

114919

CERTIFICATE OF DEATH BOOK 131 PAGE 937
STATE OF CALIFORNIA

STATE FILE NUMBER				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER					
1A. NAME OF DECEDENT—FIRST HELEN		1B. MIDDLE BETH		1C. LAST ROLLINS		2A. DATE OF DEATH (MONTH, DAY, YEAR) September 2, 1983		2B. HOUR 0912	
3. SEX Female		4. RACE/ETHNICITY White		5. DATE OF BIRTH April 20, 1922		7. AGE 61 YEARS		IF UNDER 1 YEAR MONTHS DAYS	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) ND		9. NAME AND BIRTHPLACE OF FATHER Charles S. Brown - SD				10. BIRTH NAME AND BIRTHPLACE OF MOTHER Clara Little - ND			
11. CITIZEN OF WHAT COUNTRY USA		12. SOCIAL SECURITY NUMBER [REDACTED]		13. MARITAL STATUS Married		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) Richard H. Rollins			
15. PRIMARY OCCUPATION Escrow Officer		16. NUMBER OF YEARS THIS OCCUPATION 15		17. EMPLOYED (IF SELF EMPLOYED, SO STATE) Title Ins and Trust Co.		18. KIND OF INDUSTRY OR BUSINESS Title Insurance			
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 22700 DeBerry Street				19B. CITY OR TOWN Grand Terrace		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Mr. Richard H. Rollins - Husband 22700 DeBerry Street Grand Terrace, CA 92324			
19C. COUNTY San Bernardino				19D. STATE CA					
21A. PLACE OF DEATH Santa Monica Med. Center				21B. COUNTY Los Angeles					
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 122 15th Street				21D. CITY OR TOWN Santa Monica					
22. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) HYPERTENSIVE ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE ORDER, LYING CAUSE LAST. (B) (C)		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH		24. WAS DEATH REPORTED TO CORONER? 83-11041		25. WAS BIOPSY PERFORMED? No		26. WAS AUTOPSY PERFORMED? No	
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 22 OR 23? TYPE OF OPERATION		28. DATE SIGNED 9-7-83		29. PHYSICIAN'S LICENSE NUMBER					
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTEMPTED DECEASED SINCE I LAST SAW DECEASED ALIVE (ENTER NO. OF DAYS)		28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE Deputy Coroner		28C. TYPE PHYSICIAN'S NAME AND ADDRESS					
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)		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 INVESTIGATION		35B. CORONER—SIGNATURE AND DEGREE OR TITLE Deputy Coroner		35C. DATE SIGNED 9-7-83	
36. DISPOSITION Cremation		37. DATE—MONTH DAY YEAR 9/7/1983		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Evergreen Crematory - Riverside, CA		39. EMERALD'S LICENSE NUMBER AND SIGNATURE Not Embalmed		40. DATE ACCEPTED BY LOCAL REGISTRAR SEP 7 1983	
41. NAME OF FUNERAL DIRECTOR FOR PERSON ACTING AS SUCH Neptune Society - Riverside		42. LICENSE NO. 1307		43. LOCAL REGISTRAR [Signature]		44. DATE ACCEPTED BY LOCAL REGISTRAR SEP 7 1983			
45. STATE REGISTRAR A.		46. FILED FOR RECORD SKAMANIA CO. TITLE		47. D.		48. E.		49. F.	

SKAMANIA CO. TITLE

NOV 10 10 50 AM '83

GARY E. OLSON

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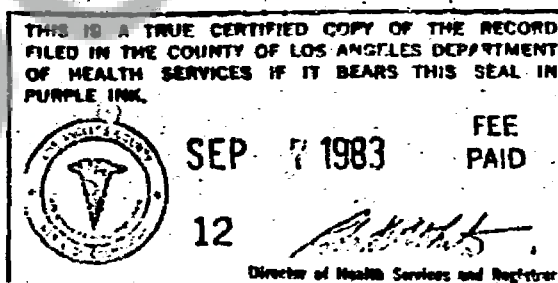
REAL ESTATE EXCISE TAX

NOV 10 1983

FEE EXEMPT

JW

SKAMANIA CO. TITLE

Registered
Unrecorded, Vir
Indirect
Filed 11/12/83
Mailed

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