



MT7-72683 KR

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 % 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.

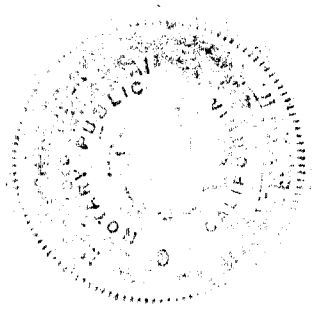
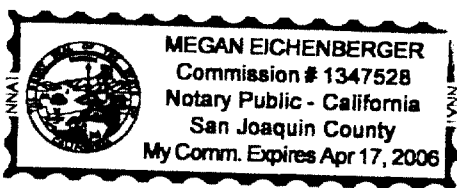
Dated this 27 day of Dec, 2005.

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

(Notary Public for ~~Oregon~~ ^{California})
My commission expires 4-7-06



61.00

**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:

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

That the decedent 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 decedent 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.

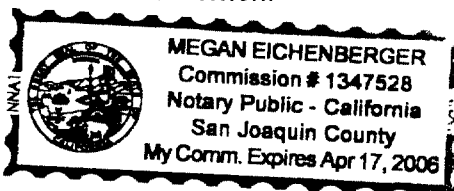
Marjorie R Dinneen
Signor
Marjorie R. Dinneen

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.



[Signature]
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

3343

STATE FILE NUMBER		USE BLACK INK ONLY NO ERASURES, WHITEOUTS OR ALTERATIONS				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Charles		2. MIDDLE Augustin		3. LAST (FAMILY) Dinneen			
4. DATE OF BIRTH M/M/DD/C/CCYY 12/16/1912		5. AGE YRS. 85		6. SEX M		7. DATE OF DEATH M/M/DD/C/CCYY 10/21/1998	
8. STATE OF BIRTH Rhode Island		10. SOCIAL SECURITY NO. 573-14-9715		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS Married	
14. RACE White		18. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Pacific Pipe		13. EDUCATION—YEARS COMPLETED 13	
17. OCCUPATION Operating Engineer		18. KIND OF BUSINESS Construction		19. YEARS IN OCCUPATION 35			
20. RESIDENCE—STREET AND NUMBER OR LOCATION 975 Carrie Street							
21. CITY Stockton		22. COUNTY San Joaquin		23. ZIP CODE 95206		25. STATE OR FOREIGN COUNTRY CA	
26. NAME, RELATIONSHIP Marjorie B. Dinneen Wife		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 975 Carrie Street, Stockton, CA 95206					
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 Virginia		37. LAST (MAIDEN) Consoles		38. BIRTH STATE UNK	
39. DATE M/M/DD/C/CCYY 10/26/1998							
40. PLACE OF FINAL RESIDENCE 201 Republic Cemetery 26320 Mission Blvd. Hayward, Ca 94544							
41. TYPE OF DISPOSITION CR/BU		42. SIGNATURE OF EMERALD Not Embalmed				43. LICENSE NO.	
44. NAME OF FUNERAL HOME Neptune Society of NO. CA		45. LICENSE NO. 1502		46. SIGNATURE OF LOCAL REGISTRAR R. Churay		47. DATE M/M/DD/C/CCYY 10/26/1998 VH	
101. PLACE OF DEATH Sunrise Hampton Care Center		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input checked="" type="checkbox"/> SNRY HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY San Joaquin	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 442 E. Hampton		106. CITY Stockton					
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 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
IMMEDIATE CAUSE (A) Septicemia		2 days		109. BLOODY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (B) Severe Parkinson's Disease		10 yrs		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (C) Dementia - Senile		10 yrs		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (D)							
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							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEASED ATTENDED WHILE ALIVE M/M/DD/C/CCYY 08/19/1998 09/20/1998		115. SIGNATURE AND TITLE OF CERTIFIER Steven Nelson M.D.		116. LICENSE NO. G 29851		117. DATE M/M/DD/C/CCYY 10/26/1998	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Steven Nelson M.D. 800 Douglas Rd. Stockton, CA 95207							
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M/M/DD/C/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 M/M/DD/C/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
STATE REGISTRAR		A B C D E F G H		FAX AUTH. # 85850		CENSUS TRACT	

182861

CERTIFIED COPY OF VITAL RECORDS

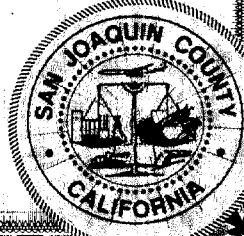
STATE OF CALIFORNIA }
 COUNTY OF SAN JOAQUIN } SS

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

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

DATE ISSUED: 1 07 2 7 1998

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



69-014268

CERTIFICATE OF DEATH

6001

59

STATE FILE NUMBER

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND COUNTY

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.			
	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					
	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 IN PATIENT FACILITY North Shore Convalescent				18a STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 2116 Otis Drive				18b INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) yes		
18b CITY OR TOWN Alameda		95		18c COUNTY Alameda		18d LENGTH OF RESIDENCE IN COUNTY (YEARS) life		18e LENGTH OF RESIDENCE IN CITY (YEARS) life				
USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION ENTER RESIDENCE BEFORE ADMISSION)	19a USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 523 41st Street				19b INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) yes		20 NAME AND MAILING ADDRESS OF INFORMANT Charles Dinneen					
	19c CITY OR TOWN Oakland		19d COUNTY Alameda		19e STATE California		1136 Everett St., Oakland					
PHYSICIAN'S OR CORONER'S CERTIFICATION	21a CORONER (HEREBY CERTIFY THAT I HAVE EXAMINED THE BODY AND PLACE STATED ABOVE FROM THE SCENES STATED BELOW AND THAT I HAVE HELD IN THE REMAINS OF DECEASED AS REQUIRED BY LAW AND INVESTIGATED OR REQUEST)		21b PHYSICIAN (HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CALL, STATED BELOW AND THAT I ATTENDED THE DECEASED FROM FROM TO AND ENTER MONTH DAY YEAR ENTER MONTH DAY YEAR AND ENTER MONTH DAY YEAR)			21c PHYSICIAN OR CORONER (NAME AND ADDRESS) Jean H. Sharp M. D. 2229 Santa Clara Ave		21d DATE SIGNED 1/6/69		21e INVESTIGATION OR REQUEST		
	21b FROM FROM TO AND ENTER MONTH DAY YEAR ENTER MONTH DAY YEAR		21c PHYSICIAN OR CORONER (NAME AND ADDRESS) 8-15-68 1-4-69 1-3-69			21d DATE SIGNED 1/6/69		21e INVESTIGATION OR REQUEST				
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 BALMERS SIGNATURE John J. Nolan.		24b BALMER'S LICENSE NUMBER 4421			
	25 NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Albert Engel & Co.				26 (IF DECEASED BELONGS TO A LOCAL CEMETERY, STATE NAME AND ADDRESS) no		27 LOCAL REGISTRAR (NAME AND ADDRESS) James C. Malisak MD 7145		27b DATE JAN 6 1969			
MEDICAL AND HEALTH DATA	29 PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (A) 331 Cerebral Vascular Accident		29 PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (B) Generalized Arteriosclerosis		29 PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (C)		29 PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (D)		29 PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (E)			
	29 PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (A) 331 Cerebral Vascular Accident		29 PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (B) Generalized Arteriosclerosis		29 PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (C)		29 PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (D)		29 PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (E)			
	29 PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (A) 331 Cerebral Vascular Accident		29 PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (B) Generalized Arteriosclerosis		29 PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (C)		29 PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (D)		29 PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (E)			
INJURY INFORMATION	30 PART II OTHER SIGNIFICANT CONDITIONS—(CONTAINING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN ABOVE)				31 ARE THERE ANY OTHER SIGNIFICANT CONDITIONS (SPECIFY)		32a		32b			
	30 PART II OTHER SIGNIFICANT CONDITIONS—(CONTAINING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN ABOVE)				31 ARE THERE ANY OTHER SIGNIFICANT CONDITIONS (SPECIFY)		32a		32b			
	30 PART II OTHER SIGNIFICANT CONDITIONS—(CONTAINING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN ABOVE)				31 ARE THERE ANY OTHER SIGNIFICANT CONDITIONS (SPECIFY)		32a		32b			
INJURY INFORMATION	33 SPECIFY ACCIDENT SUICIDE OR HOMICIDE		34 PLACE OF INJURY (SPECIFY HOME, RESTAURANT, OFFICE, BUILDING, ETC.)		35 INJURY AT WORK (YES OR NO)		36a DATE OF INJURY		36b HOUR			
	33 SPECIFY ACCIDENT SUICIDE OR HOMICIDE		34 PLACE OF INJURY (SPECIFY HOME, RESTAURANT, OFFICE, BUILDING, ETC.)		35 INJURY AT WORK (YES OR NO)		36a DATE OF INJURY		36b HOUR			
	33 SPECIFY ACCIDENT SUICIDE OR HOMICIDE		34 PLACE OF INJURY (SPECIFY HOME, RESTAURANT, OFFICE, BUILDING, ETC.)		35 INJURY AT WORK (YES OR NO)		36a DATE OF INJURY		36b HOUR			
37a PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		37b		38		39						
40 DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY, NATURE OF INJURY, AND OTHER FACTORS PERTINENT THEREIN)												
STATE REGISTRAR	A	B	C	D	E	F						

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

FILE

REMARKS

10 185249

200 Bank of Commerce Building
Oakland, California

25-1-1900

Attorneys for Executor

COURT OF THE STATE OF CALIFORNIA

IN AND FOR THE COUNTY OF ALAMEDA

Estate of

ANITA V. DINNEEN

No. 182260

Deceased

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 has been given in the manner required by law, the Court finds:

1. That the 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 have 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.

CHARLES A. DINNEEN
Executor of the Will
of ANITA V. DINNEEN
Deceased

SEP 18 1969

IT IS HEREBY ORDERED AND DECREED that the following described real property, together with all other property now known or discovered or may belong to said estate or in which said estate may have any interest to CHARLES A. [Name] as residuary beneficiary in sub-clause e of clause [Number] of the Will of [Name]

All that property located in the City of [Name] County of Alameda, State of California, commencing as [Section] and [Page] described as follows:

Lot [Number] and the western 24 feet front and [Number] feet of the [Number] of the [Section] [Page] [Name] County Records

Dated: SEP 18 1969, 1969.

Done

SEP 18 1969
OFFICIAL RECORDS OF
ALAMEDA COUNTY, CALIFORNIA
JACK G. BLUE
COUNTY CLERK

260

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. FULL NAME OF DECEASED EDWARD JOSEPH DINNEEN

2. PLACE OF DEATH (a) COUNTY ALAMEDA
 (b) CITY OR TOWN OR OTHER CITY OR TOWN LIMITS, WRITE RURAL
 OAKLAND
 (c) NAME OF HOSPITAL OR INSTITUTION
 523-41st STREET
 (d) ADDRESS IN HOSPITAL OR INSTITUTION, GIVE STREET NUMBER OR LOCATION
 (e) LENGTH OF STAY: (SPECIFY WHETHER YEARS, MONTHS OR DAYS)
 IN HOSPITAL OR INSTITUTION NONE
 IS THIS COMMUNITY 71 YRS. IN CALIFORNIA 71 YRS.
 (f) IF FOREIGN BORN, HOW LONG IN THE U. S. A. YEARS

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 IF ALIVE** 38 YEARS

7. BIRTHDATE OF DECEASED APRIL 17 1876
 MONTH DAY YEAR IF LESS THAN ONE DAY OLD

8. AGE 72 YRS. 2 Mos. 26 Days

9. BIRTHPLACE PROVIDENCE, R. I.

10. USUAL OCCUPATION MARBLE WORKER

11. INDUSTRY OR BUSINESS OWN BUSINESS

12. NAME MICHAEL DINNEEN
13. BIRTHPLACE COUNTY KERRY, IRELAND
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) BIRTHAL (b) DATE JULY 15, 1948
 (c) PLACE HOLY SEPULCHRE CEMETERY

18. (a) ENBALMER'S SIGNATURE Howard M. Mory **CENS 2531**
 (b) FUNERAL DIRECTOR ALBERT ENGEL & COMPANY
 ADDRESS 3630 TELEGRAPH AVE., OAKLAND, CA.
 BY Howard M. Mory

19. (a) DATE FILED JUL 14 1948 **REGISTRAR'S SIGNATURE**

20. DATE OF DEATH: MONTH JULY **DAY** 13 **HOUR** 11 **MINUTE** 50 **P.M.**
 YEAR 1948

21. MEDICAL CERTIFICATE
 I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 13 1948 TO July 13 1948 THAT HE WAS ALIVE OR DEAD AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE.

22. CORONER'S CERTIFICATE
 I HEREBY CERTIFY THAT I HELD AN AUTOPST. INQUEST OR INVESTIGATION ON THE REMAINS OF THE DECEASED AND FROM SUCH ACTION THAT DECEASED CAME TO DEATH ON THE DATE AND HOUR STATED ABOVE.

IMMEDIATE CAUSE OF DEATH 94a
 Coronary occlusion
 due to atherosclerosis 97

DURATION 5 min 10 yrs

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN THREE MONTHS OF DEATH)

MAJOR FINDINGS OF OPERATIONS **DATE OF OPERATION** **PHYSICIAN**

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, OR 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 Howard T. Parker **DATE** 7/14/48
 (SPECIFY WHICH) Address Oakland

STATE OF CALIFORNIA
 DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

Unofficial Copy

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