

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

39319012367

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST (GIVEN) ELIZABETH		1B. MIDDLE ANGELIA	1C. LAST (FAMILY) LUMAN		2A. DATE OF DEATH—MO, DAY, YR March 18, 1993
4. RACE WHITE		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6. DATE OF BIRTH—MO, DAY, YR JANUARY 16, 1928		7. AGE IN YEARS 65
8. STATE OF BIRTH IL	9. CITIZEN OF WHAT COUNTRY U.S.A.	10A. FULL NAME OF FATHER VINCENT CASTLEMAN		10B. STATE OF BIRTH CZ	11A. FULL MAIDEN NAME OF MOTHER FRANCIS BENZ
12. MILITARY SERVICE 19-- To 19-- <input checked="" type="checkbox"/> NONE		13. SOCIAL SECURITY NO. 2536	14. MARITAL STATUS MARRIED		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) ROY LUMAN
16A. USUAL OCCUPATION HOMEMAKER		16B. USUAL KIND OF BUSINESS OR INDUSTRY HOMEMAKING	16C. USUAL EMPLOYER SELF EMPLOYED		16D. YEARS IN OCCUPATION 44
17. EDUCATION—YEARS COMPLETED 11			18A. RESIDENCE—STREET AND NUMBER OR LOCATION 23121 WELBY WAY		
18B. CITY WEST HILLS			18C. ZIP CODE 91307		
18D. COUNTY LOS ANGELES		18E. NUMBER OF YEARS IN THIS COUNTY 33	18F. STATE OR FOREIGN COUNTRY CALIFORNIA		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT ROY LUMAN - HUSBAND 23121 WELBY WAY WEST HILLS, CALIFORNIA 91307
19A. PLACE OF DEATH KAISER PERMANENTE HOSP.		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 DESOTO 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) IMMEDIATE CAUSE (A) Blood infection (Sepsis gram negative) ▶ 72 HR		21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) DUE TO (B) Hepatic failure ▶ 24R		24A. WAS AUTOPSY 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) DUE TO (C) Hepatitis C infection ▶ 104R		25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 Gastrointestinal bleeding due to hepatic failure		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25. IF YES, LIST TYPE OF OPERATION AND DATE. No	
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 1/1/88		27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER Daniel J. Kashinsky		27C. CERTIFIER'S LICENSE NUMBER G 236 27	27D. DATE SIGNED 3/19/93
27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Daniel Kashinsky, MD, 5601 DeSoto, Woodland Hills, Ca 91367		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER		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
30D. HOUR		32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
34A. DISPOSITION(S) CR/RES		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS 23121 Welby Way, West Hills, California		34C. DATE MO, DAY, YR 3-24-1993	35A. SIGNATURE OF EMBALMER Dobby Elstam
35B. LICENSE NO. 4937		36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) GATES, KINGSLEY & GATES, C/P		36B. LICENSE NO. F-1066	37. SIGNATURE OF LOCAL REGISTRAR Robert C. [Signature]
38. REGISTRATION DATE MAR 22 1993		39. STATE REGISTRAR		40. CENSUS TRACT	

VS-11 (REV. 7-92) 0709

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

01-9-1-1450

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This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Conny B. McCormack

CONNIE B. McCORMACK
Registrar-Recorder/County Clerk

SEP 04 1993

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19-245305

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.

BK0999PG2285

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



COPY

REQUESTED BY
STEWART TITLE of DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 APR 10 AM 10:40

LINDA SLATER
RECORDER

\$ ^{9.00} PAID *KJ* DEPUTY

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BK0400PG1299