

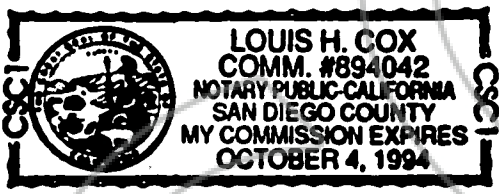
ALL-PURPOSE ACKNOWLEDGMENT


State of California
 County of San Diego

On 6/8/93 before me, * Louis H. Cox *
DATE NAME, TITLE OF OFFICER - E.G. "JANE DOE, NOTARY PUBLIC"

personally appeared * A. Merlin Smith *
NAME(S) OF SIGNER(S)

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 OF OFFICER

OPTIONAL SECTION
CAPACITY CLAIMED BY SIGNER

Though statute does not require Notary to fill in the data below, doing so may prove invaluable to persons relying on the document.

- INDIVIDUAL
- CORPORATE OFFICER(S)
- PARTNER(S) LIMITED GENERAL
- ATTORNEY-IN-FACT
- TRUSTEE(S)
- GUARDIAN/CONSERVATOR
- OTHER: _____

SIGNER IS REPRESENTING:
 NAME OF PERSON(S) OR ENTITY(ES)

OPTIONAL SECTION
 THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT:
 Title or Type of Document _____
 Number of Pages _____ Date of Document _____
 Signer(s) Other than Named Above _____

Though the data requested here is not required by law, it could prevent fraudulent reattachment of this form.

COUNTY OF SAN DIEGO-DEPT. OF HEALTH SERVICES 3851 ROSECRANS ST. THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF SAN DIEGO DEPT. OF HEALTH SERVICES, THIS IS A TRUE COPY OF THE ORIGINAL DOCUMENT FILED. REQUIRED FEE PAID.

DATE ISSUED: May 1, 1992

CERTIFICATE OF DEATH						39237002791	
STATE OF CALIFORNIA						LOCAL EMPLOYMENT NUMBER AND SOCIAL SECURITY NUMBER	
USE BLACK INK ONLY							
1A. NAME OF DECEASED—FIRST (OVER)		1B. MIDDLE		1C. LAST (FAMILY)		2A. DATE OF DEATH—MO., DAY, YEAR	
ELIZABETH		U		SMITH		FEBRUARY 16, 1992	
2B. TIME		2C. HOUR		2D. MINUTE		2E. SEX	
						F	
4. RACE		5. MARRIAGE—SPOUSE		6. DATE OF BIRTH—MO., DAY, YEAR		7. AGE IN YEARS	
WHITE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DECEMBER 6, 1918		73	
8. STATE OF BIRTH		9. COUNTRY OF BIRTH		10A. FULL NAME OF FATHER		10B. STATE OF BIRTH	
N.J.		U.S.A.		ALBERT E. WETHERILL		N.J.	
				10C. FULL MARRIAGE NAME OF MOTHER		11B. STATE OF BIRTH	
				LAURA ANDERSON		N.J.	
12. MILITARY SERVICE		13. SOCIAL SECURITY NO.		14. MARITAL STATUS		15. NAME OF SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME)	
		-0837		MARRIED		A. MARLIN SMITH	
16A. USUAL OCCUPATION		16B. USUAL KIND OF BUSINESS OR INDUSTRY		16C. USUAL EMPLOYER		16D. YEARS IN OCCUPATION	
NURSE		MEDICAL		HOPENELL VALLEY SCHOOL		20	
17. EDUCATION—YEARS COMPLETED		18A. RESIDENCE—STREET AND NUMBER OR LOCATION		18B. CITY		18C. ZIP CODE	
15		12751 GATEWAY PK RD. #227		POMAY		92064	
18D. COUNTY		18E. NUMBER OF YEARS IN THE COUNTY		18F. STATE OR FOREIGN COUNTRY		22. NAME, RELATIONSHIP, MAILING ADDRESS	
SAN DIEGO, CA		7		CALIFORNIA		DONNA VANDANENMARK - DAUGHTER	
19A. PLACE OF DEATH		19B. IF HOSPITAL, SPECIFY ONE OF: H/P, D/OA, IP		19C. COUNTY		23. NAME, RELATIONSHIP, MAILING ADDRESS	
POMERADO HOSPITAL		IP		SAN DIEGO		10 GLENSIDE ANNANDALE, N.J. 08801	
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION		19E. CITY		24. TIME INTERVAL BETWEEN ONSET AND DEATH		25. WAS DEATH REPORTED TO CORONER?	
15615 POMERADO ROAD		POMAY				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE FOR LINE FOR A, B, AND C		26. WAS DEATH REPORTED TO CORONER?		27. WAS DEATH REPORTED TO CORONER?		28. WAS DEATH REPORTED TO CORONER?	
IMMEDIATE CAUSE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
A. PERITONITIS		1 DAY		29. WAS DEATH REPORTED TO CORONER?		30. WAS DEATH REPORTED TO CORONER?	
DUE TO B. PROBABLE BOWEL PERFORATION ETIOLOGY UNKNOWN		1 DAY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO C.				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
29. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21				30. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 29?			
COPD				NO			
31. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.				32. SIGNATURE AND DESIGN OR TITLE OF CERTIFIER		33. CERTIFIER'S LICENSE NUMBER	
				Robert T. Savage		6-27715	
34A. DECEASED ATTENDED SINCE		34B. DECEASED LAST SEEN ALIVE		35. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS			
1/20/92		2/16/92		ROBERT T. SAVAGE M.D. 15525 POMERADO RD #E4 POMAY, CA. 92064			
36. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.				37A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER		37B. DATE SIGNED	
38. MANNER OF DEATH—(SEE INSTRUCTIONS)		39A. PLACE OF INJURY		39B. INJURY AT WORK		39C. DATE OF INJURY	
				<input type="checkbox"/> YES <input type="checkbox"/> NO		MONTH, DAY, YEAR	
39D. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)				39E. DESCRIBE HOW INJURY OCCURRED (EVENTS WHEN RELATED TO INJURY)			
34A. DISPOSITION		34B. DATE AND TIME OF BURIAL		34C. DATE		34D. SIGNATURE OF BURIALER	
TR/BL		HIGHLAND CEMETERY HOPENELL, N.J.		2/18/92		Daniel Schaff	
34E. NAME OF FURNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		34F. LICENSE NO.		37. SIGNATURE OF LOCAL REGISTRAR		38. REGISTRATION DATE	
A D A MORTUARY SERVICES INC.		1469		Ronald J. Carroll, M.D.		FEB 18 1992	
A.		B.		C.		D.	
E.		F.		G.		H.	

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