

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA
PUBLIC HEALTH DEPARTMENT
VITAL RECORDS AND REGISTRATION
645 SOUTH BASCOM AVENUE, SAN JOSE, CALIFORNIA 95128

CERTIFICATE OF DEATH

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) Eddyce		2. MIDDLE Dorene	
3. LAST (Family) Mueller		4. DATE OF BIRTH mm/dd/yyyy 02/08/1938	
5. AGE Yrs. 68		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY IA		10. SOCIAL SECURITY NUMBER 6307	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) Married	
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS Graduate		14. DECEDENT'S RACE - (Up to 3 races may be listed (see worksheet on back)) White	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED Administrative Assistant		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) Government Standard Laboratory	
19. DECEDENT'S RESIDENCE (Street and number or location) 2106 Old Page Mill Road		20. YEARS IN OCCUPATION 30	
21. CITY Palo Alto		22. COUNTY/PROVINCE Santa Clara	
23. ZIP CODE 94304		24. YEARS IN COUNTRY 32	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP Louis Mueller Husband	
27. INFORMANT'S MAILING ADDRESS (Street and number or care mail number, city or town, state, ZIP) 2106 Old Page Mill Road, Palo Alto, CA. 94304		28. NAME OF SURVIVING SPOUSE - FIRST Louis	
29. MIDDLE Frank		30. LAST (Maiden Name) Mueller	
31. NAME OF FATHER - FIRST William		32. MIDDLE Ellis	
33. LAST Lynch		34. BIRTH STATE Unknown	
35. NAME OF MOTHER - FIRST Dorothy		36. MIDDLE M.	
37. LAST (Maiden) Fuller		38. BIRTH STATE IA	
39. DISPOSITION DATE mm/dd/yyyy 02/24/2006		40. PLACE OF FINAL DISPOSITION Husbands residence Mr. Louis Mueller, 2106 Old Page Mill Road, Palo Alto, CA. 94304	
41. TYPE OF DISPOSITIONS C/Pes		42. SIGNATURE OF EMBALMER Not Embalmed	
43. LICENSE NUMBER		44. NAME OF FUNERAL ESTABLISHMENT Spangler Mortuaries, Los Altos	
45. LICENSE NUMBER FD-927		46. SIGNATURE OF LOCAL REGISTRAR <i>Martin D. Finstershew</i>	
47. DATE mm/dd/yyyy 02/23/2006		48. PLACE OF DEATH El Camino Hospital	
101. COUNTY Santa Clara		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ERVOP <input type="checkbox"/> DOK <input type="checkbox"/> HOSPITAL	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> HOSPITAL <input type="checkbox"/> HOME <input type="checkbox"/> OTHER		104. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 2500 Grant Road	
105. CITY Mountain View		106. DEATH REPORTED TO CORONER? Time (Invent/Estimate) Date and Death <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
107. CAUSE OF DEATH Scale this chart of events - disease, injury, or complication - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) Sepsis (B) Multiple Myeloma (C) _____ (D) _____ (E) _____ 108. BIRTH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIRTH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REGULATING IN THE UNDERLYING CAUSE GIVEN IN 107 Congestive Heart Failure, Renal Failure		111. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 109? (Type, last type of operation and date.) No	
112. SIGNATURE AND TITLE OF CERTIFIER <i>M Jm WV</i>		113. LICENSE NUMBER A063128	
114. DATE mm/dd/yyyy 01/24/2005		115. DATE mm/dd/yyyy 02/21/2006	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE James R. Heckmann M. D. 582 So. Sunnyvale Road, Sunnyvale, CA 94086		117. DATE mm/dd/yyyy 02/23/2006	
118. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		119. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
120. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		121. INJURY DATE mm/dd/yyyy	
122. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		123. HOUR (24 Hours)	
124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		124. SIGNATURE OF CORONER / DEPUTY CORONER	
125. DATE mm/dd/yyyy		125. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH. #	
A		CENSUS TRACT	
B			
C			
D			
E			

BK- 0506
PG- 12394
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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS DATE ISSUED
COUNTY OF SANTA CLARA } By **FEB 23 2006**

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.



Martin D. Finstershew MD
MARTIN D. FINSTERSHEW
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "A"
LEGAL DESCRIPTION

Order No.: 060500448

The land referred to herein is situated in the State of Nevada,
County of DOUGLAS, described as follows:

Lot 81, Block B, as shown on the Final Map of WILDHORSE UNIT 3,
A PLANNED UNIT DEVELOPMENT, filed for records in the office of
the County Recorder of Douglas County, State of Nevada, on July
2, 1990, in Book 790, Page 026, as Document No. 229406.

A.P.N. 1420-33-111-024

