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BOOK 113 PAGE 64-4

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CERTIFICATE OF DEATH
STATE OF CALIFORNIA

STATE FILE NUMBER — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—First: GERALD | 1B. Middle: ARTHUR | 1C. Last: ANDERSON
2A. DATE OF DEATH (Month, Day, Year): November 29, 1987 | 2B. Hour: 1326
3. Sex: Male | 4. Race/Ethnicity: Cauc/American | 5. Social Security No.: [illegible] | 6. Date of Birth: June 6, 1918
7. Age: 69 Years | If Under 1 Year: Months | If Under 1 Day: Days | If Under 24 Hours: Hours | Minutes
8. Birthplace of Decedent (State or Foreign Country): California | 9. Name and Birthplace of Father: Arthur J. Anderson California | 10. Birth Name and Birthplace of Mother: Minnesota Lillian Nordstrom
11A. Citizen of What Country: USA | 11B. If Deceased Was Ever in Military Give Dates of Service: 19 XX TO 19XX | 12. Social Security Number: 560-20-4130 | 13. Marital Status: Married | 14. Name of Surviving Spouse or Wife, Enter Birth Name: Dorothy Lund
15. Primary Occupation: Farmer | 16. Number of Years This Occupation: Adult Life | 17. Employer or Self-Employed, So Stated: Self Employed | 18. Kind of Industry or Business: Vineyard

USUAL RESIDENCE

19A. Usual Residence—Street Address (Street and Number or Location): 5110 N. Madera Ave. | 19B.
19C. City or Town: Kerman
19D. County: Fresno | 19E. State: California
20. Name and Address of Informant—Relationship: Dorothy Anderson Wife, 5110 N. Madera Ave., Kerman, California 93630

PLACE OF DEATH

21A. Place of Death: St. Agnes Hospital (PRON) | 21B. County: Fresno
21C. Street Address (Street and Number or Location): 1303 E. Herndon | 21D. City or Town: Fresno

CAUSE OF DEATH

22. Death Was Caused By: Enter Only One Cause Per Line for A, B, and C.
Immediate Cause: (PENDING)
Conditions, If Any, Which Gave Rise to the Immediate Cause, Stating the Underlying Cause Last:
(A) Due To, or As a Consequence Of:
(B) Due To, or As a Consequence Of:
(C)
Approximate Interval Between Onset and Death:
24. Was Death Reported to Coroner? Yes
25. Was Biopsy Performed? No
26. Was Autopsy Performed? Yes
23. Other Significant Conditions—Contributing to Death But Not Related to Cause Given in 22A:
27. Was Operation Performed for Any Condition in Items 22 or 23? Type of Operation: | Date:

PHYSICIAN'S CERTIFICATION

28A. I Certify That Death Occurred at the Hour, Date and Place Stated. I Attended Decedent Since (Enter Mo. Da. Yr.): | I Last Saw Decedent Alive (Enter Mo. Da. Yr.):
28B. Physician—Signature and Degree or Title:
28C. Date Signed:
28D. Physician's License Number:
28E. Type Physician's Name and Address:

INJURY INFORMATION

29. Specify Accident, Suicide, Etc.:
30. Place of Injury:
31. Injury at Work?
32A. Date of Injury—Month, Day, Year:
32B. Hour:
33. Location (Street and Number or Location and City or Town):
34. Describe How Injury Occurred (Events Which Resulted in Injury):

CORONER'S USE ONLY

35A. I Certify That Death Occurred at the Hour, Date and Place Stated From the Causes Stated. As Required by Law I Have Held an (Inquest-Investigation): INVESTIGATION
Coroner—Signature and Degree or Title: DAVID M. HOUGHTON, M.D., CORONER
35C. Date Signed: 11-30-87
36. Disposition: Burial | 37. Date—Month, Day, Year: 12/2/1987 | 38. Name and Address of Cemetery or Crematory: Fresno Memorial Gardens, Fresno, CA. 7198
39. Signature and Title:
40A. Name of Funeral Director (or Person Acting as Such): Stephens & Bean | 40B. License No.: F-11
41. Local Registrar—Signature:
42. Date Accepted by Local Registrar: DEC 1 1987

STATE REGISTRAR

A. | B. | C. | D. | E. | F.

VS-111-88

CERTIFICATION NUMBER T-88-160170-S

STATE OF CALIFORNIA - COUNTY OF FRESNO
THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF
THIS DOCUMENT FILED AND/OR RECORDED IN THIS OFFICE
ISSUED BY AUTHORITY OF SECTION 10575, OF CALIFORNIA HEALTH AND
SAFETY CODE
NOT A CERTIFIED (LEGAL) COPY WITHOUT A RAISED SEAL
AND THE DEPUTY'S INITIALS IN RED INK

GARY M. [illegible]
AUDITOR

Apr 21 3 02 PM '89

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

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Indexed, Dir
Indirect
Filmed
Mailed

DATED: 2-12-88

LOCAL REGISTRAR