



# CERTIFICATE OF DEATH


STATE OF CALIFORNIA  
USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS  
VS-11 (REV. 7/93)

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

<b>DECEDENT PERSONAL DATA</b>	1. NAME OF DECEDENT—FIRST (GIVEN) <b>Jesse</b>		2. MIDDLE <b>Junior</b>		3. LAST (FAMILY) <b>Hoagland</b>			
	4. DATE OF BIRTH MM/DD/CCYY <b>12/01/1922</b>		5. AGE YRS. <b>73</b>	IF UNDER 1 YEAR MONTHS    DAYS	IF UNDER 24 HOURS HOURS    MINUTES	6. SEX <b>M</b>	7. DATE OF DEATH MM/DD/CCYY <b>08/02/1996</b>	8. HOUR <b>1419</b>
	9. STATE OF BIRTH <b>MI</b>	10. SOCIAL SECURITY NO. <b>3873</b>		11. MILITARY SERVICE 19__ TO 19__ <input type="checkbox"/> NONE		12. MARITAL STATUS <b>married</b>		13. EDUCATION—YEARS COMPLETED <b>14</b>
	14. RACE <b>White</b>		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			16. USUAL EMPLOYER <b>NORTHROP</b>		
	17. OCCUPATION <b>ACCOUNTANT</b>			18. KIND OF BUSINESS <b>AIRCRAFT MANUFACTURING</b>			19. YEARS IN OCCUPATION <b>25</b>	
<b>USUAL RESIDENCE</b>	20. RESIDENCE—STREET AND NUMBER OR LOCATION <b>7858 Croydon Ave.</b>							
	21. CITY <b>Los Angeles</b>		22. COUNTY <b>Los Angeles</b>		23. ZIP CODE <b>90045</b>	24. YRS IN COUNTY <b>49</b>	25. STATE OR FOREIGN COUNTRY <b>California</b>	
<b>INFORMANT</b>	26. NAME, RELATIONSHIP <b>Elsie Hoagland - Wife</b>			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>7858 Croydon Ave. Los Angeles, Ca. 90045</b>				
<b>SPOUSE AND PARENT INFORMATION</b>	28. NAME OF SURVIVING SPOUSE—FIRST <b>ELSIE</b>		29. MIDDLE <b>-</b>		30. LAST (MAIDEN NAME) <b>HEINIG</b>			
	31. NAME OF FATHER—FIRST <b>JESSE</b>		32. MIDDLE <b>MILO</b>		33. LAST <b>HOAGLAND</b>		34. BIRTH STATE <b>IA</b>	
	35. NAME OF MOTHER—FIRST <b>PEARL</b>		36. MIDDLE <b>AGNES</b>		37. LAST (MAIDEN) <b>KURTH</b>		38. BIRTH STATE <b>WI</b>	
<b>DISPOSITION(S)</b>	39. DATE MM/DD/CCYY <b>08/09/1996</b>	40. PLACE OF FINAL DISPOSITION <b>INGLEWOOD PARK CEMETERY, 720 E. FLORENCE AVE., INGLEWOOD, CA 90301</b>						
<b>FUNERAL DIRECTOR AND LOCAL REGISTRAR</b>	41. TYPE OF DISPOSITION(S) <b>BU</b>		42. SIGNATURE OF EMBALMER <i>Shun Newbern</i>			43. LICENSE NO. <b>8260</b>		
	44. NAME OF FUNERAL DIRECTOR <b>Inglewood Cemetery Mortuary</b>		45. LICENSE NO. <b>FD-1101</b>	46. SIGNATURE OF LOCAL REGISTRAR <i>Mark Gomez</i>		47. DATE MM/DD/CCYY <b>08/06/1996</b>		
<b>PLACE OF DEATH</b>	101. PLACE OF DEATH <b>Daniel Freeman Med. Ctr.</b>		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER		104. COUNTY <b>Los Angeles</b>	
	105. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>333 north Prairie Avenue</b>					106. CITY <b>Inglewood</b>		
<b>CAUSE OF DEATH</b>	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)					TIME INTERVAL BETWEEN ONSET AND DEATH <b>1/2 Hr.</b>	108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER <b>96-05756</b>	
	IMMEDIATE CAUSE <b>(A) Thoracic Trauma</b>							
	DUE TO <b>(B)</b>						109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
	DUE TO <b>(C)</b>						110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO <b>(D)</b>						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 <b>Arteriosclerotic Cardiovascular Disease</b>								
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <b>No</b>								
<b>PHYSICIAN'S CERTIFICATION</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 MM/DD/CCYY    DECEDENT LAST SEEN ALIVE MM/DD/CCYY		115. SIGNATURE AND TITLE OF CERTIFIER <i>Mark Gomez</i>		116. LICENSE NO.		117. DATE MM/DD/CCYY	
			118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP					
<b>CORONER'S USE ONLY</b>	I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	121. INJURY DATE MM/DD/CCYY <b>08/02/1996</b>	122. HOUR <b>1340</b>	123. PLACE OF INJURY <b>Street</b>		
	119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" 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) <b>Own Unoccupied Auto Compressing Chest</b>					
	125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE) <b>78th Street &amp; Sepulveda Blvd., West Chester 91402</b>							
		126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>Rachel Zaragoza</i>		127. DATE MM/DD/CCYY <b>08/03/1996</b>		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER <b>Rachel Zaragoza Deputy Coroner</b>		
<b>STATE REGISTRAR</b>	A	B	C	D	E	F	G	
						H	FAX AUTH. #	
CENSUS TRACT								

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.

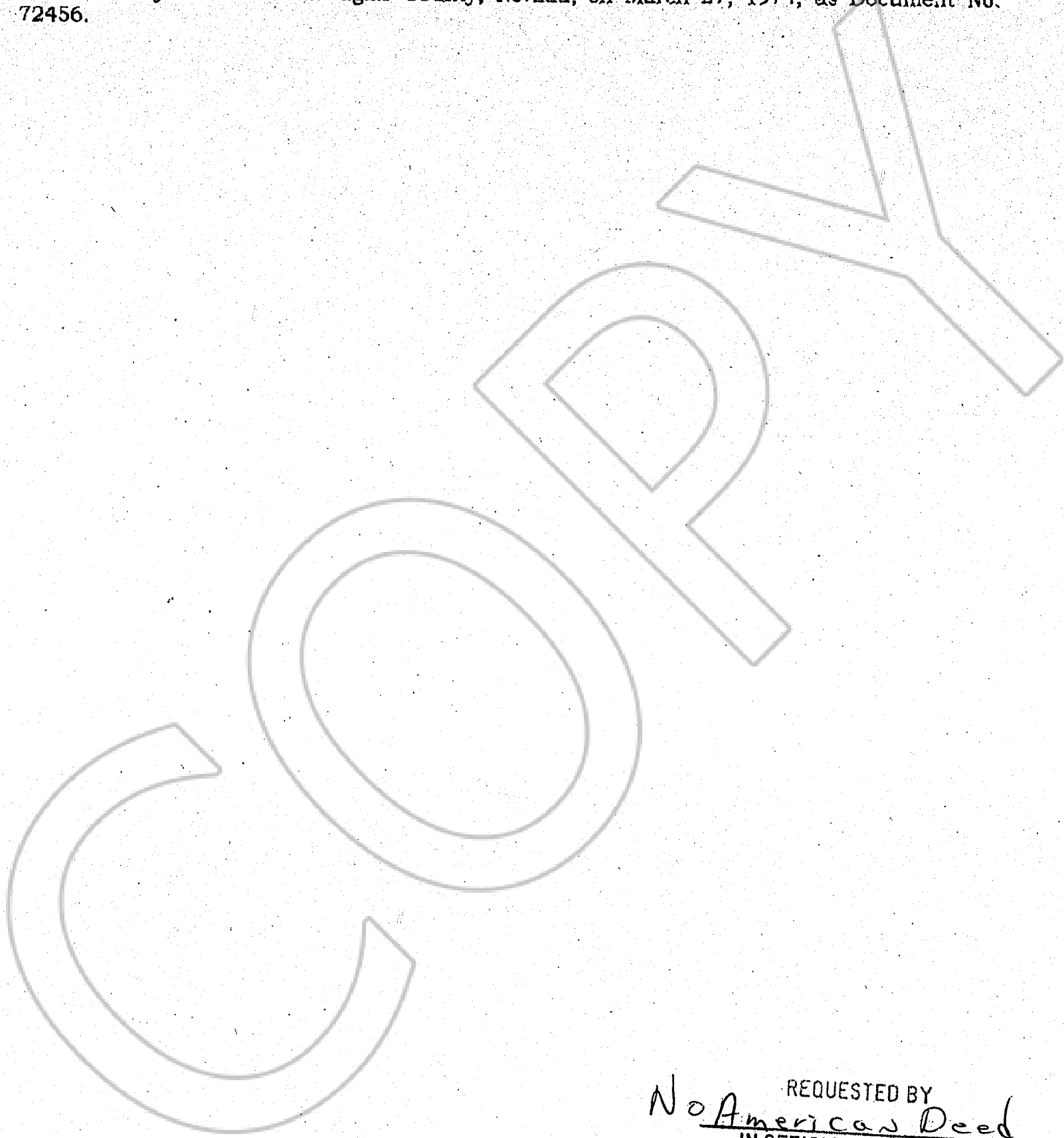

**AUG 07 1996**  
**108** *Mark Gomez*  
 Director of Health Services and Registrar

0493164

BK0600PG0152

**EXHIBIT "A"**  
**LEGAL DESCRIPTION**

Lot 297 as shown on the map of Gardnerville Ranchos Unit No. 7, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 27, 1974, as Document No. 72456.



REQUESTED BY  
*No American Deed*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2000 JUN -1 PM 2:52

LINDA SLATER  
RECORDER

\$ *9.00* PAID *K2* DEPUTY

0493164

BK0600PG0153