

When recorded mail to:  
DENNIS MIGUEL



OFFICIAL RECORDS OF  
PINAL COUNTY RECORDER

LAURA DEAN-LYTTLE

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CAPTION HEADING

CERTIFICATE OF DEATH

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CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

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

DEATH NO.  
D 102-

NAME OF DECEASED A. FIRST <b>ORIEANNA</b>			B. MIDDLE <b>ROSALYN</b>			C. LAST <b>MIGUEL</b>			SEX <b>FEMALE</b>			DATE OF DEATH MONTH <b>DECEMBER</b>			DAY <b>18</b>			YEAR <b>2002</b>					
RACE (e.g., white, black, American Indian, specify tribe) etc.) SPECIFY: <b>FULL PIMA AMERICAN INDIAN</b>			WAS DECEDENT OF HISPANIC ORIGIN: (SPECIFY YES OR NO) <b>NO</b>			IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.			WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) <b>YES</b>														
PLACE OF DEATH A. COUNTY <b>MARICOPA</b>			B. TOWN OR CITY <b>CHANDLER</b>			C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS) <b>CHANDLER REGIONAL MEDICAL CENTER</b>			D. DOA OF EMER. PATIENT <input type="checkbox"/>														
DATE OF BIRTH MONTH <b>DECEMBER</b>			DAY <b>19</b>			YEAR <b>1930</b>			AGE (YEARS LAST BIRTHDAY) <b>71</b>			IF UNDER 1 YEAR MOS. DAYS <b>71</b>			IF UNDER 1 DAY HRS. MIN. <b>71</b>			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>MARRIED</b>			SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>DENNIS MIGUEL</b>		
STATE AND CITY OF BIRTH (if not in USA, name country) <b>SACATON, AZ</b>			CITIZEN OF WHAT COUNTRY? <b>USA</b>			SOCIAL SECURITY NO. <b>527-44-0174</b>			USUAL OCCUPATION (Give kind of work done most of working life, even if retired) <b>HOMEMAKER</b>			KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>											
USUAL RESIDENCE A. STATE <b>ARIZONA</b>			B. COUNTY <b>PNAL</b>			C. TOWN OR CITY <b>CASA GRANDE</b>			D. ZIP CODE <b>85222</b>			HOW LONG IN ARIZONA? <b>19 YEARS</b>			EDUCATION HIGHEST GRADE COMPLETED <b>1</b>								
STREET ADDRESS OF R.F.D. <b>102 W. CHOLLA ST</b>			INSIDE CITY LIMITS? (SPECIFY Yes or No) <b>YES</b>			ON RESERVATION (SPECIFY Yes or No) <b>NO</b>			PREVIOUS STATE OF RESIDENCE <b>CALIFORNIA</b>			ELEMENTARY-SECONDARY (0-12) <b>1</b>			COLLEGE (1-4 or 5+)								
FATHER'S NAME A. FIRST <b>UNK</b>			B. MIDDLE <b>UNK</b>			C. LAST <b>UNK</b>			MOTHER'S MAIDEN NAME A. FIRST <b>IRENE</b>			B. MIDDLE <b>WHITMAN</b>			C. LAST								
INFORMANT'S SIGNATURE <i>Margaret Toluna</i>			RELATIONSHIP TO DECEASED <b>HUSBAND</b>			ADDRESS STREET NO. <b>102 W. CHOLLA ST</b>			CITY AND STATE <b>CASA GRANDE, AZ</b>			ZIP CODE <b>85222</b>											
URIAL CREMATION, REMOVAL, OTHER (Specify) <b>REM/BUR</b>			DATE <b>12/24/02</b>			CEMETERY OR CREMATORY - NAME & LOCATION <b>EAST CEMETERY, SACATON, AZ</b>			EMBALMER'S SIGNATURE <i>[Signature]</i>			CERT. NO. <b>983</b>											
FUNERAL HOME NAME <b>UNIVERSAL MEMORIAL CENTER</b>			STREET ADDRESS <b>1100 E. JEFFERSON ST.</b>			CITY AND STATE <b>PHX, AZ</b>			FUNERAL DIRECTOR or person acting as such (SIGNATURE) <i>[Signature]</i>			CERT. NO. <b>810</b>											
TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY			TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. <i>[Signature]</i>						ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED.														
30. SIGNATURE AND TITLE <i>[Signature]</i>			DATE SIGNED (Mo., Day, Year) <b>12-20-02</b>			HOUR OF DEATH <b>1218</b>			34. SIGNATURE AND TITLE <i>[Signature]</i>			DATE SIGNED (Mo., Day, Year)			HOUR OF DEATH								
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)			32. HOUR OF DEATH			33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)			35. PRONOUNCED DEAD (Mo., Day, Year)			36. PRONOUNCED DEAD (Hour)			37. AT								
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY <b>YAGNESH B. PATEL, MD, 475 S. DOBSON RD, CHANDLER</b>						AUTHORIZED FOR CREMATION (SPECIFY) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			MEDICAL EXAMINER'S SIGNATURE <i>[Signature]</i>														
DATE REGISTERED <b>DEC 30 2002</b>			REG. FILE NO. <b>28801</b>			REGISTRAR'S SIGNATURE <i>[Signature]</i>			REG. DISTRICT <b>0705</b>			DATE REC'D. IN STATE OFFICE											
CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE ENTER UNDERLYING CAUSE (DISEASE OR INJURY THAT INITIATED EVENTS RESULTING IN DEATH) LAST.			PART I A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) <b>PNEUMONIA UNKNOWN</b>						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH														
			B. DUE TO OR AS A CONSEQUENCE OF <b>SEPSIS</b>																				
			C. DUE TO OR AS A CONSEQUENCE OF <b>RESPIRATORY FAILURE</b>																				
PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I						AUTOPSY (Specify Yes or No) <b>NO</b>			WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) <b>NO</b>														
MANNER OF DEATH <input type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED			DATE OF INJURY MO <b>12</b>			DAY <b>20</b>			YEAR <b>2002</b>			HOUR <b>1218</b>			INJURY AT WORK? (Specify Yes or No) <b>NO</b>			DESCRIBE HOW INJURY OCCURRED					
PLACE OF INJURY (At home, farm, street, factory, office building, etc.) <b>102 W. CHOLLA ST</b>						WHERE LOCATED? STREET ADDRESS <b>102 W. CHOLLA ST</b>						CITY OR TOWN <b>CASA GRANDE</b>						STATE <b>AZ</b>					
SUPPLEMENTARY ENTRIES																							

CERTIFIED COPY OF VITAL RECORDS

January 17, 2003

STATE OF ARIZONA }  
COUNTY OF MARICOPA } SS

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

*[Signature]*  
Jonathan B. Weisbuch, M.D.  
County Registrar  
Director, Maricopa County Department  
Of Public Health

This copy not valid unless prepared on engraved border displaying county seal in color and raised seal of issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE