

CERTIFICATION OF VITAL RECORD

VERIFICATION BOX (TO RIGHT OF ARROW, HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT. COLOR WILL DISAPPEAR, THEN REAPPEAR)

STATE OF ARIZONA

620072357

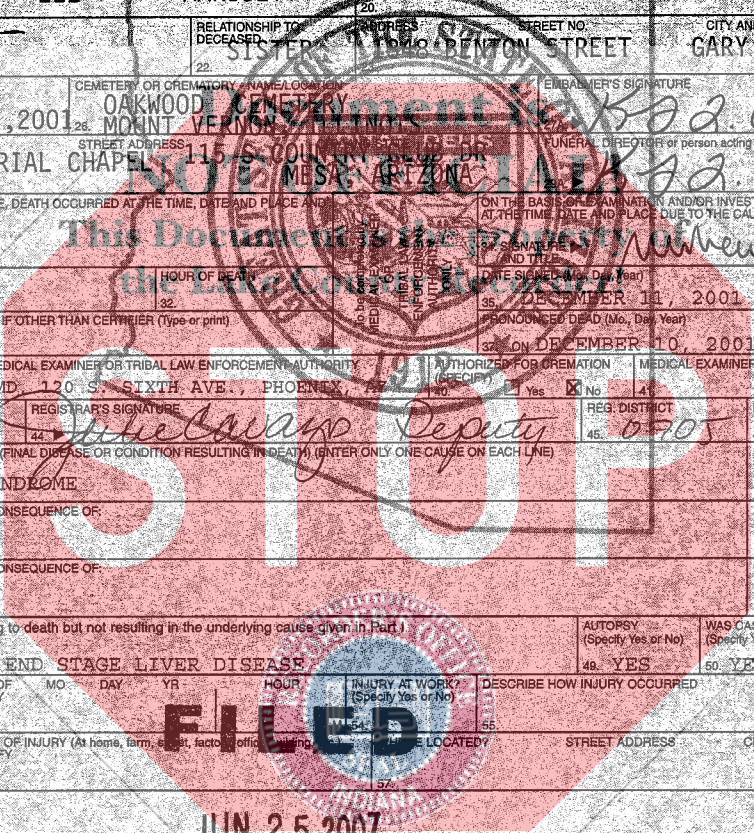
ORIGINAL STATE COPY

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS CERTIFICATE OF DEATH

DEATH NO. D 102- 2001 - 099362

Main form containing personal information: NAME OF DECEASED (AKA CHARLES O REESE), SEX (MALE), DATE OF DEATH (DECEMBER 10, 2001), RACE (BLACK), PLACE OF DEATH (MARIKOPA PHOENIX), AGE (52), SOCIAL SECURITY NO. (310-48-4432), USUAL OCCUPATION (SALESMAN), KIND OF BUSINESS OR INDUSTRY (INSURANCE), FATHER'S NAME (ELMER LEE), MOTHER'S MAIDEN NAME (PEARL A BARNER), INFORMANT'S SIGNATURE (CHARLYNN KIMBALL), RELATIONSHIP TO DECEASED (SISTER), CEMETERY OR CREMATORY (OAKWOOD CEMETERY), FUNERAL HOME (WYMAN CREMATION & BURIAL CHAPEL), SIGNATURE AND TITLE OF CERTIFYING PHYSICIAN (Mihal D. Iliescu, MD), DATE REGISTERED (DEC 18 2001), REG. FILE NO. (38216), REG. DISTRICT (0705), DATE RECD. IN STATE OFFICE (FEB 25 2002), IMMEDIATE CAUSE (SEPSIS SYNDROME), MANNER OF DEATH (NATURAL CAUSES), DATE OF INJURY, PLACE OF INJURY, and SUPPLEMENTARY ENTRIES.

CHICAGO TITLE INSURANCE COMPANY



JUN 25 2007

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

JULIE FRASCO ASSISTANT STATE REGISTRAR

008321

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This is a true certification of the facts on file in the OFFICE OF VITAL RECORDS, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

This copy not valid unless prepared on engraved form displaying state seal and impressed with raised seal of issuing agency.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE