AFN #2012182406 Recorded 12/31/2012 at 02:11 PM DocType: DEATH Filed by: ELLEN HEYNEMANN Page: 1 of 2 Auditor Timothy O. Todd Skamania County, WA

WHEN RECORDED RETURN TO:

Ellen Heynemann
PO Box 276
N. Bonneville, Wa 98639

REAL ESTATE EXCISE TAX
N/A
DEC 31 2012
PAID N/A
SKAMANIA COUNTY TREASURER

DOCUMENT TITLE(S)

Death Certificate CA.

REFERENCE NUMBER(S) *of Documents assigned or released:*

Removing life estate only

[ ] Additional numbers on page _____ of document.

GRANTOR(S):

Lenora Yocom

[ ] Additional names on page _____ of document.

GRANTEE(S):

Mitchell and Ellen Heynemann

[ ] Additional names on page _____ of document.

LEGAL DESCRIPTION *(Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):*

lot 6 Blk 2 Reloc No Bonn 12,040 Sqf

[ ] Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

02073011250000

[ ] Additional parcel numbers on page _____ of document.

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

LPB 01-05

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF MADERA
PUBLIC HEALTH DEPARTMENT
MADERA, CALIFORNIA 93638

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV 3/06)

STATE FILE NUMBER: 3201220000746
LOCAL REGISTRATION NUMBER:

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT– FIRST (Given)	2. MIDDLE	3. LAST (Family)
LENORA	-	YOCOM

AKA. ALSO KNOWN AS – Include full AKA (FIRST, MIDDLE, LAST):

4. DATE OF BIRTH mm/dd/ccyy	5. AGE Yrs.	IF UNDER ONE YEAR Months / Days	IF UNDER 24 HOURS Hours / Minutes	6. SEX
01/27/1928	84			F

9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS/SRDP (at Time of Death)	7. DATE OF DEATH mm/dd/ccyy	8. HOUR (24 Hours)
SD	[redacted]	[ ] YES [X] NO [ ] UNK	WIDOWED	12/11/2012	1732

13. EDUCATION – Highest Level/Degree (see worksheet on back)	14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back)	16. DECEDENT'S RACE – Up to 3 races may be listed (see worksheet on back)
HS GRADUATE	[ ] YES [X] NO	CAUCASIAN

17. USUAL OCCUPATION – Type of work for most of life. DO NOT USE RETIRED	18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	19. YEARS IN OCCUPATION
OWNER	RENTAL	30

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE (Street and number, or location)				
43970 HWY 41				
21. CITY	**22. COUNTY/PROVINCE**	**23. ZIP CODE**	**24. YEARS IN COUNTY**	**25. STATE/FOREIGN COUNTRY**
OAKHURST	MADERA	93644	47	CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)
SCOTT YOCOM, NEPHEW	36935 BATTI RD, COARSEGOLD, CA 93614

SPOUSE/SRDP AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE/SRDP – FIRST	29. MIDDLE	30. LAST (BIRTH NAME)	
-	-	-	
31. NAME OF FATHER/PARENT – FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
MICHAEL	-	KEARIN	SD
35. NAME OF MOTHER/PARENT – FIRST	**36. MIDDLE**	**37. LAST (BIRTH NAME)**	**38. BIRTH STATE**
JULIA	JANE	PINSCH	SD

FUNERAL DIRECTOR/ LOCAL REGISTRAR

39. DISPOSITION DATE mm/dd/ccyy	40. PLACE OF FINAL DISPOSITION		
12/14/2012	RESIDENCE 43970 HWY 41, OAKHURST, CA 93644		
41. TYPE OF DISPOSITION(S)	**42. SIGNATURE OF EMBALMER**		**43. LICENSE NUMBER**
CR/RES	NOT EMBALMED		
44. NAME OF FUNERAL ESTABLISHMENT	**45. LICENSE NUMBER**	**46. SIGNATURE OF LOCAL REGISTRAR**	**47. DATE mm/dd/ccyy**
PALM MEMORIAL	FD1019	THOMAS E COLE MD	12/14/2012

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE	103. IF OTHER THAN HOSPITAL, SPECIFY ONE
RESIDENCE	[ ] IP [ ] ER [ ] DOA [ ] Other	[ ] Nursing Home/LTC [X] Decedent's Home [ ] Other

104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	106. CITY
MADERA	43970 HWY 41	OAKHURST

CAUSE OF DEATH

107. CAUSE OF DEATH — Enter the chain of events – diseases, injuries, or complications – that directly caused the 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	108. DEATH REPORTED TO CORONER?
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	(A) DIABETES MELLITUS UNCONTROLLED	(AT) YRS	[X] YES [ ] NO
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)	(BT)	REFERRAL NUMBER: 2012-5769
	(C)	(CT)	109. BIOPSY PERFORMED? [ ] YES [X] NO
	(D)	(DT)	110. AUTOPSY PERFORMED? [ ] YES [X] 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
OVARIAN CANCER, MALNUTRITION

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)
NONE

113A. IF FEMALE, PREGNANT IN LAST YEAR? [ ] YES [X] 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	Decedent Last Seen Alive (B) mm/dd/ccyy	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NUMBER	117. DATE mm/dd/ccyy
06/15/2000	11/09/2012	JOHN ROBERT MCBRIDE JR M.D.	G49958	12/14/2012
		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE: JOHN ROBERT MCBRIDE JR M.D. 40232 JUNCTION DR, OAKHURST, CA 93644		

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
						010001002224113		

000064934

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF MADERA

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

DATE ISSUED: 12/17/2012

BY

Thomas E Cole M.D.
HEALTH OFFICER

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

PBMCD (Rev) 08/11

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE