



OFFICIAL RECORDS OF  
PINAL COUNTY RECORDER  
LAURA DEAN-LYTTLE

DATE/TIME: 03/09/2012 934  
FEE: \$9.00  
PAGES: 3  
FEE NUMBER: 2012-019248



When recorded mail to:

DEBRA L LANE  
2877 W. HINDA/GD ST.  
APACHE CT. AZ. 85720

(3)  
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(The above space reserved for recording information)

## CERTIFICATE OF DEATH

DOCUMENT TITLE

DO NOT DISCARD THIS PAGE. THIS COVER PAGE IS RECORDED AS PART OF YOUR DOCUMENT. THE CERTIFICATE OF RECORDATION WITH THE FEE NUMBER IN THE UPPER RIGHT CORNER IS THE PERMANENT REFERENCE NUMBER OF THIS DOCUMENT IN THE PINAL COUNTY RECORDER'S OFFICE.

**CERTIFICATION OF VITAL RECORD**

**STATE OF ARIZONA**

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

State File NO. 102-2012-002706

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) FRANCIS OLIVER LANE		2. AKA'S (IF ANY)		3. DATE OF DEATH JANUARY 24, 2012	
4. SEX MALE	5. SOCIAL SECURITY NUMBER 154-40-2067	6. DATE OF BIRTH 01-05-1949	7. AGE 63	8. UNDER 1 YEAR 6. MONTHS 9. DAYS 10. HOURS 11. MINUTES	
12. PLACE OF DEATH - HOSPITAL: <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL		13. PLACE OF DEATH - OTHER THAN HOSPITAL: <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input type="checkbox"/> RESIDENCE <input checked="" type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER			
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY): ST JOSEPH'S HOSPITAL AND MEDICAL CENTER			15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH: PHOENIX 85013		16. COUNTY OF DEATH: MARICOPA
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): WAYMART, PENNSYLVANIA		18. MARITAL STATUS AT TIME OF DEATH: MARRIED		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE): DEBRA LOU SPEAKER	
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: 909 E LINDA AVE,		21. CITY AND COUNTY: APACHE JUNCTION, PINAL		22. STATE: ARIZONA	23. ZIP CODE: 85119
25. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY):  <input type="checkbox"/> UNKNOWN		26. DECEDENT'S RACE(S): <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE		27. IF AMERICAN INDIAN OR ALASKA NATIVE SPECIFY UP TO 4 TRIBES PRIMARY OR ENROLLED TRIBE:  ADDITIONAL TRIBE:  ADDITIONAL TRIBE:  ADDITIONAL TRIBE:	
28. OCCUPATION: NURSE		29. FATHER'S NAME (FIRST, MIDDLE, LAST): FRANCIS ISAAC LANE			
30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE): FLORENCE CHAPMAN		31. INFORMANT'S NAME: DEBRA LOU LANE			
32. RELATIONSHIP: SPOUSE		33. INFORMANT'S MAILING ADDRESS: 909 E LINDA AVE, APACHE JUNCTION, ARIZONA 85119			
34. NAME AND ADDRESS OF FUNERAL FACILITY: SUPERSTITION FUNERAL HOME 398 E. OLD WEST HIGHWAY APACHE JUNCTION, AZ		35. FUNERAL DIRECTOR: TIMOTHY J KROPP, JR., FUNERAL DIRECTOR		36. LICENSE NUMBER: F1120	
37. METHOD(S) OF DISPOSITION: CREMATION		38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: SERENITY MORTUARY SERVICES, INC, PHOENIX, ARIZONA		39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY: NONE	
<b>MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I</b>					
40. A IMMEDIATE CAUSE OF DEATH	41. SUBARACHNOID HEMORRHAGE UNDETERMINED			42. APPROXIMATE INTERVAL: UNKNOWN	
43. B DUE TO OR AS A CONSEQUENCE OF:	44. POSSIBLE RESULT FROM HYPERTENSION			45. APPROXIMATE INTERVAL: UNKNOWN	
46. C DUE TO OR AS A CONSEQUENCE OF:	47. POSSIBLE RESULT FROM PERIPHERAL VASCULAR DISEASE			48. APPROXIMATE INTERVAL: UNKNOWN	
49. D DUE TO OR AS A CONSEQUENCE OF:				50. APPROXIMATE INTERVAL: UNKNOWN	
<b>CAUSE OF DEATH PART II</b>					
51. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE(S) GIVEN ABOVE:			52. INJURY? NO	53. INJURY AT WORK? NO	54. MANNER OF DEATH: NATURAL DEATH
			55. WAS AN AUTOPSY PERFORMED? NO	56. TIME OF DEATH: 0035	
			57. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NO		
<b>CAUSE AND MANNER OF DEATH CERTIFICATION</b>					
58. <input checked="" type="checkbox"/> Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		59. NAME OF PERSON COMPLETING CAUSE OF DEATH: CAMERON GEORGE MCDUGALL, M.D.		60. DATE CERTIFIED: 01-24-2012	
61. CERTIFIER'S ADDRESS: 2910 N 3RD AVE PHOENIX, AZ 85018		62. NAME OF REGISTRAR: MICHELE CASTANEDA MARTINEZ		63. DATE REGISTERED: 01-30-2012	

Date Issued: 02-03-2012

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA.  
Revised 04/2010

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT

Arizona  
Department of  
Health Services

PATRICIA ADAMS  
ASSISTANT STATE REGISTRAR

10885570

NOTICE OF TERMINATION OF JOINT TENANCY OR COMMUNITY  
PROPERTY WITH RIGHT OF SURVIVORSHIP

[Please complete this document for recording along with a certified copy of the Certificate of Death of decedent property owner. Completion of this document is necessary for the proper identification of any and all property to be transferred to the surviving property owner(s).]

\*\*NOTICE: Pinal County is not responsible for errors which may result from the failure of surviving property owner(s) to complete and file this document accurately.

STATE OF ARIZONA )  
 ) ss  
COUNTY OF PINAL )

The undersigned, hereby sayeth:

I am the surviving owner of property held in joint tenancy or as community property with FRANCIS D. LANE, who originally acquired the property under the name(s) FRANCIS D. LANE, and who are deceased.

At the time of death, decedent(s) and I owned real property held as community property or joint tenants, with the right of survivorship.

The legal description of the property is: PALM SPRINGS #2: LOT V53

The Street Address is: 909 E. LINDA AVE. APACHE JCT. AZ 85720

Pinal County Tax Parcel No. is: 102-03-1930

Ownership of the property with the right of survivorship was created by deed recorded in the Office of the Pinal County Recorder on 11/30-2000; Fee No. 2000-049786  
(date)

This NOTICE is provided voluntarily for purposes of transferring ownership interest in the property described above and is based upon my personal knowledge. I understand that any attempt to obtain property by fraud or misrepresentation is punishable by fine and/or imprisonment pursuant to the Arizona Revised Statutes.

3-9-2012

Dated

Dated

Debra D. Lane

By: (Surviving Property Owner)

By: (Surviving Property Owner)