**ATTACHMENT H**

**DECEDENTS**

| NAME OF DECEDANT | DATE OF DEATH | PLACE OF DEATH |
|---|---|---|
| | | |
| Rowan, Mary Jean | 1/2/2015 | Monroe County, New York |
| Brooks, Lynnette L. | | |
| Billeb, Gregory | 5/19/2019 | Toulumne County, California |
| Billeb, James William | | Washoe County, Nevada |
| Wallace, Karen A. | | |
| Mendoza, Ann F. | 12/6/2016 | San Bernardino County, California |
| Mendoza, Ralph | | Riverside County, California |

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

# COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

## CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 3/08)

STATE FILE NUMBER: 3201436012086

LOCAL REGISTRATION NUMBER:

**DECEDENT'S PERSONAL DATA**

1. NAME OF DECEDENT - FIRST (Given): ANN
2. MIDDLE: FLORENCE
3. LAST (Family): FREASE
AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST):
4. DATE OF BIRTH mm/dd/ccyy: [redacted]/1941
5. AGE Yrs: 73
7. IF UNDER ONE YEAR: Months, Days; IF UNDER 24 HOURS: Hours, Minutes
6. SEX: F
9. BIRTH STATE/FOREIGN COUNTRY: ME
10. SOCIAL SECURITY NUMBER: [redacted]-6350
11. EVER IN U.S. ARMED FORCES? ☐ YES ☒ NO ☐ UNK
12. MARITAL STATUS/SRDP at Time of Death: MARRIED
7. DATE OF DEATH mm/dd/ccyy: 12/06/2014
8. HOUR (24 Hours): 2005
13. EDUCATION - Highest Level/Degree (see worksheet on back): HS GRADUATE
14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (If yes, see worksheet on back) ☐ YES ☒ NO
16. 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: OWNER
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road contractor, employment agency, etc.): BAR
19. YEARS IN OCCUPATION: 30

**USUAL RESIDENCE**

20. DECEDENT'S RESIDENCE (Street and number, or location): 15239 WILDFLOWER LANE
21. CITY: HELENDALE
22. COUNTY/PROVINCE: SAN BERNARDINO
23. ZIP CODE: 92342
24. YEARS IN COUNTY: 22
25. STATE/FOREIGN COUNTRY: CA

**INFORMANT**

26. INFORMANT'S NAME, RELATIONSHIP: JACK FREASE, HUSBAND
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip): P.O. BOX 2066, HELENDALE, CA 92342

**SPOUSE/SRDP AND PARENTS' INFORMATION**

28. NAME OF SURVIVING SPOUSE/SRDP - FIRST: JACKIE
29. MIDDLE: DEAN
30. LAST (BIRTH NAME): FREASE
31. NAME OF FATHER/PARENT - FIRST: EARL
32. MIDDLE: SCOTT
33. LAST: WALLACE
34. BIRTH STATE: ME
35. NAME OF MOTHER/PARENT - FIRST: MARY
36. MIDDLE: RITA
37. LAST (BIRTH NAME): O'DONNELL
38. BIRTH STATE: ME

**FUNERAL DIRECTOR/ LOCAL REGISTRAR**

38. DISPOSITION DATE mm/dd/ccyy: 12/10/2014
40. PLACE OF FINAL DISPOSITION: RES JACK FREASE 15239 WILDFLOWER LANE, HELENDALE, CA 92342
41. TYPE OF DISPOSITION(S): CR/RES
42. SIGNATURE OF EMBALMER: ▶ NOT EMBALMED
43. LICENSE NUMBER: -
44. NAME OF FUNERAL ESTABLISHMENT: AFFORDABLE CREMATIONS OF THE HIGH DESERT
45. LICENSE NUMBER: FD2032
46. SIGNATURE OF LOCAL REGISTRAR: ▶ MAXWELL OHIKHUARE, MD
47. DATE mm/dd/ccyy: 12/10/2014

**PLACE OF DEATH**

101. PLACE OF DEATH: RESIDENCE HOSPICE
102. IF HOSPITAL, SPECIFY ONE: ☐ IP ☐ ER/OP ☐ DOA
103. IF OTHER THAN HOSPITAL, SPECIFY ONE: ☐ HOME ☐ NURSING HOME/ALF ☒ DECEDENT'S HOME ☐ OTHER
104. COUNTY: SAN BERNARDINO
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location): 15239 WILDFLOWER LANE
106. CITY: HELENDALE

**CAUSE OF DEATH**

107. CAUSE OF DEATH — Enter the chain of events — diseases, injuries, or complications — 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.

| | | Time Interval Between Onset and Death |
|---|---|---|
| IMMEDIATE CAUSE (Final disease or condition resulting in death) → | (a) CARDIAC ARREST | (AT) MINS |
| Sequentially, list conditions, if any, leading to cause on line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST | (b) CEREBRAL VASCULAR ACCIDENT | (BT) MOS |
| | (c) UNSPECIFIED ESSENTIAL HYPERTENSION | (CT) YRS |
| | (d) | (DT) |

108. DEATH REPORTED TO CORONER? ☐ YES ☒ NO
109. BIOPSY PERFORMED? ☐ YES ☒ NO
110. AUTOPSY PERFORMED? ☐ YES ☒ NO
111. USED IN DETERMINING CAUSE? ☐ YES ☐ NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: CACHEXIA
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes list type of operation and date): NO
113A. IF FEMALE, PREGNANT IN LAST YEAR? ☐ YES ☒ NO ☐ UNK

**PHYSICIAN'S CERTIFICATION**

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: (A) mm/dd/ccyy: 11/07/2014
Decedent Last Seen Alive: (B) mm/dd/ccyy: 11/30/2014
115. SIGNATURE AND TITLE OF CERTIFIER: ▶ SREEKANTH GANAPAVARAPU M.D.
116. LICENSE NUMBER: A82967
117. DATE mm/dd/ccyy: 12/10/2014
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: SREEKANTH GANAPAVARAPU M.D. 16147 KAMANA ROAD, APPLE VALLEY, CA 92307

**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: ☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Pending Investigation ☐ Could not be determined
120. INJURED AT WORK? ☐ YES ☐ NO ☐ UNK
121. INJURY DATE mm/dd/ccyy
122. HOUR (24 Hours)
123. 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/ccyy
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

| STATE REGISTRAR | A | B | C | D | E | | FAX AUTH.# | CENSUS TRACT |
|---|---|---|---|---|---|---|---|---|
| | | | | | | *010001002800078* | | |

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO } SS

DATE ISSUED: DEC 15 2014

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

MAXWELL OHIKHUARE, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

*002351228*

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

PB/CO (Rev) 10/13

FOR GOVERNMENT USE ONLY
NOT AN OFFICIAL COPY



DOH-[illegible] (8/2011)

RECORDED DISTRICT

REGISTER NUMBER 44

NEW YORK STATE
DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

STATE FILE NUMBER

RESIDENCE

NCHS

4C

4G

7A

7B

SI

25

30

31

31B

QR

OS

QCOD

CANCER

**DECEDENT**

1 NAME FIRST: Mary | MIDDLE: Jean | LAST: Rowan

2 SEX: MALE ☐1 FEMALE ☒2

3A DATE OF DEATH: MONTH 01 DAY 02 YEAR 2015

3B HOUR: 9:35 P m

4A PLACE OF DEATH (Check one): HOSPITAL DOA ☐ ER ☐ HOSPITAL OUTPATIENT ☐ HOSPITAL INPATIENT ☐ NURSING HOME ☒ PRIVATE RESIDENCE ☐ HOSPICE FACILITY ☐ OTHER (Specify) ☐

4B IF FACILITY, DATE ADMITTED: MONTH 05 DAY 30 YEAR 2012

4C NAME OF FACILITY (If not facility, give address): The Jewish Home of Rochester

4D LOCALITY (Check one and specify): CITY ☐ VILLAGE ☐ TOWN ☒ Brighton

4E COUNTY OF DEATH: Monroe

4F MEDICAL RECORD NO: 24617

4G WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state): NO ☐ YES ☒ Rochester General Hospital Rochester, Monroe, New York

5 DATE OF BIRTH: MONTH [redacted] DAY [redacted] YEAR 1929

6A AGE IN YEARS: 85 YRS

6B IF UNDER 1 YEAR ENTER: months | days

6C IF UNDER 1 DAY ENTER: hours | minutes

7A CITY AND STATE OF BIRTH (If not USA, Country and Region/Province): Rochester, NY

7B IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH

8 SERVED IN U.S. ARMED FORCES? (Specify years): NO ☒0 YES ☐1

9 DECEDENT OF HISPANIC ORIGIN? Check the boxes that best describe whether the decedent is Spanish/Hispanic/Latino: ☒ No, not Spanish/Hispanic/Latino; B ☐ Yes, Mexican, Mexican American, Chicano; C ☐ Yes, Puerto Rican; D ☐ Yes, Cuban; E ☐ Yes, Other Spanish/Hispanic/Latino (Specify)

10 DECEDENT'S RACE Check one or more races to indicate what the decedent considered himself or herself to be: ☒ White/Caucasian; B ☐ Black or African American; C ☐ Asian Indian; D ☐ Chinese; E ☐ Filipino; F ☐ Japanese; G ☐ Korean; H ☐ Vietnamese; J ☐ Native Hawaiian; K ☐ Guamanian or Chamorro; M ☐ Samoan; N ☐ American Indian or Alaska Native (specify); P ☐ Other Asian (specify); R ☐ Other Pacific Islander (specify); S ☐ Other (specify)

11 DECEDENT'S EDUCATION Check the box that best describes the highest degree or level of school completed at the time of death: 1 ☐ ≤ 8th grade; 2 ☐ 9th-12th grade, no diploma; 3 ☐ High school graduate or GED; ☒ Some college credit, but no degree; 5 ☐ Associate's degree; 6 ☐ Bachelor's degree; 7 ☐ Master's degree; 8 ☐ Doctorate/Professional degree

12 SOCIAL SECURITY NUMBER: [redacted]7544

13 MARITAL STATUS: NEVER MARRIED ☐1 MARRIED ☐2 WIDOWED ☒3 DIVORCED ☐4 SEPARATED ☐5

14 SURVIVING SPOUSE Enter birth name of spouse if married or separated

15A USUAL OCCUPATION (Do not enter retired): Legal Secretary

15B KIND OF BUSINESS OR INDUSTRY: Law

15C NAME AND LOCALITY OF COMPANY OR FIRM: Underberg & Kessler Roch., NY

16A RESIDENCE (State or Country if not USA): New York

16B County or Region/Province if not USA: Monroe

16C LOCALITY (Check one and specify): CITY ☐ VILLAGE ☐ TOWN ☒ Brighton

16F IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? ☐YES ☐NO IF NO, SPECIFY TOWN

16D STREET AND NUMBER OF RESIDENCE: 2021 Winton Road South Rochester, New York

16E ZIP CODE: 14618

**PARENTS**

17 BIRTH NAME OF FATHER / PARENT: FIRST Paul | MI | LAST Burke

18 BIRTH NAME OF MOTHER / PARENT: FIRST Mary | MI | LAST Guilfoyle

19A NAME OF INFORMANT: Terrance P. Rowan

19B MAILING ADDRESS (include zip code): 194 Ingomar Drive Rochester, New York 14612

**DISPOSITION**

20A 1 ☐ BURIAL 2 ☒ CREMATION 3 ☐ REMOVAL 4 ☐ HOLD 5 ☐ DONATION 6 ☐ ENTOMBMENT: MONTH 01 DAY 05 YEAR 2015

20B PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Mt. Hope Crematory

20C LOCATION (City or town and state): Rochester, New York

21A NAME AND ADDRESS OF FUNERAL HOME: Farrell-Ryan Funeral Home 777 Long Pond Road Rochester, NY 14612

21B REGISTRATION NUMBER: 00571

22A NAME OF FUNERAL DIRECTOR: Joseph G. Tomasso

22B SIGNATURE OF FUNERAL DIRECTOR: ▶ Joseph G. Tomasso

22C REGISTRATION NUMBER: 13578

23A SIGNATURE OF REGISTRAR: ▶ [signature]

23B DATE FILED: MONTH 1 DAY 5 YEAR 2015

24A BURIAL OR REMOVAL PERMIT ISSUED BY: [signature]

24B DATE ISSUED: MONTH 1 DAY 5 YEAR 2015

**CERTIFIER**

ITEMS 25 THRU 33 COMPLETED BY CERTIFYING PHYSICIAN -- OR -- CORONER/CORONER'S PHYSICIAN OR MEDICAL EXAMINER

25A. CERTIFICATION To the best of my knowledge, death occurred at the time, date and place and due to the causes stated

Certifier's Name: Karyn Leible | License No: 264204 | Signature: ▶ [signature] | Month 1 Day 05 Year 2015

Certifier's Title: 0 ☒ Attending Physician 0 ☐ Physician acting on behalf of Attending Physician 1 ☐ Coroner 2 ☐ Medical Examiner / Deputy Medical Examiner | Address: 2021 Winton Rd S Rochester 14618

25B If coroner is not a physician, enter Coroner's Physician's name & title | License No | Signature ▶ | Month | Day | Year

25C If certifier is not attending physician, enter Attending Physician's name & title | License No | Address

26A Attending physician attended deceased: FROM Month 04 Day 01 Year 2013 TO Month 01 Day 02 Year 2015

26B Deceased last seen alive by attending physician: Month 01 Day 02 Year 2015

26C Pronounced Dead: ON Month 01 Day 02 Year 2015 AT Time 9:35 P M

27 MANNER OF DEATH: NATURAL CAUSE ☒1 ACCIDENT ☐2 HOMICIDE ☐3 SUICIDE ☐4 UNDETERMINED CIRCUMSTANCES ☐5 PENDING INVESTIGATION ☐6

28 WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? 0 ☒ NO 1 ☐ YES

29A AUTOPSY? NO ☒0 YES ☐1 REFUSED ☐2

29B IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? 0 ☐ NO 1 ☐ YES

CONFIDENTIAL — SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH — CONFIDENTIAL

**CAUSE OF DEATH**

30 DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

For use by physician or institution

NAME OF DECEDENT: Mary Jean Rowan

DATE OF DEATH: 1-2-2015

TIME OF DEATH: 935 AM/PM

FOR GOVERNMENT USE ONLY
NOT AN OFFICIAL COPY

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF ASSESSOR - RECORDER

# COUNTY OF TUOLUMNE

SONORA, CALIFORNIA

3052019100236 — STATE FILE NUMBER

**CERTIFICATE OF DEATH**

STATE OF CALIFORNIA

USE BLACK INK ONLY - NO PENCIL, WRITE OUTSIDE DIMENSIONS

VS-11 (REV. 2/08)

3201955000235 — LOCAL REGISTRATION NUMBER

**DECEDENT'S PERSONAL DATA**

1. NAME OF DECEDENT - FIRST (GIVEN): GREGORY
2. MIDDLE: PENN
3. LAST (FAMILY): BILLEB
4. DATE OF BIRTH (MM/DD/CCYY): [redacted]952
5. AGE (Yrs.): 67
6. SEX: M
8. BIRTH STATE/FOREIGN COUNTRY: CA
10. SOCIAL SECURITY NUMBER: [redacted]-1766
11. EVER IN U.S. ARMED FORCES? [X] YES [ ] NO [ ] UNK
12. MARITAL STATUS/SRDP: MARRIED
7. DATE OF DEATH (MM/DD/CCYY): 05/10/2019
8. HOUR (24 Hours): 1449
13. EDUCATION - Highest Level Degree: HS GRADUATE
14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? [ ] YES [X] NO
16. DECEDENT'S RACE: CAUCASIAN
17. USUAL OCCUPATION: SALES
18. KIND OF BUSINESS OR INDUSTRY: GRAPHIC ARTS
19. YEARS IN OCCUPATION: 26

**USUAL RESIDENCE**

20. DECEDENT'S RESIDENCE (Street and number, or location): 20647 LONGVIEW STREET
21. CITY: GROVELAND
22. COUNTY-PROVINCE: TUOLUMNE
23. ZIP CODE: 95321
24. YEARS IN COUNTY: 21
25. STATE/FOREIGN COUNTRY: CA

**INFORMANT**

26. INFORMANT'S NAME, RELATIONSHIP: TRACY BILLEB, WIFE
27. INFORMANT'S MAILING ADDRESS: 20647 LONGVIEW STREET, GROVELAND, CA 95321

**SPOUSE/REP AND PARENT INFORMATION**

28. NAME OF SURVIVING SPOUSE/SRDP - FIRST: TRACY
29. MIDDLE: MARIA
30. LAST (BIRTH NAME): INTELISANO
31. NAME OF FATHER/PARENT - FIRST: ROBERT
32. MIDDLE: CAIN
33. LAST: BILLEB
34. BIRTH STATE: CA
35. NAME OF MOTHER/PARENT - FIRST: MARION
36. MIDDLE: JEAN
37. LAST (BIRTH NAME): BLOCH
38. BIRTH STATE: CA

**FUNERAL DIRECTOR/REGISTRAR**

39. DISPOSITION DATE (MM/DD/CCYY): 05/15/2019
40. PLACE OF FINAL DISPOSITION: SCATTER AT SEA OFF THE COAST OF MARIN COUNTY, CA
41. TYPE OF DISPOSITION: CR/SEA
42. SIGNATURE OF EMBALMER: NOT EMBALMED
43. LICENSE NUMBER: -
44. NAME OF FUNERAL ESTABLISHMENT: NEPTUNE SOCIETY OF NORTHERN CALIFORNIA
45. LICENSE NUMBER: FD1502
46. SIGNATURE OF LOCAL REGISTRAR: KAENAN S WHITMAN
47. DATE (MM/DD/CCYY): 05/15/2019

**PLACE OF DEATH**

101. PLACE OF DEATH: AVALON CARE CENTER-SONORA
102. IF HOSPITAL, SPECIFY ONE: [ ] IP [ ] ER/OP [ ] DOA
103. IF OTHER THAN HOSPITAL, SPECIFY ONE: [ ] HOSPICE [X] NURSING HOME/LTC [ ] RESIDENCE [ ] OTHER
104. COUNTY: TUOLUMNE
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location): 19929 GREENLEY RD
106. CITY: SONORA

**CAUSE OF DEATH**

107. CAUSE OF DEATH — Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, cardiac failure, or respiratory arrest, without showing the etiology. DO NOT ABBREVIATE.

IMMEDIATE CAUSE (Final disease or condition resulting in death): (a) END STAGE LIVER FAILURE

Sequentially list conditions, if any, leading to cause on Line a. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST: (b) MO; (c); (d)

Was Medical Examiner Called and Death: [ ] YES [X] NO

108. DEATH REPORTED TO CORONER? [ ] YES [X] NO

109. AUTOPSY PERFORMED? [ ] YES [X] NO

110. AUTOPSY FINDINGS AVAILABLE? [ ] YES [X] NO

111. USED IN DETERMINING CAUSE OF DEATH? [ ] YES [ ] NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: CONGESTIVE HEART FAILURE, RENAL FAILURE

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? NO

113A. IF FEMALE, PREGNANT IN LAST YEAR? [ ] YES [ ] NO [ ] UNK

**PHYSICIAN'S CERTIFICATION**

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: (a) 05/08/2019
Decedent Last Seen Alive: (b) 05/10/2019

115. SIGNATURE AND TITLE OF CERTIFIER: MATTHEW LINCOLN PERSONIUS M.D.

116. LICENSE NUMBER: A62512

117. DATE (MM/DD/CCYY): 05/15/2019

118. TYPE OR PRINT NAME, TITLE, ADDRESS, AND ZIP CODE OF CERTIFIER: MATTHEW LINCOLN PERSONIUS M.D.
183 S FAIRVIEW LN STE C, SONORA, CA 95370

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED
MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined
120. INJURED AT WORK? [ ] YES [ ] NO [ ] UNK
121. INJURY DATE (MM/DD/CCYY)
122. HOUR (24 Hours)

**CORONER'S USE ONLY**

123. PLACE OF INJURY (e.g., home, construction site, industrial 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/CCYY)
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

**STATE REGISTRAR**

A | B | C | D | E | *01001004206302* | FAX AUTH. # | CENSUS TRACT

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Tuolumne County Assessor-Recorder.

Kaenan Whitman

KAENAN WHITMAN
TUOLUMNE COUNTY ASSESSOR-RECORDER

DATE ISSUED 5/28/2019

*000134726*

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Assessor-Recorder.

PENCO (Rev) 8/11

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE.

THE OFFICIAL SEAL OF THE STATE OF CALIFORNIA — EUREKA

ASSESSOR-RECORDER TUOLUMNE COUNTY, CA.