



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

3200637017613

|   |   |  |  |  |  |  |   |  |
|---|---|--|--|--|--|--|---|--|
| STATE FILE NUMBER   |   | USE BLACK INK ONLY / NO ERASURES, INDENTURES OR ALTERATIONS VS. 14REV 1/06 |  | LOCAL REGISTRATION NUMBER  |  |  |   |  |
| DECEASED'S PERSONAL DATA  | 1. NAME OF DECEDENT -- FIRST (Given)<br><b>ROBERT</b>   |  | 2. MIDDLE<br><b>GRANT</b>  |  | 3. LAST (Family)<br><b>BACHMAN</b>   |  |   |  |
|   | AKA. ALSO KNOWN AS -- Include full AKA (FIRST, MIDDLE, LAST)  |  |  | 4. DATE OF BIRTH mm/dd/yyyy<br><b>03/29/1936</b>   |  | 5. AGE Yrs. Mths. Ds. <b>70</b>          |   |  |
|   | 9. BIRTH STATE/FOREIGN COUNTRY<br><b>ILLINOIS</b>   |  | 10. SOCIAL SECURITY NUMBER<br>[REDACTED]   |  | 11. EVER IN U.S. ARMED FORCES?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK |  | 12. MARITAL STATUS (at Time of Death)<br><b>MARRIED</b> |  |
|   | 13. EDUCATION -- Highest Level/Degree (See worksheet on back)<br><b>MASTER'S</b>  |  | 14/15 WAS DECEDENT HISPANIC/LATINO/ASIAN/PACIFIC ISLANDER (If yes, see worksheet on back)<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                               |  | 16. DECEDENT'S RACE -- Up to 3 races may be listed (See worksheet on back)<br><b>CAUCASIAN</b>                                     |  | 7. DATE OF DEATH mm/dd/yyyy<br><b>11/25/2006</b>        |  |
| 17. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED<br><b>ELECTRICAL ENGINEER</b> |   |  |  | 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)<br><b>AEROSPACE</b>                               |  | 8. HOUR (24 Hours)<br><b>0545</b>        |   |  |
| USUAL RESIDENCE   | 20. DECEDENT'S RESIDENCE (Street and number or location)<br><b>10258 VISTA VALLE COURT</b>  |  |  |  |  |  |   |  |
|   | 21. CITY<br><b>SAN DIEGO</b>  |  | 22. COUNTY/PROVINCE<br><b>SAN DIEGO</b>  |  | 23. ZIP CODE<br><b>92131</b>   |  |   |  |
|   | 24. YEARS IN COUNTY<br><b>45</b>  |  | 25. STATE/FOREIGN COUNTRY<br><b>CALIFORNIA</b>   |  |  |  |   |  |
| INFORMANT   | 26. INFORMANT'S NAME, RELATIONSHIP<br><b>REBECCA TOLLMAN, DAUGHTER</b>  |  |  | 27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)<br><b>1886 COLT LANE, GARDNERVILLE, NV 89410</b> |  |  |   |  |
|   | SPOUSE AND PARENT INFORMATION   | 28. NAME OF SURVIVING SPOUSE -- FIRST<br><b>DIANE</b>                      |  | 29. MIDDLE<br><b>EAGLE</b>   |  | 30. LAST (Maiden Name)<br><b>ARNEMAN</b> |   |  |
| 31. NAME OF FATHER -- FIRST<br><b>ROBERT</b>  |   | 32. MIDDLE<br><b>GRANT</b>   |  | 33. LAST<br><b>BACHMAN</b>   |  |  |   |  |
| 34. BIRTH STATE<br><b>MI</b>  |   | 35. NAME OF MOTHER -- FIRST<br><b>EDNA</b>                                 |  | 36. MIDDLE<br><b>ELDORA</b>  |  |  |   |  |
| 37. LAST (Maiden)<br><b>HANSON</b>  |   | 38. BIRTH STATE<br><b>NE</b>   |  | 39. DISPOSITION DATE mm/dd/yyyy<br><b>11/29/2006</b>   |  |  |   |  |
| FEDERAL DIRECTORY LOCAL REGISTRAR   | 40. PLACE OF FINAL DISPOSITION<br><b>RESIDENCE OF DIANE BACHMAN<br/>10258 VISTA VALLE COURT, SAN DIEGO, CA 92131</b>  |  |  |  |  |  |   |  |
|   | 41. TYPE OF DISPOSITION(S)<br><b>CR/RSES</b>  |  | 42. SIGNATURE OF EMBALMER<br><b>NOT EMBALMED</b>   |  |  |  |   |  |
|   | 43. LICENSE NUMBER  |  | 44. NAME OF FUNERAL ESTABLISHMENT<br><b>ACCU-CARE CREMATION CENTER</b>   |  |  |  |   |  |
| PLACE OF DEATH  | 45. LICENSE NUMBER<br><b>FD1528</b>   |  | 46. SIGNATURE OF LOCAL REGISTRAR<br><b>NANCY L BOWEN, MD</b>   |  | 47. DATE mm/dd/yyyy<br><b>11/29/2006</b>   |  |   |  |
|   | 101. PLACE OF DEATH<br><b>SHARP MEMORIAL HOSPITAL</b>   |  |  |  |  |  |   |  |
|   | 102. IF HOSPITAL, SPECIFY ONE<br><input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA   |  | 103. IF OTHER THAN HOSPITAL, SPECIFY ONE<br><input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other |  |  |  |   |  |
|   | 104. COUNTY<br><b>SAN DIEGO</b>   |  | 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)<br><b>7901 FROST STREET</b>  |  | 106. CITY<br><b>SAN DIEGO</b>  |  |   |  |
| CAUSE OF DEATH  | 107. CAUSE OF DEATH<br><b>1920</b><br><b>1920</b><br><b>MYELOCYTIC LEUKEMIA</b>   |  |  |  |  |  |   |  |
|   | 108. DEATH REPORTED TO CORONER?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |  |  |  |  |  |   |  |
|   | 109. BIRTH REPORTED TO CORONER?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |  |  |  |  |  |   |  |
|   | 110. AUTOPEY PERFORMED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |  |  |  |  |  |   |  |
|   | 111. USED IN DETERMINING CAUSE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |  |  |  |  |  |   |  |
|   | 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107<br><b>NONE</b>   |  |  |  |  |  |   |  |
| PHYSICIAN'S CERTIFICATION   | 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)<br><b>NO</b>  |  |  |  |  |  |   |  |
|   | 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.<br>Decedent Attended Since: <input type="checkbox"/> Decedent Last Seen Alive: <input type="checkbox"/>                      |  | 115. SIGNATURE AND TITLE OF CERTIFIER<br><b>ROLF EHLERS M.D.</b>   |  | 116. LICENSE NUMBER<br><b>G50260</b>   |  |   |  |
|   | 117. DATE mm/dd/yyyy<br><b>11/25/2006</b>   |  | 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE<br><b>ROLF EHLERS M.D.<br/>8765 AERO DRIVE # 130, SAN DIEGO, CA 92123</b>  |  |  |  |   |  |
| CORONER'S USE ONLY  | 119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.  |  |  |  |  |  |   |  |
|   | MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined |  | 120. INJURED AT WORK?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK   |  | 121. INJURY DATE mm/dd/yyyy  |  |   |  |
|   | 122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)   |  |  |  |  |  |   |  |
|   | 124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)   |  |  |  |  |  |   |  |
|   | 125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)   |  |  |  |  |  |   |  |
| 126. SIGNATURE OF CORONER / DEPUTY CORONER  |   | 127. DATE mm/dd/yyyy   |  | 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER  |  |  |   |  |

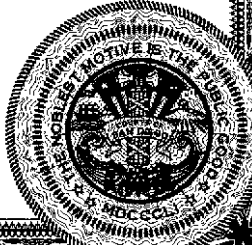
\* A01678686 \*

County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

*Nancy L Bowen MD*  
NANCY L BOWEN, M.D.  
REGISTRAR OF VITAL RECORDS  
County of San Diego

DATE ISSUED: December 1, 2006

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