TICOR SO

928-6511

OFFICE OF ASSESSOR - RECORDER

COUNTY OF MARIPOSA

MARIPOSA, CALIFORNIA

	OTS280 STATE FILE NUMBER	USE BU	ACK: NK ONLY / NO ERASURES VS-11 (REV	JFORNIA S, WHITEOUTS OR ALTERATIONS 3/06)		LOCAL REGISTRATIO	722000078 IN NUMBER	- -
	1. NAME OF DECEDENT- FIRS* (Given)	2. MIDOLE		3. LA	ST (Family)			_
DATA	OTTORINA AKA. ALSO KNOWN AS – Include full AKA (FIRST, MIDE		MARY		BONAVENTURA F BIRTH mm/dd/ccyy 5. AGE Yrs. IF UNDER ONE YEAR		IF UNDER 24 HOURS 6. SEX	
	AKA, ALSO KNOWN AS - Incidde tor AKA (FIRST, MIDL	JLE, LAST)		4			Hours Minutes	
PERSONAL	9. BIRTH STATE/FOREIGN COUNTRY 10. SOCIA	AL SECURITY NUMBER 11.	EVER IN U.S. ARMED F	02/02/1927 ORCES? 12 MARITAL STATI		7. DATE OF DEATH mm/s	dd/ccyy 8. HOUR (24 Hours)	٦
		0-42-9413	YES X NO	UNK	1	08/13/2007		
DECEDENT'S	TIALY 310-42-9413 DIVORCED DOVINGED 14/15, WAS DECEDENT HISPANIC/ATNO(AVSPANISH? Iff yes, see worksheel on back) 13. EDUCATION - Highest Level/Degree 14/15, WAS DECEDENT HISPANIC/ATNO(AVSPANISH? Iff yes, see worksheel on back)							_1
ËDE	BACHEOLOR'S		{	X NO CAUC	CASIAN		•	
Ä	17. USUAL OCCUPATION - Type of work for most of life	. DO NOT USE RETIRED	18 KIND OF BUSIN	NESS OR INDUSTRY (e.g., groo		on, employment agency, et	c.) 19. YEARS IN OCCUPATION	V
	COMPUTER PROGRAMMER		co	MPUTER			22	-
ш	20. DECEDENT'S RESIDENCE (Street and number or location)							
RESIDENCE	253 BARBARAJEAN DR.			(,			_
	21. GITY	22. COUNTY/PROVINCE		23. ZIP CODE	1	y 25. STATE/FOREIGN		
		LAKE	27:INFOR	46375 MANT'S MAILING ADDRESS (SI	60	IND 12		_
MANT	TONY BONAVENTURA - SC	N.	1			•		
	28 NAME OF SURVIVANO SHOULDS (SPDD) FIRST	29. MIDDLE				, HIGHLAND, IN 46322		
P F	_	_		_				
INFORMATION	31. NAME OF FATHER/PARENT-FIRST	32. MIDDLE		33. LAST			34. BIRTH STATE	_
		-			DITTILI		ITALY	_
PARENT	35. NAME OF MOTHER/PARENT-FIRST	36. MIDDLE		37. LAST (BIRT	'H NAME)		38. BIRTH STATE	_
$\overline{}$				UNK			ITALY	-
REGISTRAR	39. DISPOSITION DATE monidations: 40. PLACE OF FINAL DISPOSITION ADDITIONAL							
F 6	NES: TONY BONAVENTURA, 8813 PARK PLACE DR., HIGHLAND, IN 46322 41. TYPE OF DISPOSITION(S) 42. SIGNATURE OF EMBALMER							-
, E	CR/TR/RES		CUNOT EM	01110				
3	44. NAME OF FUNERAL ESTABLISHMENT	45		6. SIGNATURE OF LOCAL REC	GISTRAR		47. DATE mm/dd/ccyy	-
5 5	MARIPOSA FUNERAL HOME	NOT!	FD-671	Bucky Cry	1/2w		08/21/2007	
-	101 PLACE OF DEATH							
				102 IF HOSPITAL, SPECI	FY ONE 103, IF 0		PECIFY ONE	ļ
ΞΞ	YOSEMITE NATIONAL PAR			IP ERVOR		CHERTHAN HOSPITAL, S SPICE Nursing Home/LTC	PECIFY ONE Decedent's X Other	
DEATH	104. COUNTY 105, FACILIT	Y ADDRESS OR LOCATION WH	CIIC IS	IP ERVOR		Nursing Home/LTC	Decedent's X Other	
	104 COUNTY 105 FACILITY MARIPOSA UPPER	Y AODRESS OR LOCATION WH	RAINAGE	number, or location)	erty 0	node Nursing Home/LTC	Decadent's X Other	
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AUG 2 1 2007 DATE ISSUED

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