

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
HEALTH CARE AGENCY

1719 W. 17TH STREET • SANTA ANA, CALIFORNIA 92706

CERTIFICATE OF DEATH

3-96-30-008888

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 7/93)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Peter		2. MIDDLE Clark		3. LAST (FAMILY) JOHNSON			
4. DATE OF BIRTH MM/DD/CCYY 11/19/1933		5. AGE YRS. 62		6. SEX MALE		7. DATE OF DEATH MM/DD/CCYY 07/22/1996	
8. HOURS 0354		9. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. -4874		11. MILITARY SERVICE 19 TO 19 NONE	
12. MARITAL STATUS Married		13. EDUCATION—YEARS COMPLETED 16		14. RACE White		15. HISPANIC—SPECIFY YES NO	
16. USUAL EMPLOYER Crown		17. OCCUPATION Broker		18. KIND OF BUSINESS Grocery		19. YEARS IN OCCUPATION 38	
20. RESIDENCE—STREET AND NUMBER OR LOCATION 53 Blue Lagoon							
21. CITY Laguna Beach		22. COUNTY Orange		23. ZIP CODE 92651		24. YRS IN COUNTY 16	
25. STATE OR FOREIGN COUNTRY CA		26. NAME, RELATIONSHIP Mariella Johnson - Wife					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 53 Blue Lagoon, Laguna Beach, CA 92651							
28. NAME OF SURVIVING SPOUSE—FIRST Mariella		29. MIDDLE -		30. LAST (MAIDEN NAME) Snelson			
31. NAME OF FATHER—FIRST George		32. MIDDLE A		33. LAST Johnson		34. BIRTH STATE NJ	
35. NAME OF MOTHER—FIRST Ruth		36. MIDDLE -		37. LAST (MAIDEN) Husted		38. BIRTH STATE CA	
39. DATE MM/DD/CCYY 07/27/1996		40. PLACE OF FINAL DISPOSITION sea burial off coastline of Laguna Beach, CA					
41. TYPE OF DISPOSITION(S) cr/sea		42. SIGNATURE OF EMBALMER Not Embalmed				43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR McCormick & Son		45. LICENSE NO. FD1212		46. SIGNATURE OF REG. REGISTRAR <i>[Signature]</i>		47. DATE MM/DD/CCYY 07/23/1996	
101. PLACE OF DEATH SOUTH COAST MEDICAL CENTER		102. IF HOSPITAL SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> COM. HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER		103. FACILITY OTHER THAN HOSPITAL <input type="checkbox"/> RES. <input type="checkbox"/> OTHER		104. COUNTY ORANGE	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 31872 COAST HIGHWAY		106. CITY LAGUNA BEACH					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) PENDING INVESTIGATION		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 96-04636-EY			
109. BIOPSY PERFORMED <input type="checkbox"/> YES <input type="checkbox"/> NO		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input type="checkbox"/> NO		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.							
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 DECEDENT LAST SEEN ALIVE MM/DD/CCYY		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NO.		117. DATE MM/DD/CCYY	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP							
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input checked="" type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> 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 AND ZIP CODE)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>		127. DATE MM/DD/CCYY 07/22/1996		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER DEPUTY CORONER WILLIAM C. KING FOR SHERIFF-CORONER BRAD GATES			
STATE REGISTRAR		A B C D E F G H		FAX AUTH. # 2480		CENSUS TRACT	

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF ORANGE } SS

DATE ISSUED JUL 26 1996

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.

HUGH F. STALLWORTH, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

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