

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

| STATE FILE NUMBER | | | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER | | | | |
|---|--|---|--|--|--|---|--|
| 1A. NAME OF DECEDENT—FIRST (GIVEN) MING | | 1B. MIDDLE GAT | 1C. LAST (FAMILY) LEW | | 2A. DATE OF DEATH—MO, DAY, YR DECEMBER 31 1989 | 2B. HOUR 0614 | 3. SEX M |
| 4. RACE ASTAN | | 5. SPANISH/HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 6. DATE OF BIRTH—MO, DAY, YR FEBRUARY 1, 1925 | 7. AGE IN YEARS 64 | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HOURS HOURS MINUTES |
| 8. STATE OF BIRTH CHINA | 9. CITIZEN OF WHAT COUNTRY USA | 10A. FULL NAME OF FATHER SIR TOY LEW | | 10B. STATE OF BIRTH CHINA | 11A. FULL MAIDEN NAME OF MOTHER NGAN LAU | | 11B. STATE OF BIRTH CHINA |
| 12. MILITARY SERVICE? 19__ TO 19__ <input checked="" type="checkbox"/> NONE | | 13. SOCIAL SECURITY NO. ██████-7399 | | 14. MARITAL STATUS MARRIED | | 15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) DOROTHY LOUIE | |
| 16A. USUAL OCCUPATION ENGINEER | | 16B. USUAL KIND OF BUSINESS OR INDUSTRY AEROSPACE | | 16C. USUAL EMPLOYER LOCKHEED CORP. | | 16D. YEARS IN OCCUPATION 36 | 17. EDUCATION—YEARS COMPLETED 16 |
| 18A. RESIDENCE—STREET AND NUMBER OR LOCATION 4500 TOTANA DRIVE | | | | | 18B. CITY TARZANA | | 18C. ZIP CODE 91356 |
| 18D. COUNTY LOS ANGELES | | 18E. NUMBER OF YEARS IN THIS COUNTY 38 | 18F. STATE OR FOREIGN COUNTRY CALIFORNIA | | 20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT DOROTHY LEW -WIFE 4500 TOTANA DRIVE TARZANA, CA. 91356 | | |
| 19A. PLACE OF DEATH KAISER HOSPITAL | | 19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA IP | | 19C. COUNTY LOS ANGELES | | 22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 5601 DE SOTO AVENUE | | | 19E. CITY WOODLAND HILLS | | 23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | |
| 21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) | | | | | 24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | |
| IMMEDIATE CAUSE (A) CARDIOPULMONARY ARREST | | DUE TO (B) MYOCARDIAL INFARCTION | | DUE TO (C) ISCHEMIC CARDIOMYOPATHY | | 24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| 25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 DIABETES MELLITUS | | | | | 26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. NONE | | |
| I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. | | 27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 12-31-89 | | 27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN <i>Mark Feinerman M.D.</i> | | 27C. PHYSICIAN'S LICENSE NUMBER G43884 | |
| 27D. DATE SIGNED 12-31-89 | | DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR 12-31-89 | | 27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS MARK FEINERMAN M.D., 5601 DE SOTO AVE., WOODLAND HILLS, CA. 91367 | | | |
| I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. | | 28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER <i>[Signature]</i> | | | | 28B. DATE SIGNED | |
| 29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined | | 30A. PLACE OF INJURY | | 30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO | | 30C. DATE OF INJURY MONTH, DAY, YEAR | |
| 31. HOUR | | 32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY) | | 33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) | | | |
| 34A. DISPOSITION(S) BURIAL | | 34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS FOREST LAWN MEMORIAL PARK LOS ANGELES, CA. 90068 | | 34C. DATE MO, DAY, YEAR JAN. 6, 1990 | | 35A. SIGNATURE OF EMBALMER <i>David Session</i> | |
| 35B. LICENSE NUMBER 7653 | | 36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) FOREST LAWN HOLLYWOOD HILLS MTY. | | 36B. LICENSE NO. F 904 | | 37. SIGNATURE OF LOCAL REGISTRAR <i>Mark [Signature]</i> | |
| 38. REGISTRATION DATE JAN. 05 1990 | | A. | | B. | | CENSUS TRACT | |
| C. | | D. | | E. | | F. | |

VS-11 (REV. 3-89) 410

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

059-1-1450

REQUESTED BY
D Lew Properties
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 JAN 14 AM 9:38

LINDA SLATER
RECORDER

\$8.00 PAID *[Signature]* DEPUTY

THIS IS A TRUE CERTIFIED COPY OF THE RECORD
FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT
OF HEALTH SERVICES IF IT BEARS THIS SEAL IN
PURPLE INK.



JAN 11 1990

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[Signature]
Director of Health Services and Registrar

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