



After recording return to:
Jatinder Chera
2464 El Camino Real
Santa Clara, CA 95051

Until a change is requested all tax statements
shall be sent to the following address:
Jatinder Chera
2464 El Camino Real
Santa Clara, CA 95051

File No.: 7021-1112944 (DMC)
Date: September 26, 2007

THIS SPACE

2007-017056
Klamath County, Oregon



09/28/2007 03:28:40 PM

Fee: \$36.00

STATUTORY WARRANTY DEED

Camille Fair Thomson, Successor Trustee of the James E. & Dorothy L. Fair Living Trust dated January 12, 1998, Grantor, conveys and warrants to **Jatinder Chera**, Grantee, the following described real property free of liens and encumbrances, except as specifically set forth herein:

LOT 3, BLOCK 10, KLAMATH FOREST ESTATES, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK, KLAMATH COUNTY, OREGON.

Subject to:

1. The **2007-2008** Taxes, a lien not yet payable.
2. Covenants, conditions, restrictions and/or easements, if any, affecting title, which may appear in the public record, including those shown on any recorded plat or survey.

The true consideration for this conveyance is **\$3,500.00**. (Here comply with requirements of ORS 93.030)

F-36

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 197.352. THIS INSTRUMENT DOES 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, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES AS DEFINED IN ORS 30.930 AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 197.352.

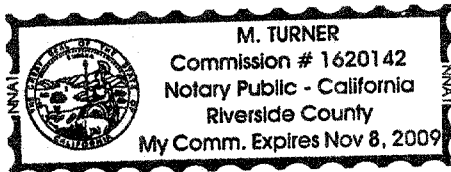
Dated this 26 day of September, 2007.

James E. & Dorothy L. Fair Living Trust dated
January 12, 1998

Camille Fair Thompson
Camille Fair Thompson, Successor Trustee

STATE OF CALIFORNIA)
)ss.
County of RIVERSIDE)

This instrument was acknowledged before me on this 27 day of September, 2007
by Camille Thompson as Successor Trustee of James E. & Dorothy L. Fair Living Trust dated January 12,
1998, on behalf of the Trust.



M. Turner
Notary Public for RIVERSIDE County
My commission expires: 11-08-09

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

3200533011264

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT -- FIRST (Given)		3. LAST (Family)	
James		Fair	
2. MIDDLE		4. DATE OF BIRTH mm/dd/yyyy	
Eugene		08/27/1924	
5. AGE Yrs.		6. SEX	
81		M	
7. FUNERAL HOME		8. UNDER 24 HOURS	
Months		Days	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
MO		559-20-9432	
11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		Widowed	
13. EDUCATION -- Highest Level/Degree (see worksheet on back)		14. DATE OF DEATH mm/dd/yyyy	
Some College		11/13/2005	
15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back)		16. DECEDENT'S RACE -- Up to 3 races may be listed (see worksheet on back)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		White	
17. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
Manager		Wholesale Lumber	
19. YEARS IN OCCUPATION		40	
20. DECEDENT'S RESIDENCE (Street and number or location)		21. CITY	
10882 Oak Street		Los Alamitos	
22. COUNTY/PROVINCE		23. ZIP CODE	
Orange		90720	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY	
47		CA	
26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)	
Camille Thompson, Daughter		26435 Trancas Court Sun City, CA 92586	
28. NAME OF SURVIVING SPOUSE -- FIRST		29. MIDDLE	
-		-	
30. LAST (Maiden Name)		31. NAME OF FATHER -- FIRST	
-		Arthur	
32. MIDDLE		33. LAST	
Jack		Fair	
34. BIRTH STATE		35. NAME OF MOTHER -- FIRST	
MO		Veronica	
36. MIDDLE		37. LAST (Maiden)	
-		O'Shaughnessy	
38. BIRTH STATE		39. BIRTH STATE	
MO		MO	
40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION(S)	
RES Camille Thompson 26435 Trancas Court Sun City, CA 92586		CR/RES	
42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
Not Embalmed		-	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	
Miller-Jones Mortuary Sun City		FD1490	
46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy	
GARY M FELDMAN, MD		11/18/2005	
101. PLACE OF DEATH		102. IF OTHER THAN HOSPITAL, SPECIFY ONE	
Daughter's Residence		<input type="checkbox"/> In <input type="checkbox"/> Hosp <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other	
103. CITY		104. COUNTY	
Sun City		Riverside	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
26435 Trancas Court		Sun City	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?	
Enter the chain of events -- disease, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular fluctuation without showing the etiology. DO NOT ABBREVIATE.		Time Interval Between Onset and Death	
(A) IMMEDIATE CAUSE (Final disease or condition resulting in death)		[AT] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
(B) Acute Cardiopulmonary Arrest		2005-7229	
(C) End Stage Cardiovascular Disease		109. BIOPSY PERFORMED?	
(D) Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the event resulting in death) LAST		[BT] <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		[CT] <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Pneumonia, Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Renal Insufficiency, Lower Extremity Cellulitis with Edema		[DT] <input type="checkbox"/> YES <input type="checkbox"/> NO	
111. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? (If yes, list type of operation and date.)		112. IF FEMALE, PREGNANT IN LAST YEAR?	
No		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
113. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		114. SIGNATURE AND TITLE OF CERTIFIER	
Decedent Attended Since Decedent Last Seen Alive		Donald J Lang, MD	
115. LICENSE NUMBER		116. DATE mm/dd/yyyy	
A19645		11/17/2005	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
Donald J Lang MD 1845 Business Ctr Dr San Bernardino, CA 92408		Donald J Lang MD 1845 Business Ctr Dr San Bernardino, CA 92408	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK?	
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	
121. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. INJURY DATE mm/dd/yyyy	
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		123. INJURY DATE mm/dd/yyyy	
124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		124. HOUR (24 Hours)	
125. SIGNATURE OF CORONER / DEPUTY CORONER		125. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
126. DATE mm/dd/yyyy		126. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
127. DATE mm/dd/yyyy		127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
130. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		130. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
131. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		131. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
132. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		132. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
133. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		133. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
134. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		134. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
135. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		135. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
136. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		136. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
137. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		137. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
138. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		138. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
139. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		139. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
140. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		140. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
141. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		141. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
142. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		142. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
143. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		143. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
144. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		144. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
145. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		145. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
146. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		146. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
147. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		147. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
148. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		148. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
149. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		149. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
150. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		150. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
151. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		151. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
152. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		152. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
153. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		153. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
154. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		154. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
155. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		155. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
156. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		156. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
157. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		157. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
158. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		158. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
159. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		159. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
160. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		160. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
161. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		161. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
162. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		162. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
163. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		163. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
164. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		164. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
165. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		165. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
166. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		166. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
167. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		167. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
168. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		168. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
169. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		169. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
170. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		170. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
171. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		171. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
172. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		172. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
173. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		173. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
174. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		174. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
175. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		175. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
176. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		176. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
177. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		177. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
178. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		178. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
179. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		179. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
180. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		180. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
181. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		181. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
182. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		182. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
183. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		183. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
184. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		184. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
185. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		185. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
186. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		186. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
187. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		187. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
188. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		188. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
189. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		189. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
190. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		190. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
191. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		191. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
192. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		192. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
193. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		193. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
194. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		194. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
195. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		195. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
196. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		196. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
197. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		197. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
198. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		198. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
199. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		199. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
200. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		200. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS
COUNTY OF RIVERSIDE }

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Health.

DATE ISSUED 12/05/2005

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

Gary Feldman M.D.

Local Registrar

RIVERSIDE COUNTY, CALIFORNIA



000335186



American Bank Note Company

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A
SANTA ANA, CA 92701

CERTIFICATE OF DEATH

3 200430 002707

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED - FIRST (Given) Dorothy		2. MIDDLE Jayne	
3. LAST (Family) Fair		4. DATE OF BIRTH mm/dd/yyyy 02/02/1923	
5. AGE Yrs. 81		6. SEX F	
8. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 558-22-9442	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) Married	
13. DATE OF DEATH mm/dd/yyyy 02/11/2004		14. HOURS (24 Hours) 2100	
15. EDUCATION - Highest Level/Grade (see worksheet on back) Some College		16. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) White	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED Homemaker		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) Own Home	
19. YEARS IN OCCUPATION 46		20. DECEASED'S RESIDENCE (Street and number or location) 10681 Oak St., #7	
21. CITY Los Alamitos		22. COUNTY/PROVINCE Orange	
23. ZIP CODE 90720		24. YEARS IN COUNTY 40	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP James E. Fair - Husband	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 10681 Oak St., #7, Los Alamitos CA 90720		28. NAME OF SURVIVING SPOUSE - FIRST James	
29. MIDDLE E.		30. LAST (Maiden Name) Fair	
31. NAME OF FATHER - FIRST Camille		32. MIDDLE M.	
33. LAST Lapprevotte		34. BIRTH STATE France	
35. NAME OF MOTHER - FIRST Clementine		36. MIDDLE -	
37. LAST (Maiden Name) Garcia		38. BIRTH STATE Mexico	
39. DISPOSITION DATE mm/dd/yyyy 02/20/2004		40. PLACE OF FINAL DISPOSITION Res., James Fair - 10681 Oak St., #7, Los Alamitos CA 90720	
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER Not Embalmed	
43. NAME OF FUNERAL ESTABLISHMENT Luyben Family Dilday-Mottell		44. LICENSE NUMBER FD-1171	
45. SIGNATURE OF LOCAL REGISTRAR Mark B. Horton		46. DATE mm/dd/yyyy 02/18/2004	
101. PLACE OF DEATH Los Alamitos Medical Center		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		104. COUNTY Orange	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 3751 Katella Ave.		106. CITY Los Alamitos	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) Immediate Cause (Final disease or condition resulting in death) (B) Intermediate Cause (Disease or condition resulting in death) (C) Underlying Cause (Disease or injury that initiated the events resulting in death) LAST Instantaneous Cerebral Hemorrhage - Etiology Unknown 1 day		108. DEATH REPORTED TO CORONER? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (D) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
109. BIOPSY PERFORMED? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (D) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		110. AUTOPSY PERFORMED? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (D) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
111. USED IN DETERMINING CAUSE? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (D) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 None	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) No		114. IF FEMALE, PREGNANT IN LAST YEAR? (A) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (B) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (D) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
115. SIGNATURE AND TITLE OF CERTIFIER Khanh Nguyen MD, 13830 Brookhurst St., Garden Grove CA 92843		116. LICENSE NUMBER A67515	
117. DATE mm/dd/yyyy 02/17/2004		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE Khanh Nguyen MD, 13830 Brookhurst St., Garden Grove CA 92843	
119. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. (A) Decedent Attended Since mm/dd/yyyy (B) Decedent Last Seen Alive mm/dd/yyyy 02/11/2004 02/11/2004		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK	
121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)	
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		126. SIGNATURE OF CORONER / DEPUTY CORONER	
127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH. # 2006-L	
CENSUS TRACT			

CERTIFIED COPY OF VITAL RECORDS

FEB 25 2004

001478053

STATE OF CALIFORNIA
COUNTY OF ORANGE

SS

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

MARK B. HORTON, M.D.
HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE