RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

CATHERINE MARY STANLEY, Trustee GEORGE AND DOLORES STANLEY REVOCABLE TRUST c/o ROBERT D. KEIJONEN P.O. BOX 426 GLENDORA, CA 91740-0426 **EUREKA COUNTY, NV**

2022-248096

Rec:\$37.00

\$37.00 Pgs=5

06/01/2022 08:22 AM

MY LEGAL DEPOT, INC.

KATHERINE J. BOWLING, CLERK RECORDER

MAIL TAX	STATEMENTS	AS INDICATED	BELOW:
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APN: 005-520-05; 005-290-01

AFFIDAVIT - DEATH OF TRUSTEE

State of Nevada County of Eureka

CATHERINE MARY STANLEY, of legal age, being first duly sworn, deposes and says:

That, GEORGE EDWARD STANLEY and DOLORES GERTRUDE STANLEY, the decedents mentioned in the attached certified copies of Certificates of Death, are the same persons as GEORGE E. STANLEY and DOLORES G. STANLEY, husband and wife, as Trustees of the GEORGE AND DOLORES STANLEY REVOCABLE TRUST dated March 26, 2001, executed by GEORGE E. STANLEY and DOLORES G. STANLEY as Settlors and Trustees and in which CATHERINE MARY STANLEY is the Successor Trustee to GEORGE E. STANLEY and DOLORES G. STANLEY, who are named as Grantees in that certain Deed, recorded August 4, 2008, as Instrument No. 0212200 in the Official Records of the County Recorder of Eureka County, State of Nevada, covering the following described real property:

LEGAL DESCRIPTION ATTACHED HERETO AND INCORPORATED HEREIN AS EXHIBIT "A"

	Dated: 5/20/22 Catherin M. Starly
P	CATHERINE MARY STANLEY, Thustee
	A notary public or other officer completing this certificate verifies only the identity of the individual who signed the
1	document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.
	STATE OF CALIFORNIA COUNTY OF LOS ANGELES Subscribed and sworn to (or affirmed) before me on this day of, 2022, by CATHERINE MARY STANLEY proved to me on the basis of satisfactory evidence to be the
	person(s) who appeared before me.
٦	WITNESS my hand and official seal.
	Notary Public in and for said County and State

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California	
County of Los Angeles	
	Subscribed and sworn to (or affirmed) before me on
<	this 20 may day of may , 20 12, by
	Date Month Year
	this 20 th day of May , 20 12, by Date Month , 20 12, by Month Year (1) Catherine many Stamley
ANGELI M. TAN	
Notary Public - California Los Angeles County	(and (2)),
Commission # 2353520 My Comm. Expires Apr 27, 2025	Name (s) of Signer(s)
/ / /	proved to me on the basis of satisfactory evidence to
	be the person(s) who appeared before me.
()	1 1 1 to
Place Notary Seal and/or Stamp Above	Signature Signature of Notary Public
Place Notary Sear analon Stamp Above	Signature of Notary Public
	PTIONAL
Completing this information c	an deter alteration of the document or
fraudulent reattachment of t	his form to an unintended document.
Description of Attached Document	
Title or Type of Document: #FF1VAVIT	DEPTH OF THURTEE
	Number of Pages: Two
Document Date. 1770-9 50 700 000	-
Signer(s) Other Than Named Above: N /4	

ENCHANGE DE LA COMPANION DE LA

EXHIBIT "A'

PARCEL 1

TOWNSHIP 29, RANGE 49 EAST, SECTION 19

BEING A PORTION OF LOT 3 DESCRIBED AS FOLLOWS:

COMMENCING AT THE NORTHEAST CORNER OF SAID LOT 3, THENCE NORTH 89 ° 50' WEST ALONG THE NORTH LINE OF SAID LOT 3 A DISTANCE OF 533.45 FEET; THENCE SOUTH 0° 5' WEST A DISTANCE OF 660.0 FEET TO THE TRUE POINT OF BEGINNING; 330.0 FEET; THENCE SOUTH 0° 5' WEST 330.0 FEET; THENCE NORTH 89° 50' WEST A DISTANCE OF 533.61 FEET TO A POINT ON THE WEST LINE OF SAID LOT 3; THENCE ALONG SAID LINE NORTH 330.0 FEET; THENCE SOUTH 89° 50' EAST A DISTANCE OF 533.78 FEET TO THE TRUE POINT OF BEGINNING.

PARCEL 2

TOWNSHIP 30 NORTH, RANGE 49 EAST, SECTION 5

THE NORTHWEST 1/4 OF THE NORTHWEST 1/4, KNOWN AS LOT 4

RESERVING THEREFROM A EASEMENT OF 30 FEET ALONG ALL BOUNDARIES FOR INGRESS AND EGRESS, WITH POWER TO DEDICATE.

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

	3052019211543	}		CERTI	FICATE STATE OF CAL	OF D	EATH			3	201919	04742	1	
STATE FILE NUMBER 1. NAME OF DECEDENT - FIRST (Given)			USE BLACK HIK ONLY / NO ERSURES, WHITEOUTS OR ALTERATIONS VS14(REV 3/06) 2. MIDDLE						LOCAL REGISTRATION NUMBER					
ĕ	GEORGE			I EDIALOD				LAST (Family) STANLEY			\ \			
AAL D	AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)					10/29	OF BIRTH #	m/dd/ccyy	5. AGE Yrs. L 90	IF UND Months	R ONE YEAR Days	IF UNDER	24 HOURS Minutes	6. SEX
DECEDENT'S PERSONAL DATA	9. BIRTH STATE/FOREIGN COUNTRY OH				MBER 11. EVER IN U.S. ARMED FORCES? 12.			12. MARITAL STATUS/SRDP* (at Time of Death) 7			E OF DEATH 17/2019		6. HOUE	(24 Hours)
EDENT		WAS DECEDENT HISPANIC/ YES	LATINO(A)/SPA	UNISH? (# yes, s			16. DECEDE		E - Up to 3 races i	nay be II:	sted (see works	sheet on back	,	_
	17. USUAL OCCUPATION - Type of work to ENGINEERING		RETIRED	18. K		ESS OR I	NDUSTRY (e.	g., grocery :	store, road constru	ction, em	ployment agend	cy, etc.)	9. YEARS IN	OCCUPATION
ČE L	20. DECEDENT'S RESIDENCE (Street and 528 CALIFORNIA DR.					***************************************				-	-			
RESIDENCE	21. CITY 22. COU CLAREMONT LOS			UNTYPROVINCE 23. ZIP CODE 91711				4. YEARS IN COUNTY 25. STATE/FOREIGN COUNTRY CA				-		
INFOR-	26. INFORMANT'S NAME, RELATIONSHIP CATHERINE STANLE				27. INFOR	WANT'S MA W. KL	ING S	SS (Street F., BU	and number, or run RBANK, (CA 9	1505	own, state an	d zip)	4
SPOUSE/SRDP AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SADP DOLORES	FIRST	29. MIDDLE	,		/	1	KOW:	76.	٦				
SE/SRD INFOR	31. NAME OF FATHER/PARENT-FIRST GEORGE		32 MIDDLE 33 LAST STANLE								CROA			
SPOU	35. NAME OF MOTHER/PARENT-FIRST		36, MIODLE	$\overline{}$		M.		(BIRTH N	AME)			38. BIRTH STATE		
-	39. DISPOSITION DATE mm/dd/ccyy 4	0. PLACE OF FINAL DISPOS	BITION OAL	K PARK	CEME	TERY	V .	UST	-/-	_	/		ОН	
GISTR/	10/23/2019 4 41. TYPE OF DISPOSITION(S)	110 SYCAMOR	SYCAMORE AVE., CLAREMONT, CA 91711							43.1	ICENSE NUM	IRED.		
FUNERAL DIRECTOR/ LOCAL REGISTRAR	CR/BU 44. NAME OF FUNERAL ESTABLISHMENT			▶ NOT	EMBAI	MED		\vee		-				
Ę ŏ				45. LICENSE NUMBER 48. SIGNATURE OF LOCAL REGISTRAR FD110 MUNTU DAVIS, M.D.						47. DATE mm/dd/ccyy 10/22/2019				
r o	101. PLACE OF DEATH RESIDENCE				The Real Property lies, the Person of the Pe	102.16	HOSPITAL,	SPECIFY C		OTHER '	HAN HOSPITA	n [27	Decedent's	Other
PLACE OF DEATH	104, COUNTY 105, FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 106, CITY						106. CITY	Home Une						
	107. CAUSE OF DEATH E	nter the chain of events dise s cardiac errest, respiratory erre	eases, injuries o	or complications	· that directly	caused de	ath. DO NOT	enter termin	al events such	-	CLARE	veen 108. DE	VIH PEPCHTED	TO COPIONER?
	IMMEDIATE CAUSE (A CONGES (Final disease or condition resulting lo death)	STIVE HEART I	FAILUR	E		e elougy. I	ALIAN ABB	TEVINIE.	1		Onset and Deat (AT) YRS		YES REFERRAL NUMB	X NO
#	(B) Sequentially, list conditions, if any,					\	_ \			1	(81)	109. BI	OPSY PERFO YES	PIMED?
ғ реатн	leading to cause on Line A. Enter UNDERLYING CAUSE (disease or					1					(CT)	110. AL	JTOPSY PERI	ORMED?
CAUSE OF	Injury that Initiated the events resulting in death) LAST					7					(01)	111. USE	D IN DETERMIN	NO NO NG CAUSE?
3	112. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BL	T NOT RESUL	TING IN THE U	INDERLYING (CAUSE GIV	EN IN 107	<u> </u>					YES	NO
	NONE 113, WAS OPERATION PERFORMED FOR ANY CONDITION IN TIEM 107 OR 1127 (if yes, list type of operation and date). 1.174. EFFAME PERFORMENT IN LIST YEAR?													
	NO.	7				7	_/				[YES	PREGNANTI	UNK
SICIAN'S IFICATION	114. I CERTIFY THAT TO THE BEST OF MY KNOW. AT THE HOUR, DATE, AND PLACE STATED FROM T Decedent Attended Since Dece	TE CHOSES SIMILED	DA MIC	LI IANIE	MAT NA	<u> </u>	7	Ī	F.C		LICENSE NU	- 1		
₽₽I		nm/dd/ccyy 118	3. TYPE ATTEN	ONG PHYSIC	IAN'S NAME,	MAILING A	DDRESS, ZI	PCÓDE R	RAJNISH C	JANE	470533 DIAL M.I	<u></u>	0/18/20	19
	119. I CEHTIFY THAT IN MY OPINION DEATH OCC MANNER OF DEATH NOTIFE OF	Accident Homicide	D PLACE STATE	D FROM THE CA	LISES STATED.	Could not be	120.11	JURED AT	WORK?		. INJURY DAT	E mm/dd/ccy	y 122. HOU	R (24 Hours)
ı.	123. PLACE OF INJURY (e.g., home, construction site, wooded ever, etc.)													
Suse	124. DESCRIBE HOW INJURY OCCUPRED (Events which resulted in injury)													
CORONER'S USE ONLY	125 LOCATION OF INJURY (Street and number, or location, and city, and zip)													
	128. SIGNATURE OF CORONER / DEPUTY	CORONER		127.	. DATE mm/c	ld/ccyy	128. TYP	E NAME, TI	TLE OF CORONE	H / DEPL	TY CORONER	3		
STAT		C D	E							FA	X AUTH.#	-	CENSI	IS TRACT
_						*01000	01004341	36*		Ц.				

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.



MD DATE ISSUED Health Officer and Registre

OCT 29 2019





COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

WI USE NO. 0 03/18/2022 1708 15. TRUDONON-Inspirat Lineshopmin 1.5 Lineshopmi		3052022072632	CERTIFICATE		320221901	_ h h				
B BRITCH STREET/GROUND COUNTING 12 DOOM, SCAUPTY MARKER 11 LIVER MULE ANALYST PROJECTION 12 DOOM, SCAUPTY MARKER	_	1. NAME OF DECEDENT- FIRST (Given)	2. MIDDLE	3. LAST (Family)		NUMBER				
THOMEMAKER DOMESTIC 72 **RESIDENCE STANDARD AND AND AND AND AND AND AND AND AND AN		AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			E Yrs. IF UNDER ONE YEAR IF Morths Days H					
THOMEMAKER DOMESTIC 72 **RESIDENCE STANDARD AND AND AND AND AND AND AND AND AND AN	'S PERSO	WI	YES X NO	MIDOWED	03/18/2022	1708				
MOMEMAKER NO. INCIDENT RESIDENCE THE RESIDENCE TO PROVIDE TO THE PROPERTY OF	CEDENT	HS GRADUATE YES		XIMINITE						
SECOND	8	HOMEMAKER	1		ed construction, employment agency, etc					
BY DONALD JAMES STANLEY, SON 2348 TRICKLING CREEK PARTY 104 VERNE, CA 91750 2348 TRICKLING CREEK PARTY 104 VERNE, CA 91750 104 VERNE, CA 917	IAL ENCE	528 CALIFORNIA DRIVE								
## A NAME OF PARTHERMORENAL	RESID	CLAREMONT	OS ANGELES	91711 67	CA					
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3/3/24/2022 410 SYCAMORE AVENUE, CLAREMONT, CA 91711	PAREN	MARTHA		DOLATA	/_/_	4.				
A PART PRINCIPLE STATES STATE A PART PRINCIPLE STATES STATE A PART PRINCIPLE STATES TOO DE MEMORIAL CHAPEL SALCENSE MADERS SALCENSE MA	ECTOR/ STRAR	03/24/2022 410 SYCAMO	ORE AVENUE, CLAREM	ONT, CA 91711		La inches whites				
TOUR PROSPICE STATE TOUR PROSPICE TOUR	RAL DIR	CREMATE/BURIAL	▶ NOT EMBA	LMED		-				
RESIDENCE Total County Total Co	¥ 3	TODD MEMORIAL CHAPEL	- 20 C - 0 10 T - 20 U - 1	MUNTU DAVIS MD	50	03/24/2022				
TOP: CAUSE OF DEATY	ATH ATH		ESS OR LOCATION WHERE FOLIND ISSUES OF	FRVOP DX	Hospice Nursing	Decedent's				
THE CORD PER SIGNIFICANT COUNTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 10. THE CORPORATION PERFORMED FOR ANY CONDITION IN ITEM 107 CAR 112 BY ALTHONOR PRYSICIAN'S NUMBER OF DEASHING LISS STATE. THE CORPORATION PERFORMED FOR ANY CONDITION IN ITEM 107 CAR 112 BY ALTHONOR PRYSICIAN'S NUMBER OF DEASHING LISS STATE. THE CORPORATION PERFORMED FOR ANY CONDITION IN ITEM 107 CAR 112 BY ALTHONOR PRYSICIAN'S NUMBER AND ITTLE OF CORPORATES. 277 CODE* THE CORPORATION PERFORMED FOR ANY CONDITION IN ITEM 107 CAR 112 BY ALTHONOR PRYSICIAN'S NUMBER AND ITTLE OF CORPORATES. 277 CODE* THE CORPORATION PERFORMED FOR ANY CONDITION IN ITEM 107 CAR 112 BY ALTHONOR PRYSICIAN'S NUMBER AND ITTLE OF CORPORATES. 277 CODE* THE CORPORATION PERFORMED FOR ANY CONDITION IN ITEM 107 CAR 112 BY ALTHONOR PRYSICIAN'S NUMBER AND ITTLE OF CORPORATES. 277 CODE* THE CORPORATION PERFORMED FOR ANY CONDITION IN ITEM 107 CAR 112 BY ALTHONOR PRYSICIAN'S NUMBER AND ITTLE OF CORPORATES. 277 CODE* THE CORPORATION PERFORMED FOR ANY CONDITION IN ITEM 107 CAR 112 BY ALTHONOR PRYSICIAN'S NUMBER AND ITTLE OF CORPORATES. 277 CODE* THE CORPORATION PERFORMED FOR ANY CONDITION IN ITEM 107 CAR 112 BY ALTHONOR PRYSICIAN'S NUMBER AND ITTLE OF CORPORATES. 277 CODE* THE CORPORATION PERFORMED FOR ANY CONDITION IN ITEM 107 CAR 112 BY ALTHONOR PRYSICIAN'S NUMBER AND ITTLE OF CORPORATES. 277 CODE* THE CORPORATION PERFORMED FOR ANY CONDITION IN ITEM 107 CAR 112 BY ALTHONOR PRYSICIAN'S NUMBER AND ITTLE OF CORPORATES. 277 CODE* THE CORPORATION PERFORMED FOR ANY CONDITION IN ITEM 107 CAR 112 BY ALTHONOR PRYSICIAN'S NUMBER AND ITTLE OF CORPORATES. 277 CODE* THE CORPORATION PERFORMED FOR ANY CONDITION IN ITEM 107 CAR 112 BY ALTHONOR PRYSICIAN'S NUMBER AND ITTLE OF CORPORATES. 277 CODE* THE CORPORATION PERFORMED FOR ANY CONDITION IN ITEM 107 CAR 112 BY ALTHONOR PRYSICIAN'S NUMBER AND ITTLE OF CORPORATES. 277 CODE* THE CORPORATION PERFORMED FOR ANY CONDITION IN ITEM 107 CAR 112 BY ALTHONOR PRYSICIAN PERFORMED FOR ANY CONDITION IN ITEM 107 CAR	\$ 8	LOS ANGELES 528 CALIFO	ORNIA DRIVE		CLAREM					
Maching of Carlier (in Section Approach (in Page 1) Maching of Control Con		as cardiac arrest, respirato IMMEDIATE CAUSE (A) CARDIOPULMONAR (Final disease of	ory attrest, or ventricular fibrillation without showing:	the etiology, DO NOT ASBREVIATE.	Onset and Death (AT)	YES X NO				
NAMER OF CEATING MAY PRECORDED 113. PRACE OF INJURY (e.g., home, construction site, wooded area, etc.) 124. DESCRIBE HOW INJURY OCCURRED RIVE Wints which resulted in injury) 125. COLATION OF INJURY (street and number, or location, and city, and zign) 126. SIGNATURE OF CORONER/ DEPUTY CORONER 127. DATE mm/ds/coyy 128. SIGNATURE OF CORONER/ DEPUTY CORONER 129. PLACE OF INJURY (street and number, or location, and city, and zign) 120. The Power of Injury (street and number, or location, and city, and zign) 121. CORTAR SIGNATURE OF CORONER/ DEPUTY CORONER 122. DATE mm/ds/coyy 123. PLACE OF INJURY (street and number, or location, and city, and zign) 124. DESCRIBE HOW INJURY OCCURRED RIVE which resulted in injury) 125. SIGNATURE OF CORONER/ DEPUTY CORONER 126. SIGNATURE OF CORONER/ DEPUTY CORONER 127. DATE mm/ds/coyy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 129. PLACE OF INJURY (street and number, or location, and city, and zign) 120. The mm/ds/coyy 120. The mm/ds/coyy 121. Type NAME, TITLE OF CORONER / DEPUTY CORONER 127. DATE mm/ds/coyy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 129. PLACE OF INJURY (street and number, or location, and city, and zign) 120. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE mm/ds/coyy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 127. DATE mm/ds/coyy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 128. SIGNATURE OF CORONER / DEPUTY CORONER 129. PLACE OF INJURY (street and number, or location, and city, and zign) 120. NUMBER OF THE MILE IN INJURY DATE mm/ds/coyy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 129. PLACE OF INJURY (street and number, or location, and city, and zign) 120. SIGNATURE OF CORONER / DEPUTY CORONER 120. NUMBER OF THE MILE IN INJURY DATE mm/ds/cory 121. SIGNATURE OF CORONER / DEPUTY CORONER 122. FOR THE MILE IN INJURY DATE mm/ds/cory 123. PLACE OF INJURY (street and number, or location, and city, and zign)		in death) (8) SENILE DEGENERA	TION OF THE BRAIN		(81)					
PROPERTY THAT TO THE BEST OF MY KNOWLEDGE DEATH COLUMNED AT THE MOST OF THE MONTH OF OF TH	FDEATH	leading to cause (C) (C) UNDERLYING				110, AUTOPSY PERFORMED? YES X NO				
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1127 Iff yes, lest type of operation and diste.) 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1127 Iff yes, lest type of operation and diste.) 114. ICERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED 115. SIGNATURE AND TITLE OF CERTIFIER 116. LICERTSE NUMBER 117. DATE minridaticity 116. LICERTSE NUMBER 117. DATE minridaticity 118. SIGNATURE AND TITLE OF CERTIFIER 116. LICERTSE NUMBER 117. DATE minridaticity 118. SIGNATURE AND TITLE OF CERTIFIER 116. LICERTSE NUMBER 117. DATE minridaticity 118. SIGNATURE AND TITLE OF CERTIFIER 116. LICERTSE NUMBER 117. DATE minridaticity 118. SIGNATURE AND TITLE OF CERTIFIER 118. LICERTSE NUMBER 117. DATE minridaticity 118. LICERTSE NUMBER 117. DATE m	CAUSE	injury that initiated the events (0) resulting in death) LAST			(01)	111. USED IN DETERMINING CAUSE? YES NO				
The performance of the perfor		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA NONE	ITH BUT NOT RESULTING IN THE UNDERLYING	G CAUSE GIVEN IN 107						
A 17 THE HOUR, DATE AND PLACE STATED PROM THE CAUSES STATED. Decedent Attended Since Decedent Last Sam Africa (A) mon/did/copy (B) mon/did/co		113, WAS OPERATION PERFORMED FOR ANY CONDITION IN ITE NO	M 107 OR 1127 (If yes, list type of operation an	d date.)		YES NO UNK				
113. ICERTIFY THAT IN MY OPPICAD DEATH COURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH NATURE ACCIdent Homicide Sucide Pending Countries of Countries of Causer of Countries of C	CATION	AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	DERANCIS A MENDEZ	MUNDUATE MD	Δ1/1005	03/23/2022				
MANNER OF DEATH Natural Accident Homicide Sucide Pending Could not be determined YES NO UNK 123. PLACE OF INJURY (e.g., home, construction eite, woodled 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 OORONER / DEPUTY CORONER 127. DATE mm/sd/coyy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER STAYE A B C D E HIRE SHIPE INJURY (HIRE INJURY HIRE INJUR	CERTIF	03/09/2022 03/18/2022	4115 E. LIVE OAK AVE	NUE, SUITE 10, ARC	ADIA, CA 91006					
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 mn/Vod/cosy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 127. DATE mn/Vod/cosy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		MANNER OF DEATH Natural Accident Homici	ide Suicide Pending Investigation	Could not be VES N	C-1	nm/dd/ccyy 122, HOUR (24 Hours)				
126, SIGNATURE OF CORONER / DEPUTY CORONER 127, DATE mm/sd/coyy 128, TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	SE ONLY									
126, SIGNATURE OF CORONER / DEPUTY CORONER 127, DATE mm/sd/coyy 128, TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	ONER'S L									
STATE A B C D 使 IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	8			Tricking 128 TYPE NAME TITLE	DE CORONER / DEPLITY CORONER					
REGISTRAR IIII III III III III III III III III	Name of Street				41,4	CENSIS TRACT				
		TRAR		-320220651620501		OLINGO INACI				

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.



003358480



MAR 29 2022

prepared on engraved border displaying seal and signature of Registrar.



