

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 7/97)

| | | | | | | | |
|--|--------------------------------|---|---|--|--|---|--|
| STATE FILE NUMBER | | LOCAL REGISTRATION NUMBER | | | | | |
| 1. NAME OF DECEDENT—FIRST (GIVEN) Samuel | | | 2. MIDDLE Scott | | 3. LAST (FAMILY) Harvey | | |
| 4. DATE OF BIRTH MM/DD/CCYY 11/17/1922 | | 5. AGE YRS. 75 | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HOURS HOURS MINUTES | 6. SEX M | | 7. DATE OF DEATH MM/DD/CCYY 08/25/1998 |
| 8. HOUR 0726 | 9. STATE OF BIRTH CA | | 10. SOCIAL SECURITY NO. ██████-6640 | | 11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | | 12. MARITAL STATUS WIDOWED |
| 13. EDUCATION—YEARS COMPLETED 18 | 14. RACE WHITE | | 15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 16. USUAL EMPLOYER GLENDALE UNIFIED SCHOOL DISTRICT | | |
| 17. OCCUPATION PRINCIPAL | | 18. KIND OF BUSINESS EDUCATION | | | 19. YEARS IN OCCUPATION 40 | | |
| 20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 3414 FAIRESTA STREET | | | | | | | |
| 21. CITY LA CRESCENTA | | 22. COUNTY LOS ANGELES | | 23. ZIP CODE 91214 | | 24. YRS IN COUNTY 57 | 25. STATE OR FOREIGN COUNTRY CA |
| 26. NAME, RELATIONSHIP BRIAN SCOTT HARVEY, SON | | | | 27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 4827 LOMITAS DRIVE SAN DIEGO CA 92116 | | | |
| 28. NAME OF SURVIVING SPOUSE—FIRST - | | | 29. MIDDLE - | | 30. LAST (MAIDEN NAME) - | | |
| 31. NAME OF FATHER—FIRST JOHN | | | 32. MIDDLE LESLIE | | 33. LAST HARVEY | | 34. BIRTH STATE IRELAND |
| 35. NAME OF MOTHER—FIRST MARION | | | 36. MIDDLE ELLEN | | 37. LAST (MAIDEN) SOBER | | 38. BIRTH STATE WISCONSIN |
| 39. DATE MM/DD/CCYY 09/03/1998 | | 40. PLACE OF FINAL DISPOSITION FOREST LAWN MEMORIAL PARK LOS ANGELES CA 90068 | | | | | |
| 41. TYPE OF DISPOSITION(S) BURIAL | | 42. SIGNATURE OF EMBALMER <i>Jammy Keirsey</i> | | | 43. LICENSE NO. 8342 | | |
| 44. NAME OF FUNERAL DIRECTOR FOREST LAWN HOLLYWOOD HILLS | | 45. LICENSE NO. FD 904 | 46. SIGNATURE OF LOCAL REGISTRAR <i>Richard L...</i> | | | 47. DATE MM/DD/CCYY 09/02/1998 | |
| 101. PLACE OF DEATH RESIDENCE | | 102. IF HOSPITAL, SPECIFY ONE: <input 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 LOS ANGELES | |
| 105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 3414 FAIRESTA STREET | | | | 106. CITY LA CRESCENTA | | | |
| 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) CARDIAC ARREST | | | | 6 MINS | |
| DUE TO | | (B) ISCHEMIC CARDIOMYOPATHY | | | | 23 YRS | |
| DUE TO | | (C) MYOCARDIAL INFARCTION | | | | 23 YRS | |
| DUE TO | | (D) ATHEROSCLEROTIC CORONARY ARTERY DISEASE | | | | 23 YRS | |
| 108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | REFERRAL NUMBER 98-56035 | |
| 109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | | 110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | | | |
| 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 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. CORONARY ARTERY BYPASS SURGERY --/--/1988 | | | | | | | |
| 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 10/20/1993 | | DECEDENT LAST SEEN ALIVE MM/DD/CCYY 05/13/1998 | | 115. SIGNATURE AND TITLE OF CERTIFIER <i>John Easthope MD</i> | | 116. LICENSE NO. A25402 | 117. DATE MM/DD/CCYY 08/31/1998 |
| 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP JOHN EASTHOPE JR, MD 800 S FAIRMOUNT AVE #215, PASADENA, CA 91105 | | | | 120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO | | 121. INJURY DATE MM/DD/CCYY | 122. HOUR |
| 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 | | 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. # 273/2476 | | CENSUS TRACT 270028550 | |

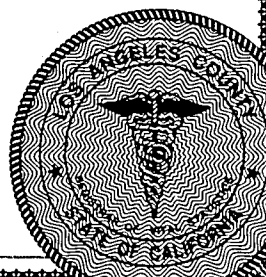
0484155
BK0100PG1387

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.

[Signature]
SEP 03 1998
DATE ISSUED

Director of Health Service and Registrar

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



COPY

REQUESTED BY
Sullivan et al
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 JAN 10 AM 11:26

LINDA SLATER
RECORDER

\$ 10.00 PAID K2 DEPUTY

0484155

BK0100PG1388