



**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF LOS ANGELES**  
**DEPARTMENT OF HEALTH SERVICES**

**CERTIFICATE OF DEATH**

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 7/97)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) <b>ERNEST</b>		2. MIDDLE <b>BENNETT</b>		3. LAST (FAMILY) <b>SCHULTZ</b>			
4. DATE OF BIRTH M/M/DD/CCYY <b>04/16/1918</b>		5. AGE YRS. <b>81</b>		6. SEX <b>MALE</b>		7. DATE OF DEATH M/M/DD/CCYY <b>05/09/1999</b>	
8. HOURS <b>1152</b>		9. STATE OF BIRTH <b>CALIFORNIA</b>		10. SOCIAL SECURITY NO. <b>9239</b>		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS <b>MARRIED</b>		13. EDUCATION—YEARS COMPLETED <b>20</b>		14. RACE <b>WHITE</b>		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. USUAL EMPLOYER <b>SELF EMPLOYED</b>		17. OCCUPATION <b>SURGEON</b>		18. KIND OF BUSINESS <b>MEDICAL</b>		19. YEARS IN OCCUPATION <b>47</b>	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) <b>3821 EL TESORO</b>							
21. CITY <b>RANCHO PALOS VERDES</b>		22. COUNTY <b>LOS ANGELES</b>		23. ZIP CODE <b>90275</b>		24. YRS IN COUNTY <b>63</b>	
25. STATE OR FOREIGN COUNTRY <b>CALIFORNIA</b>		26. NAME, RELATIONSHIP <b>VERDA SCHULTZ-WIFE</b>					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>3821 EL TESORO, RANCHO PALOS VERDES, CA 90275</b>							
28. NAME OF SURVIVING SPOUSE—FIRST <b>VERDA</b>		29. MIDDLE <b>-</b>		30. LAST (MAIDEN NAME) <b>MACKKEY</b>			
31. NAME OF FATHER—FIRST <b>ARTHUR</b>		32. MIDDLE <b>E.</b>		33. LAST <b>SCHULTZ</b>		34. BIRTH STATE <b>CA</b>	
35. NAME OF MOTHER—FIRST <b>LAVINIA</b>		36. MIDDLE <b>-</b>		37. LAST (MAIDEN) <b>LINTON</b>		38. BIRTH STATE <b>CA</b>	
39. DATE M/M/DD/CCYY <b>05/13/1999</b>		40. PLACE OF FINAL DISPOSITION <b>RES.-VERDA SCHULTZ, 3821 EL TESORO, RANCHO PALOS VERDES, CA 90275</b>					
41. TYPE OF DISPOSITION(S) <b>CR/RES</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>				43. LICENSE NO. <b>-</b>	
44. NAME OF FUNERAL DIRECTOR <b>McNERNEYS/SAN PEDRO</b>		45. LICENSE NO. <b>FD418</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>Mark Spina</i>		47. DATE M/M/DD/CCYY <b>05/12/1999 9.5.</b>	
101. PLACE OF DEATH <b>San Pedro Peninsula Hospital</b>		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY <b>Los Angeles</b>	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) <b>1300 W 7th Street</b>		106. CITY <b>San Pedro</b>					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)						TIME INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) Sudden Cardiac Death						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 99-54861	
DUE TO (B) Aortic Dissection						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C) Aortic Valve Disease						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D)						<input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>Coronary Artery Disease Prostate Cancer</b>							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <b>Coronary Atherectomy and Angioplasty 11/15/1994</b>							
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 DECEASED LAST SEEN ALIVE M/M/DD/CCYY M/M/DD/CCYY <b>11/14/1994 04/05/1999</b>		115. SIGNATURE AND TITLE OF CERTIFIER <i>Benjamin Rosin</i>		116. LICENSE NO. <b>G13706</b>		117. DATE M/M/DD/CCYY <b>05/11/1999</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP <b>BENJAMIN ROSIN, M.D. 3330 W LOMITA BLVD, TORRANCE, CA 90505</b>							
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/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 MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
STATE REGISTRAR		A B C D E F G H		FAX AUTH. # <b>312-8723</b>		CENSUS TRACT <b>310019733</b>	

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This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

*Mark Spina*  
233 MAY 14 1999  
DATE ISSUED

Director of Health Service and Registrar

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

REQUESTED BY  
*Victoria Shepard*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'99 JUN 17 P3:18

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LINDA SLATER  
RECORDER

*Go* PAID *Bh* DEPUTY