

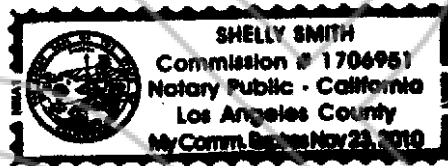
JURAT

State of California
County of Los Angeles

Subscribed and sworn to (or affirmed) before me on
this 14th day of February, 2007 by: CATHERINE RUSSO
personally known to me or proved to me on the basis of satisfactory
evidence to be the person(s) who appeared before me.

Signature Shelly Smith

(seal)






STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF DEATH

3 200319014903

STATE FILE NUMBER		USE BLACK INK ONLY (NO BRUSHES, INKRETS OR ALTERNATES)		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT - FIRST (Given)		2 MIDDLE		3 LAST (Family)	
Sam		-		Russo	
4A. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4 DATE OF BIRTH mm/dd/yyyy		5 AGE Yrs	
		08/23/1928		74	
6 BIRTH STATE/FOREIGN COUNTRY		10 SOCIAL SECURITY NUMBER		11 EVER IN U.S. ARMED FORCES?	
CA		7747		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12 MARITAL STATUS (at time of Death)		7 DATE OF DEATH mm/dd/yyyy		8 HOUR (24 Hours)	
Married		04/03/2003		0815	
13 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		14 RACE OF DECEDENT (Up to 3 races may be listed (see worksheet on back))		15 YEARS IN OCCUPATION	
Production Manager		White		30	
16 DECEDENT'S RESIDENCE (Street and number or location)		17 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail store, restaurant, etc.)		18 YEARS IN BUSINESS	
8919 Mory St.		Paint and Chemical Mfg.		10yr3	
19 CITY		20 COUNTY/PROVINCE		21 ZIP CODE	
Downey		Los Angeles		90242	
22 STATE/FOREIGN COUNTRY		23 YEARS IN COUNTY		24 STATE/FOREIGN COUNTRY	
CA		50		CA	
25 INFORMANT'S NAME, RELATIONSHIP		27 INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)			
Catherine Russo - Wife		8919 Mory St., Downey, CA 90242			
28 NAME OF SURVIVING SPOUSE - FIRST		29 MIDDLE		30 LAST (maiden Name)	
Catherine		-		Lo Cascio	
31 NAME OF FATHER - FIRST		32 MIDDLE		33 LAST	
Jack		-		Russo	
34 NAME OF MOTHER - FIRST		35 MIDDLE		36 LAST	
Mary		-		Mecelli	
37 BIRTH STATE		38 BIRTH STATE		39 BIRTH STATE	
PA		CA		CA	
40 DEPOSITION DATE mm/dd/yyyy		41 PLACE OF FINAL DISPOSITION			
04/05/2003		SEA: Off the Coast of Los Angeles County, CA			
42 TYPE OF DISPOSITION		43 SIGNATURE OF EMBALMER		44 LICENSE NUMBER	
CR/SEA		Not Embalmed			
45 NAME OF FUNERAL ESTABLISHMENT		46 LICENSE NUMBER		47 DATE mm/dd/yyyy	
Community Funeral Service		FD-1659		04/04/2003	
48 SIGNATURE OF LOCAL FUNERARIAN		49 DATE mm/dd/yyyy			
		04/04/2003			
100 PLACE OF DEATH		101 IF HOSPITAL, SPECIFY ONE		102 IF OTHER THAN HOSPITAL, SPECIFY ONE	
PIH Hospice House		<input type="checkbox"/> IP <input type="checkbox"/> ENOP <input type="checkbox"/> ODA <input checked="" type="checkbox"/> X Hospital		<input type="checkbox"/> Nursing Home <input type="checkbox"/> LTCH <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
103 COUNTY		104 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		105 CITY	
Los Angeles		10742 Valley View Ave.		Whittier	
106 CRIME OF DEATH		107 CAUSE OF DEATH		108 DEATH REPORTED TO CORONER	
		Enter the chain of events - diagnosis, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the pathway. DO NOT abbreviate.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
109 IMMEDIATE CAUSE (Final cause or condition resulting in death)		110 SPECIFY PERFORMED		111 AUTOPSY PERFORMED	
Cardiopulmonary Arrest		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112 UNDERLYING CAUSE (Cause of injury that initiated the process resulting in death) LAST		113 USED IN DETERMINING CAUSE		114 USED IN DETERMINING CAUSE	
Pancreatic Cancer		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
115 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		116 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		117 IF FEMALE, PREGNANT IN LAST YEAR?	
None		No		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
118 SIGNATURE AND TITLE OF CERTIFIER		119 LICENSE NUMBER		120 DATE mm/dd/yyyy	
		A65018		04/04/2003	
121 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		122 INJURED AT WORK?		123 INJURY DATE mm/dd/yyyy	
Gortie I. Hsu, M.D., 12651 Lakewood Blvd., Downey, CA 90242		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
124 I CERTIFY THAT THIS OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED		125 INJURED AT WORK?		126 INJURY DATE mm/dd/yyyy	
<input type="checkbox"/> Suspect <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
127 PLACE OF INJURY (e.g., home, construction site, accident area, etc.)		128 SIGNATURE OF CORONER/DEPUTY CORONER		129 DATE mm/dd/yyyy	
				04/01/2003	
130 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		131 LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		132 TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
				STATE REGISTRAR: A B C D E FAX AUTH: 918-8464 COUNTY TRACT:	

BK- 0207
 PG- 9070
 Page: 3 of 5
 02/26/2007
 0695878

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

AUG 01 2008


 CONNY B. McCORMACK
 Registrar-Recorder/County Clerk


 * 19-0375116 *

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



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

03-004902

AFFIDAVIT TO AMEND A RECORD

3 200319014903

DEATHS AFTER 1-1994
NO ERASURES, WHITEOUTS, OR ALTERATIONS

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE/LOCAL REGISTRAR USE ONLY	1.	2.	3.
--------------------------------	----	----	----

PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

NAME AS IT APPEARS ON RECORD	1. NAME—FIRST (GIVEN)		2. MIDDLE	3. LAST (FAMILY)
	Sam			Russo
ADDITIONAL INFORMATION TO LOCATE RECORD	4. SEX	5. DATE OF EVENT—MM/DD/CCYY	6. CITY OF OCCURRENCE	7. COUNTY OF OCCURRENCE
	M	04/03/2003	Whittier	Los Angeles
	8. FATHER'S NAME AS STATED ON ORIGINAL		9. MOTHER'S NAME AS STATED ON ORIGINAL	
Jack Russo		Mary Mecelli		

2 OF 3

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

LIST ONE ITEM PER LINE	10. CERTIFICATE ITEM NUMBER	11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	12. INFORMATION AS IT SHOULD APPEAR
		10	[REDACTED] 7747
	20	8919 Mory St.	8619 Mory St.
	27	8919 Mory St., Downey, CA 90242	8619 Mory St., Downey, CA 90242
	37	Mecelli	Micelli

REASON FOR CORRECTION	13.	To Correct the Record
-----------------------	-----	-----------------------

AFFIDAVITS AND SIGNATURES	We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.		
TWO PERSONS MUST SIGN THIS FORM	14. SIGNATURE OF FIRST PERSON	15. TITLE/RELATIONSHIP TO PERSON IN PART I	16. DATE SIGNED—MM/DD/CCYY
	<i>[Signature]</i>	Wife	04/25/2003
USE BLACK INK ONLY	17. AGE	18. ADDRESS (STREET, CITY, STATE, ZIP)	
	Legal	8619 Mory St., Downey, CA 90242	
	19. SIGNATURE OF SECOND PERSON	20. TITLE/RELATIONSHIP TO PERSON IN PART I	21. DATE SIGNED—MM/DD/CCYY
	<i>[Signature]</i>	Funeral Director	04/25/2003
	22. AGE	23. ADDRESS (STREET, CITY, STATE, ZIP)	
	Legal	121 W. Whittier Blvd., Suite 15 La Habra, CA 90631	
STATE/LOCAL REGISTRAR USE ONLY	24. SIGNATURE OF STATE OR LOCAL REGISTRAR	25. DATE ACCEPTED FOR REGISTRATION—MM/DD CCYY	
	<i>[Signature]</i>	05/06/2003	

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR VS 210 (Rev. 1/95)

BK- 0207
PG- 9071
4 OF 5
02/26/2007
0695878 Page: 4 Of 5



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

AUG 0 1 2008

Conny B. McCormack
CONNY B. McCORMACK
Registrar-Recorder/County Clerk

*** 19 - 0375121 ***



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

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES-REGISTRAR-RECORDER/COUNTY CLERK

PHYSICIAN/CORONER'S AMENDMENT 3 200319014903

DEATHS AFTER 1-1994

03-004903

NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS
USE BLACK INK ONLY

STATE FILE NUMBER	1.	2.	LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER
STATE/LOCAL REGISTRAR USE ONLY			

PART I INFORMATION TO LOCATE RECORD			
NAME AS IT APPEARS ON RECORD	1. NAME--FIRST (GIVEN) Sam	2. MIDDLE -	3. LAST (FAMILY) Russo
			4. SEX M
ADDITIONAL INFORMATION TO LOCATE RECORD	5. DATE OF EVENT--MM/DD/CCYY 04/03/2003	6. CITY OF OCCURRENCE Whittier	7. COUNTY OF OCCURRENCE Los Angeles

PART II STATEMENT OF CORRECTIONS			
8. CERTIFICATE ITEM NUMBER	9. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	10. INFORMATION AS IT SHOULD APPEAR	
	118 Goethe I. Hsu, M.D. 12651 Lakewood Blvd. Downey, CA 90242	Goethe I. Hsu, M.D. 12651 Lakewood Blvd. Downey, CA 90242	
LIST ONE ITEM PER LINE			

3 of 3

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	11. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER <i>Goethe I. Hsu</i>	12. DATE SIGNED--MM/DD/CCYY 04/10/2003	13. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER Goethe I. Hsu, M. D.	
	14. ADDRESS--STREET AND NUMBER 12651 Lakewood Blvd.	15. CITY Downey	16. STATE CA	17. ZIP CODE 90242
STATE/LOCAL REGISTRAR USE ONLY	18. OFFICE OF STATE REGISTRAR OR SIGNATURE OF LOCAL REGISTRAR <i>Thomas J. [Signature]</i>		19. DATE ACCEPTED FOR REGISTRATION--MM/DD/YY 05/06/2003	

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR VS 204 (Rev. 1/99) No. 37723

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk **AUG 0 1 2006**

Conny B. McCormack
CONNIE B. McCORMACK
Registrar-Recorder/County Clerk

* 19-0375124 *

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

BK- 0207
PG- 9072
Page: 5 of 5 02/26/2007
0695878

