

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA
CERTIFICATE OF DEATH

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) WILLIAM		2. MIDDLE R.		3. LAST (FAMILY) NASSAU			
4. DATE OF BIRTH M/M/DD/CYY 10/27/1924		5. AGE YRS. 74		6. SEX M		7. DATE OF DEATH M/M/DD/CYY S. HOUR 02/27/1999 0916	
9. STATE OF BIRTH IN.		10. SOCIAL SECURITY NO. 317-16-6547		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS MARRIED	
14. RACE CAUCASIAN		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER WHITECO INTERNATIONAL		19. YEARS IN OCCUPATION 2000	
17. OCCUPATION CHIEF EXECUTIVE OFFICER		18. KIND OF BUSINESS OUTDOOR ADVERTISING		19. YEARS IN OCCUPATION 40			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 251 WILD HORSE DR.							
21. CITY PALM DESERT		22. COUNTY RIVERSIDE		23. ZIP CODE 92211		24. YRS IN COUNTY 9	
25. STATE OR FOREIGN COUNTRY CA.		26. NAME, RELATIONSHIP SHIRLEY NASSAU-WIFE					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE) 251 WILD HORSE DR. PALM DESERT, CA. 92211		28. NAME OF SURVIVING SPOUSE—FIRST SHIRLEY					
29. MIDDLE M.		30. LAST (MAIDEN NAME) HEPP		31. NAME OF FATHER—FIRST CHARLES		32. MIDDLE NASSAU	
33. LAST NASSAU		34. BIRTH STATE IN.		35. NAME OF MOTHER—FIRST ANNA		36. MIDDLE DREXEL	
37. LAST (MAIDEN) DREXEL		38. BIRTH STATE IL.		39. DATE M/M/DD/CYY 03/02/1999			
40. PLACE OF FINAL DISPOSITION SHEETS FUNERAL HOME 604 E. COMMERCIAL LOWELL, IN.				41. TYPE OF DISPOSITION(S) TRANSIT			
42. SIGNATURE OF EMBALMER <i>Garnie H. Fitzhenry</i>		43. LICENSE NO. 6587		44. NAME OF FUNERAL DIRECTOR FITZHENRY		45. LICENSE NO. FD-1571	
46. SIGNATURE OF LOCAL REGISTRAR <i>Gary Feldman MD</i>		47. DATE M/M/DD/CYY 03/01/1999		101. PLACE OF DEATH RESIDENCE			
102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DDA <input type="checkbox"/> CONV. HOSE. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		103. FACILITY OTHER THAN HOSPITAL		104. COUNTY RIVERSIDE			
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 251 WILD HORSE DR.		106. CITY PALM DESERT		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)			
IMMEDIATE CAUSE (A) CARDIORESPIRATORY ARREST		THE INTERVAL BETWEEN ONSET AND DEATH IMMED.		108. DEATH REPORTED TO CORNER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 991161			
DUE TO (B) ACUTE MYELOGENOUS LEUKEMIA		3 MONTHS		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (C)				110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (D)				111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 NON SMALL CELL CANCER OF LUNG							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. RIGHT PNEUMONECTOMY --/--/1997							
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 ONCE M/M/DD/CYY 03/03/1998		115. SIGNATURE AND TITLE OF CERTIFIER <i>Matthew Werner MD</i>		116. LICENSE NO. 6079952			
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP MATTHEW WERNER, M.D. 78-467 HWY 111 LA QUINTA, CA. 92253		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		119. LICENSE NO. 6079952			
120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M/M/DD/CYY		122. HOUR		123. PLACE OF INJURY	
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		125. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED					
126. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)							
127. SIGNATURE OF CORONER OR DEPUTY CORONER		128. DATE MM/DD/CCYY		129. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
STATE REGISTRAR		A B C D E F G H		FAX AUTH. # 951357		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

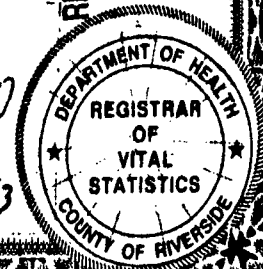
STATE OF CALIFORNIA
COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of County of Riverside, Department of Health.
03/02/1999

DATE ISSUED _____

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

Gary Feldman MD
Gary Feldman M.D.
Local Registrar
RIVERSIDE COUNTY, CALIFORNIA



RETURN RECORDED DOCUMENT TO
Guaranteed Fidelity Title Co.
401 15th Street SE
Doraville, IN 46310



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

25x10