268 STATE FILE NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

6001 LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

59

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME: ANITA
1b. MIDDLE NAME: V.
1c. LAST NAME: DINNEEN
2a. DATE OF DEATH: JANUARY 4, 1969 3:35 P.M.
3. SEX: Female
4. COLOR OR RACE: White
5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California
6. DATE OF BIRTH: February 27, 1878
7. AGE: 90 YEARS
8. NAME AND BIRTHPLACE OF FATHER: Frank Gonzales, Unk.
9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Prudencia Espinoza, Unk.
10. CITIZEN OF WHAT COUNTRY: U. S. A.
11. SOCIAL SECURITY NUMBER:
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
13. NAME OF SURVIVING SPOUSE: *
14. LAST OCCUPATION: Housewife
15. NUMBER OF YEARS IN THIS OCCUPATION: *
16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED SO STATE): **
17. KIND OF INDUSTRY OR BUSINESS: At Home

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER INPATIENT FACILITY: North Shore Convalescent
18a. STREET ADDRESS—(STREET AND NUMBER OR LOCATION): 2116 Otis Drive
18. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): yes
18b. CITY OR TOWN: Alameda 95
18c. COUNTY: Alameda
18f. LENGTH OF STAY IN COUNTY OF DEATH: life YEARS
18g. LENGTH OF STAY IN CALIFORNIA: life YEARS

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION ENTER RESIDENCE BEFORE ADMISSION)

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 523 41st Street OK-8
19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): yes
20. NAME AND MAILING ADDRESS OF INFORMANT: Charles Dinneen, 1136 Everett St., Oakland
19c. CITY OR TOWN: Oakland
19d. COUNTY: Alameda
19e. STATE: California

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD AN INVESTIGATION OR INQUEST
21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I ATTENDED THE DECEASED FROM (ENTER MONTH, DAY, YEAR): 8-15-68 TO (ENTER MONTH, DAY, YEAR): 1-4-69 AND LAST SAW ALIVE (ENTER MONTH, DAY, YEAR): 1-3-69
21. PHYSICIAN OR CORONER (SIGNATURE AND TITLE): Jean H. Sharp M. D.
21. DATE SIGNED: 1/6/69
21. ADDRESS: 2229 Santa Clara Ave
21. LICENSE NUMBER: CA 20547

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Burial
22b. DATE: 1/7/69
23. NAME OF CEMETERY OR CREMATORY: Holy Sepulchre
24. EMBALMER (SIGNATURE AND LICENSE NUMBER): John J. Nolan. 4421
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Albert Engel & Co.
26. DID DECEASED EVER SERVE IN THE ARMED FORCES (SPECIFY YES OR NO): no
27. LOCAL REGISTRAR (SIGNATURE): James C. Malcolm MD
28. DATE: JAN 6 1969

MEDICAL AND HEALTH DATA

CAUSE OF DEATH

29. PART I. DEATH WAS CAUSED BY — ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C

331 CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST

IMMEDIATE CAUSE (A) Cerebral Vascular Accident — 5 days
DUE TO OR AS A CONSEQUENCE OF (B) Generalized Arteriosclerosis — 2 yr
DUE TO OR AS A CONSEQUENCE OF (C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I
31. WAS OPERATION PERFORMED FOR ANY CONDITION IN PART I OR PART II DURING THIS ILLNESS?
32a. AUTOPSY: no
32b. FINDINGS

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE
34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.)
35. INJURY AT WORK
36a. DATE OF INJURY
36b. HOUR
37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)
37b. DISTANCE FROM PLACE OF OCCUPATIONAL RESIDENCE (SPECIFY MILES)
38. ACTIVITY AT TIME OF INJURY
39. ANY OTHER SIGNIFICANT FACTS
40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY, NATURE OF INJURY, THROUGH WHICH INJURED IN TOWN)

STATE REGISTRAR

A	B	C	D	E	F
11	[illegible]	[illegible]	2.5	4269	

REV. 11-68 FORM V-17

This is to certify that this is a true copy of the document on file in this office.

ATTEST: AUG 21 1987

R. C. Davidson
COUNTY RECORDER
ALAMEDA COUNTY, CALIFORNIA

OLD ACCT.

105249

[illegible] Bank of Commerce Building
Oakland, California
[illegible]600
Attorneys for Executor

SUPERIOR COURT OF THE STATE OF CALIFORNIA

IN AND FOR [illegible]

Estate of ANITA V. DINNEEN Deceased.	No. 182260

CHARLES A. DINNEEN, Executor of the Will of ANITA V. DINNEEN, deceased, having filed his Petition for Final Distribution Without Rendering An Account and the petition coming on regularly to be heard, and it being proved to the satisfaction of the Court that notice [illegible] has been given in the manner required by law, the [illegible] finds:

1. That due and legal notice to creditors has been given in the manner required by law.

2. That all claims and debts against said decedent and her estate, and all expenses of administration [illegible] been paid. That the California Inheritance Tax payable in this estate has been fixed and paid. That said estate is ready for distribution and now in a condition to be closed.

3. That the rendition and settlement of an account by said Executor is not necessary, because he is the sole residuary distributee under the Will of the decedent, and he has waived an accounting.

4. That [illegible]

sub-[illegible] b, c, and d of [illegible]

[illegible]ITA MARIE KOUR, [illegible]

Will as WILDRED DETELWEIR and [illegible]

been assigned to CHARLES J. [illegible]

DINNEEN has waived payment of said [illegible]

5. That CHARLES J. DINNEEN [illegible]

[illegible] the costs of administration of [illegible]'s estate

[illegible]

[illegible] said costs of administration.

6. That the whole of said estate was the

[illegible] property of [illegible]

7. That MAT FRANKEL & [illegible]

at law, are entitled to a statutory fee for ordinary [illegible]

rendered herein as attorneys for the Executor in the [illegible]

$842.50.

IT IS ORDERED AND DECREED that the Executor [illegible]

to MAT FRANKEL & PHILIP A. WANTUK, attorneys at law, [illegible]

sum of $842.50 as statutory fees for ordinary services [illegible]

rendered herein as attorneys for Executor.

IT IS [illegible] DECREED [illegible]

an undivided one-half interest is hereby distributed [illegible]

to CHARLES JOSEPH DINNEEN and an undivided one-half

interest is hereby distributed to PATRICIA MARTINEZ the

the following described real property, as the devise under

sub-clause a of clause THIRD of the Will of the deceased:

All that certain real property located in the

County of Santa Clara, State of California, more particularly

described as follows:

> Lot Numbered 250, Block Q, Map No. 3 of Redwood Estates according to a map of said Redwood Estates of record in the office of the County Recorder of the County of Santa Clara, State of California, in Map Book V at pages 32, [illegible] and 34, Santa Clara County Records,

IT IS [illegible] ORDERED AND DECR[illegible]

the following described real property, toge[illegible]

all other property now now known or discovere[illegible]

may belong to said estate or in which said [illegible]

have any interest to CHARLES A. [illegible] as r[illegible] legacy

in sub-clause e of clause [illegible] of the Will [illegible]

All that property located in the City [illegible]

County of Alameda, State of California, com[illegible]

as 523 [illegible]

described as follows:

Lot [illegible] and the western 24 feet [illegible]

front and rear [illegible] of the [illegible]

[illegible] Book [illegible]

Page [illegible], Alameda County Reco[illegible]

Dated: SEP 18 1969, 1969.

Donald [illegible]

[illegible]

[illegible]

[

DEATH CERTIFICATE
NAME: EDWARD JOSEPH DINNEEN
PLACE OF DEATH: ALAMEDA COUNTY
CITY OF OAKLAND

DISTRICT NO. 101 REGISTRAR'S NO. 2596
ALAMEDA COUNTY, CALIFORNIA

101 2596

1. Place of Death (a) County: ALAMEDA
(b) City or town (if within city or town limits, write rural): OAKLAND
(c) Name of hospital or institution: 523 41ST STREET
(If not in hospital or institution, give street number or location)
(d) Length of stay: (Specify whether years, months or days)
In hospital or institution: NONE
In this community: 71 YRS. In California: 71 YRS.
(e) If foreign born, how long in the U. S. A.? ____ years

2. Usual Residence of Deceased:
(a) State: CALIFORNIA
(b) County: ALAMEDA
(c) City or town: OAKLAND
(If outside city or town limits, write rural)
(d) Street No. 523 41ST STREET

3. (e) If Veteran, Name of War: NO
3. (f) Social Security No.: NONE
4. Sex: MALE
5. Color or Race: WHITE
6. (a) Single, Married, Widowed or Divorced: MARRIED
6. (b) Name of Husband or Wife: ANITA DINNEEN
6. (c) Age of Husband or Wife if Alive: 98 years
7. Birthdate of Deceased: APRIL 17 1876 (Month Day Year)
8. Age: 72 Yrs. 2 Mos. 26 Days. If less than one day old: Hrs. ____ Min. ____
9. Birthplace: PROVIDENCE, R. I.
10. Usual Occupation: MARBLE WORKER
11. Industry or Business: OWN BUSINESS
Father: 12. Name: MICHAEL DINNEEN
13. Birthplace: COUNTY KERRY, IRELAND
Mother: 14. Maiden Name: SARAH AGNES McELROY
15. Birthplace: PROVIDENCE, R. I.
16. (a) Informant: MRS. ANITA DINNEEN
(b) Address: 523 41ST ST., OAKLAND, CALIF.

17. (a) Burial, cremation or removal: BURIAL (b) Date: JULY 16, 1948
(c) Place: HOLY SEPULCHRE CEMETERY
18. (a) Embalmer's Signature: Louis Mong License No. 2531
(b) Funeral Director: ALBERT ENGEL & COMPANY
Address: 3630 TELEGRAPH AVE., OAKLAND, CAL.
By: Louis Mong

JUL 14 1948
19. (a) Date filed: ____ (b) Registrar's Signature: ____

20. Date of Death: Month: JULY Day: 13
Year: 1948 Hour: 11 Minute: 50 P.M.

21. Medical Certificate
I hereby certify, that I attended the deceased from Jan 1 1948 to July 13 1948 that I last saw him alive on July 13 1948 and that death occurred on the date and hour stated above.
Immediate cause of death: Coronary occlusion — Duration: 5 min
Due to: arterio sclerosis — Duration: 10 yrs
Due to: ____
Other conditions (include pregnancy within three months of death): ____
Major findings of operations: ____ Date of operation: ____
Of autopsy: ____

22. Coroner's Certificate
I hereby certify, that I held an autopsy, inquest or investigation on the remains of the deceased and find from such action that deceased came to his death on the date and hour stated above.

Physician: Underline the cause to which death should be charged statistically.

23. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? ____ (b) Date of injury: ____
(c) Where did injury occur? City or town: ____ County: ____ State: ____
(d) Did injury occur in or about home, on farm, in industrial place, or in public place? (Specify type of place) ____ While at work? ____
(e) Means of injury: ____

24. Coroner's or Physician's Signature (Specify which): Howard R. Parker
Address: Oakland Date: 7/14/48

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

This is to certify that this is a true copy of the document on file in this office.

ATTEST: AUG 21 1987

R. C. Davidson

COUNTY RECORDER

ALAMEDA COUNTY, CALIFORNIA