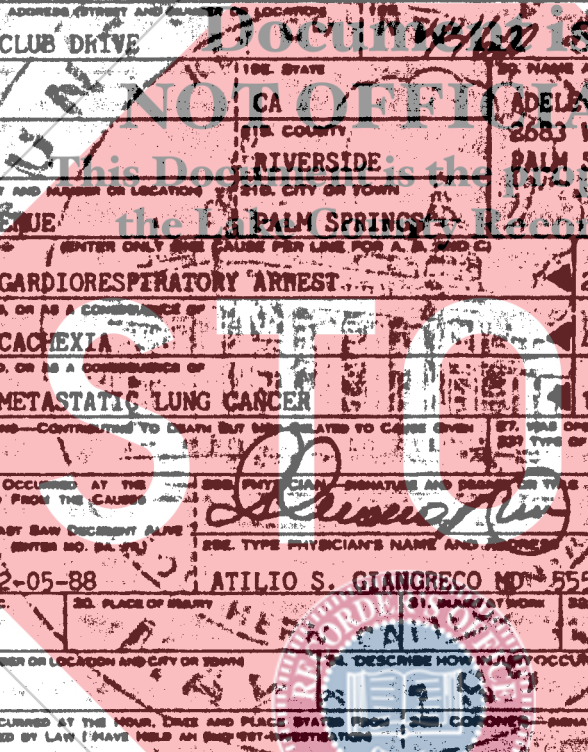


COUNTY OF RIVERSIDE
RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

38833001022

STATE FILE NUMBER		STATE OF CALIFORNIA		LOCAL IDENTIFICATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST		1B. MIDDLE		1C. LAST	
JEROME		WOLSKI		FEBRUARY 6, 1988	
14. SEX		4. RACE/ETHNICITY		8. DATE OF BIRTH	
MALE		WHITE		AUGUST 9, 1914	
15. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)		9. NAME AND BIRTHPLACE OF FATHER		16. BIRTH NAME AND BIRTHPLACE OF MOTHER	
IN		STANLEY WOLSKI POLAND		ANTOINETTE CHYLA POLAND	
11A. COUNTRY OF WHAT COUNTRY		11B. IF DECEASED WAS EVER IN MILITARY GIVE DATES OF SERVICE		12. SOCIAL SECURITY NUMBER	
U.S.A.		19 -- TO 19 --		306-03-1088	
17. PRIMARY OCCUPATION		18. NUMBER OF YEARS THIS OCCUPATION		13. MARITAL STATUS	
SUPERVISOR		35		MARRIED	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. CITY OR TOWN		14. NAME OF SURVIVING SPOUSE IF WIFE, ENTER	
2683 WHITE WATER CLUB DRIVE		PALM SPRINGS		ADELE BORUCKI	
19D. COUNTY		19E. STATE		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	
RIVERSIDE		CA		ADELE WOLSKI (WIFE) 2683 WHITE WATER CLUB DRIVE PALM SPRINGS, CA	
21A. PLACE OF DEATH		21B. COUNTY		21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	
DESERT HOSPITAL		RIVERSIDE		1150 N. INDIAN AVENUE PALM SPRINGS, CA	
22. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE		23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A		24. WAS DEATH REPORTED TO CORONER?	
A) GARDIORESPIRATORY ARREST		COPD		NO	
B) CACHEXIA				25. WASopsy PERFORMED?	
C) METASTATIC LUNG CANCER				NO	
26. DEATH REPORTED TO CORONER?		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23?		28. TYPE OF OPERATION	
NO		NO		NO	
29A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		29B. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE		29C. DATE SIGNED	
01-27-88		ATILIO S. GIANGRECO MD		12-8-88	
29D. PHYSICIAN'S LICENSE NUMBER		30. PLACE OF BIRTH		31. USURY AT BIRTH	
A34706					
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
34. 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		35. CORONER'S SIGNATURE AND DEGREE OR TITLE		36. DATE SIGNED	
37. DATE—MONTH, DAY, YEAR		38. NAME AND ADDRESS OF CEMETERY OR CREMATOR		39. REGISTRAR'S LICENSE NUMBER AND SIGNATURE	
2-10-88		HOLY CROSS CEMETERY CALHUN CITY, IL		6811	
40A. NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		40B. LICENSE NO.		41. LOCAL REGISTRAR—SIGNATURE	
SIERRA MEMORIAL CHAPEL MORTUARY		1139		FEB 08 1988	
STATE REGISTRAR		A		B	
		C		D	



33178986

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

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, County Clerk-Recorder.

MAR 06 2000

DATE ISSUED

This copy is not valid unless prepared on engraved border displaying date, seal and signatures of the County Clerk-Recorder.

Darryl L. Orso

DARRYL L. ORSO
COUNTY CLERK-RECORDER
RIVERSIDE COUNTY, CALIFORNIA

