

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS  
VS-11 (REV. 1/83)

32003330041886  
LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT --- FIRST (Given) NADINE 2. MIDDLE L 3. LAST (Family) BARNA

4. DATE OF BIRTH mm/dd/copy 07/19/1935 5. AGE Yrs 67

9. BIRTH STATE/FOREIGN COUNTRY INDIANA 10. SOCIAL SECURITY NUMBER 312-34-8991 11. EVER IN U.S. ARMED FORCES? YES [X] NO [ ] UNK [ ]

12. MARITAL STATUS (at Time of Death) MARRIED 7. DATE OF DEATH mm/dd/copy 04/28/2003 8. HOUR (of Day) 2153

13. EDUCATION --- Highest Level/Degree (see worksheet on back) BACHELOR'S 14/15. WAS DECEDENT SPANISH/HISPANIC/LATINO? (if yes, see worksheet on back) YES [ ] NO [X]

16. DECEDENT'S RACE --- Up to 3 races may be listed (see worksheet on back) WHITE

17. USUAL OCCUPATION --- Type of work for most of life. DO NOT USE RETIRED HOMEMAKER 18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) OWN HOME 19. YEARS IN OCCUPATION 46

20. DECEDENT'S RESIDENCE (Street and number or location) 4 HIGHMEADOW 21. CITY NORWALK 22. COUNTY/PROVINCE FAIRFIELD 23. ZIP CODE 06854 24. YEARS IN COUNTY 23 25. STATE/FOREIGN COUNTRY CONNECTICUT

26. INFORMANT'S NAME, RELATIONSHIP JOHN F BARNA - HUSBAND 27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 4 HIGHMEADOW, NORWALK, CONNECTICUT 06854

28. NAME OF SURVIVING SPOUSE --- FIRST JOHN 29. MIDDLE F 30. LAST (Maiden Name) BARNA

31. NAME OF FATHER --- FIRST EUGENE 32. MIDDLE C 33. LAST LEU

34. NAME OF MOTHER --- FIRST LOUISE 35. MIDDLE - 36. LAST (Maiden) ROBINSON

37. LAST (Maiden) ROBINSON

38. BIRTH STATE INDIANA 39. BIRTH STATE INDIANA

39. DISPOSITION DATE mm/dd/copy 05/01/2003 40. PLACE OF FINAL DISPOSITION PALM SPRINGS MAUSOLEUM, 69901 EAST RAMON ROAD, CATHEDRAL CITY, CA 92234

41. TYPE OF DISPOSITION(S) BURIAL 42. SIGNATURE OF EMBALMER William R. Mitchell

43. LICENSE NUMBER 6556 N 44. NAME OF FUNERAL ESTABLISHMENT PALM SPRINGS MORTUARY, CATHEDRAL CITY 45. LICENSE NUMBER FD 1513 46. SIGNATURE OF LOCAL REGISTRAR Gary Feldman MD NW

47. DATE mm/dd/copy 04/30/2003

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

104. COUNTY RIVERSIDE 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 39000 BOB HOPE DRIVE 106. CITY RANCHO MIRAGE

107. CAUSE OF DEATH Enter the chain of events --- diseases, injuries, or complications --- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

IMMEDIATE CAUSE (A) SUBDURAL HEMATOMA (B) ATRIAL FIBRILLATION (C) (D) 108. DEATH REPORTED TO CORONER? YES [ ] NO [X] REFERRAL NUMBER (A) DAY (B) YEARS (C) FILED SEP 30 2003

110. AUTOPSY PERFORMED? YES [X] NO [ ] 111. USUALLY CERTIFIED? YES [ ] NO [ ]

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 ASTHMA 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. 115. SIGNATURE AND TITLE OF CERTIFIER Laura R Morgan MD 116. LICENSE NUMBER G 51591 117. DATE mm/dd/copy 04/30/2003

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE LAURA R MORGAN, MD 39000 BOB HOPE DRIVE, RANCHO MIRAGE, CA 92270

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. 120. INJURED AT WORK? YES [ ] NO [X] UNK [ ] 121. INJURY DATE mm/dd/copy 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 002679 127. DATE mm/dd/copy 128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

STATE REGISTRAR A B C D E

TICOR TITLE INSURANCE  
922-8077

2003 OCT 19 10 03 AM  
FILED FOR RECORD  
STATE OF INDIANA  
LAKE COUNTY

STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR

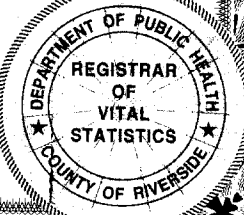
STATE OF CALIFORNIA }  
COUNTY OF RIVERSIDE } ss

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.

DATE ISSUED 05/05/2003

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE