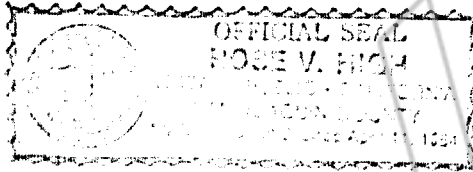




certificate, a certified copy of which is annexed hereto  
and made a part hereof by this reference thereto.

*Betty J. Tingley*  
BETTY J. TINGLEY

SUBSCRIBED and SWORN to  
before me this 7th day  
of January, 1983.



Rose V. Hoch  
NOTARY PUBLIC (SEAL)

COPY

075653

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When embossed this is certified to be a true copy of the Records of the San Joaquin County Recorders office.

JAN 25 1983 JAMES M. JOHNSTONE, Recorder

By Norma Valacco Deputy

SEAL

3900 - 2784

CERTIFICATE OF DEATH STATE OF CALIFORNIA

16. NAME OF DECEDENT - FIRST <b>John</b>		17. MIDDLE <b>Joseph</b>		18. LAST <b>Tingley</b>		19. DATE OF DEATH (MONTH, DAY, YEAR) <b>Nov. 22, 1982</b>		20. HOUR <b>1404</b>	
21. SEX <b>Male</b>		22. RACE <b>White</b>		23. ETHNICITY <b>Irish &amp; English</b>		24. DATE OF BIRTH <b>June 15, 1915</b>		25. AGE <b>67</b>	
26. PLACE OF DECEASE (CITY OR COUNTY) <b>New York</b>		27. NAME AND RESIDENCE OF FATHER <b>Robert Tingley</b>		28. SOCIAL SECURITY NUMBER <b>[REDACTED] 4783</b>		29. MARRIAGE STATUS <b>Married</b>		30. NINE NAME AND RESIDENCE OF MOTHER <b>Mary Kona New York</b>	
31. PRIMARY OCCUPATION <b>Postal Supervisor</b>		32. NUMBER OF YEARS IN OCCUPATION <b>29</b>		33. EMPLOYER OF SELF EMPLOYED (BY STATE) <b>U.S. Postal Service</b>		34. NAME OF EMPLOYER OR BUSINESS <b>Postal Service</b>		35. CITY OR TOWN <b>Stockton</b>	
36. USUAL RESIDENCE <b>2926 Admiral Drive</b>		37. STATE <b>California</b>		38. NAME AND ADDRESS OF INFORMANT - RELATIONSHIP <b>Betty J. Tingley Wife</b>		39. ADDRESS OF INFORMANT <b>2916 Admiral Drive</b>		40. CITY OR TOWN <b>Stockton, CA. 95209</b>	
41. PLACE OF DEATH <b>St. Josepha Hospital</b>		42. STREET ADDRESS (CITY AND COUNTY OF LOCATION) <b>1800 N. California St.</b>		43. CITY OR TOWN <b>Stockton</b>		44. DEATH WAS CAUSED BY IMMEDIATE CAUSE <b>CORONARY ARTERY INSUFFICIENCY</b>		45. WAS DEATH REPORTED TO CORONER? <b>Yes</b>	
46. DEATH WAS CAUSED BY IMMEDIATE CAUSE <b>ARTERIOSCLEROTIC HEART DISEASE</b>		47. OTHER CAUSE OF DEATH (DO NOT RELATE TO THE IMMEDIATE CAUSE OF DEATH) <b>[REDACTED]</b>		48. WAS AUTOPSY PERFORMED FOR ANY REASON (CITING STATUTE OR CODE) <b>Yes</b>		49. WAS DEATH REPORTED TO CORONER? <b>No</b>		50. WAS AUTOPSY PERFORMED? <b>Yes</b>	
51. PHYSICIAN'S CERTIFICATION <b>FRANZ MADURO MD</b>		52. PHYSICIAN'S SIGNATURE AND RECORD NO. <b>[REDACTED]</b>		53. DATE SIGNED <b>11/23/82</b>		54. PHYSICIAN'S LICENSE NUMBER <b>C29961</b>		55. DATE SIGNED <b>11/23/82</b>	
56. PLACE OF BURIAL <b>Calvary St. Patrick's Cemetery</b>		57. DATE OF BURIAL <b>11/30/82</b>		58. NAME AND ADDRESS OF CEMETERY <b>Johnson City New York</b>		59. CEMETERY SIGNATURE AND RECORD NO. <b>[REDACTED]</b>		60. DATE SIGNED <b>NOV 24 1982</b>	
61. STATE REGISTRAR <b>DeYoung Memorial Chapel</b>		62. REGISTRAR'S SIGNATURE AND RECORD NO. <b>[REDACTED] F208</b>		63. REGISTRAR'S SIGNATURE AND RECORD NO. <b>[REDACTED]</b>		64. REGISTRAR'S SIGNATURE AND RECORD NO. <b>[REDACTED]</b>		65. REGISTRAR'S SIGNATURE AND RECORD NO. <b>[REDACTED]</b>	

REQUESTED BY Cruell et al  
IN OFFICIAL RECORDS OF  
COUNTY OF NEVADA  
1983 FEB - 1 PH 4: 04

SUZANNE BEAUDREAU  
RECORDER  
Carol J. [REDACTED] 075653  
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