

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

ENT 34664:2013 PG 2 of 3

3052012193515

CERTIFICATE OF DEATH

3201219043571

STATE FILE NUMBER 3052012193515		STATE OF CALIFORNIA USE BLACK INK ONLY (IN PINK INK IN WHITE COUNTRIES OR ALTERATIONS) YES PLEASE NOTE		LOCAL REGISTRATION NUMBER 3201219043571	
1. NAME OF DECEDENT - FIRST (2-4 lines)		2. MIDDLE		3. LAST (Family)	
FRANCIS		PORTER		WORKMAN	
4. AKA: ALEO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)					
5. DATE OF BIRTH mm/dd/yyyy					
11/07/1921					
6. AGE Yrs		7. IF UNDER 18: YEAR		8. SEX	
90		Months Days Hours Minutes		M	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
UT		558-20-9224		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS: (Check 1 box)		13. DATE OF DEATH mm/dd/yyyy		14. HOUR (24-hr use)	
MARRIED		10/20/2012		1740	
15. EDUCATION - Highest Level Degree (see work sheet on back)		16. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see work sheet on back)		17. DECEDENT'S RACE - Up to 3 races may be listed (see work sheet on back)	
MASTER'S <input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO		CAUCASIAN	
18. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		19. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		20. YEARS IN OCCUPATION	
EDUCATIONAL ADMINISTRATOR		EDUCATION		30	
21. DECEDENT'S RESIDENCE (Street and number, or location)					
7875 EL DORADO PLAZA					
22. CITY		23. COUNTY/PROVINCE		24. ZIP CODE	
LONG BEACH		LOS ANGELES		90808	
25. YEARS IN COUNTY		26. STATE/FOREIGN COUNTRY			
50		CA			
27. INFORMANT'S NAME, RELATIONSHIP					
MARTHA LOUISE WORKMAN, SPOUSE					
28. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip)					
7875 EL DORADO PLAZA, LONG BEACH, CA 90808					
29. NAME OF SURVIVING SPOUSE/GRUP - FIRST		30. MIDDLE		31. LAST (BIRTH NAME)	
MARTHA		LOUISE		PARRY	
32. NAME OF FATHER/PARENT - FIRST		33. MIDDLE		34. BIRTH STATE	
ABRAM		SMITH		UT	
35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE		37. LAST (BIRTH NAME)	
NELLIE		ELIZABETH		PORTER	
38. BIRTH STATE		39. LAST (BIRTH NAME)		40. BIRTH STATE	
UT		PORTER		UT	
41. DISPOSITION: DATE mm/dd/yyyy		42. PLACE OF FINAL DISPOSITION			
10/28/2012		SALT LAKE CITY CEMETERY 200 N STREET, SALT LAKE CITY, UT 84103			
43. TYPE OF DISPOSITION(S)		44. SIGNATURE OF EMBALMER		45. LICENSE NUMBER	
TR/BU		LISA BRAMLETT		EMB8671	
46. NAME OF FUNERAL ESTABLISHMENT		47. SIGNATURE OF LOCAL REGISTRAR		48. DATE mm/dd/yyyy	
FOREST LAWN MEMORIAL-PARKS & MORTUARIES		JONATHAN FIELDING, MD		10/26/2012	
49. LICENSE NUMBER		50. SIGNATURE OF LOCAL REGISTRAR		51. DATE mm/dd/yyyy	
FD1051		JONATHAN FIELDING, MD		10/26/2012	
101. PLACE OF DEATH					
KAISER FOUNDATION HOSPITAL					
102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE			
<input checked="" type="checkbox"/> IP <input type="checkbox"/> FRACP <input type="checkbox"/> DOR		<input type="checkbox"/> Home Care <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospice <input type="checkbox"/> Other			
104. COUNTY		105. FACILITY ADDRESS OR LOCATION (Where found (Street and number, or location))		106. CITY	
LOS ANGELES		9333 IMPERIAL HIGHWAY		DOWNEY	
107. CAUSE OF DEATH					
Enter the chain of events - disease, injury, or other contributory cause - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory failure, or coronary artery disease unless they are necessary to establish the direct causal link between the injury and the death.					
IMMEDIATE CAUSE		108. DEATH REPORTED TO CORONER?		109. BOPBY PERFORMED?	
A) CARDIAC ARREST		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
B) RESPIRATORY FAILURE		110. AUTOPSY PERFORMED?		111. LECED IN DETERMINING CAUSE?	
C) CORONARY ARTERY DISEASE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (Check in 107)					
NONE					
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 CAUSE(S) STATED.					
115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER		117. DATE mm/dd/yyyy	
MAHYAR DERAKHSHANI M.D.		A84704		10/24/2012	
118. TYPE AND ADDRESS OF CERTIFIER'S HOME, MAILING ADDRESS, ZIP CODE					
MAHYAR DERAKHSHANI, M.D. 9333 IMPERIAL HIGHWAY, DOWNEY, CA 90242					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE(S) STATED.					
120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy		122. HOUR (24-hour)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Event which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH.#		CENSUS TRACT	
A B C D E					

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Dean C Logan
DEAN C. LOGAN
Registrar-Recorder/County Clerk

MAR 28 2013

* 002172687 *

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk. PINCO BEVI 07/11



REAL PROPERTY TRANSFER SURVEY
Utah State Tax Commission TC-221

----- Please return By: -----

Parcel I.D.: 55:109:0029 Acres: County: Utah
Book & Page: 2700 193

Seller/Grantor:

Buyer/Grantee:

Martha L. workman, Successor Trustee
7875 El Dorado Plaza
Long Beach, CA 90808

Legal Description:

Please return to:
Utah State Tax Commission
Property Tax Division
210 N 1950 W
Salt Lake City, UT 84134

Acct. No.: Seq. No.: Series:

1. Address/location of property (approximate if necessary)

(Street) (City or area) (County)

2. In this sale, what was the:

A. Date of Sale _____

SALE PRICE OF:

B. Land/Buildings \$ _____

C. Personal Property (if any) \$ _____

(i.e., machinery, inventory, water rights, etc.)

Specify any personal property: _____

D. Total Sale Price (B+C) \$ _____

DOWN PAYMENT:

E. Down payment cash \$ _____

F. Down payment other (if any) \$ _____

(i.e., jewelry, coins, sweat equity, etc.)

Specify any down payment other: _____

3. Specify any trade of real estate: (e.g., 1031 Exchange)

A. Type of property _____

B. Agreed upon value (if any) \$ _____

4. Circle the letter of the category below that best describes property included in the sale price:

A. Vacant land, residential lot, or recreational lot

B. Vacant commercial land

C. Residence

D. Mobile home and lot

E. Apartment building

F. Commercial land and building(s)

G. Agricultural land only

H. Agricultural land and building(s)

I. Cabin or summer home (seasonal use only)

J. Other: _____

5. If use of the property has changed since time of sale, enter new use (letter from list in #4): _____

6. Explain any reason this sale may not have been a "fair market value" transaction:

7. Circle the letter(s) of the following that apply to this sale:

A. This was a forced transaction because of foreclosure, divorce, court order, condemnation, probate, etc.

B. Sale was between relatives, affiliated companies or officers.

C. Property was sold to or purchased from any church, fraternal, educational, or governmental organization.

D. Real estate in more than one county was involved in this sale.

E. Partial interest only was purchased or sold.

F. Possession by buyer was delayed for more than one year from date of deed.

G. A transfer of convenience, e.g., refinance, correct defective title, create family trust, add/delete names on deed, etc.

H. None of the above.

8. Circle the letter(s) indicating the types of financing used in this sale (circle all that apply):

A. Conventional

B. Graduated payment

C. Adjustable rate mortgage

D. FHA

E. VA

F. Farmers home loan

G. Utah Housing Finance Agency

H. Assumption of mortgage

I. Seller financing

J. Cash

9. Please give financing details, if known:

Amount financed \$ _____ Interest rate: _____ %

Length of loan (yrs) _____ Explain (if necessary) _____

10. Was sale handled through a real estate agent or broker?

If "Yes", name of agent or broker: _____

11. In the event we need to contact you about this survey, please list your name, phone number, and best time to be reached:

Print name Phone Best time

Thank you for taking a moment and answering these questions, your help in obtaining thorough and accurate sales information is appreciated.

These answers are true and correct, to the best of my knowledge.

Martha L. Workman Successor Trustee 3/21/2013

Signature Date
Martha L. Workman, Successor Trustee