

100230

CERTIFICATE OF DEATH STATE OF CALIFORNIA USE BLACK INK ONLY

3-89-01 006539

Form with fields for decedent name (SAMELLA SANDERS), date of death (Sept. 18, 1989), race (Black), birth date (Aug. 2, 1924), and cause of death (Cerebral hemorrhage, heart disease, hypertension).



CHICAGO TITLE INSURANCE COMPANY INDIANA DIVISION

John Gunzenhousers and Sub Lt 14 Bl 5

CARL L. SMITH, M.D., LOCAL REGISTRAR BY: [Signature] 000165

DATE: APR 2 1990

400 ct