

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

3052011109375

CERTIFICATE OF DEATH

3201119024845

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 9/08)				LOCAL REGISTRATION NUMBER											
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) ANN		2. MIDDLE MARIE		3. LAST (Family) TIDMAN		4. DATE OF BIRTH mm/dd/copy 02/16/1956		5. AGE Yrs. 55	6. SEX F							
	AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)						IF UNDER ONE YEAR Months Days		IF UNDER 24 HOURS Hours Minutes		7. DATE OF DEATH mm/dd/copy 06/14/2011	8. HOUR (24 Hours) 2100					
	9. BIRTH STATE/FOREIGN COUNTRY WA		10. SOCIAL SECURITY NUMBER [REDACTED]		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SDP* (at Time of Death) DIVORCED		13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE			14.15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
	16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED ADMINISTRATOR		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) RELIGION				19. YEARS IN OCCUPATION 36								
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number, or location) 19625 GILMAN SPRINGS ROAD																
	21. CITY GILMAN HOT SPRINGS		22. COUNTY/PROVINCE RIVERSIDE		23. ZIP CODE 92583		24. YEARS IN COUNTY 24		25. STATE/FOREIGN COUNTRY CA								
INFORMANT	26. INFORMANT'S NAME, RELATIONSHIP CATHERINE FRASER, DPOA						27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 19625 GILMAN SPRINGS ROAD, GILMAN HOT SPRINGS, CA 92583										
	28. NAME OF SURVIVING SPOUSE/SDP* - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -												
SPOUSE/SDP AND PARENT INFORMATION	31. NAME OF FATHER/PARENT - FIRST DONALD		32. MIDDLE JACK		33. LAST TIDMAN		34. BIRTH STATE CA										
	35. NAME OF MOTHER/PARENT - FIRST SHIRLEY		36. MIDDLE JEAN		37. LAST (BIRTH NAME) MILLER		38. BIRTH STATE WA										
	39. DISPOSITION DATE mm/dd/copy 06/17/2011		40. PLACE OF FINAL DISPOSITION RES: CATHERINE FRASER 19625 GILMAN SPRINGS ROAD, GILMAN HOT SPRINGS, CA 92583														
FUNERAL DIRECTORY / LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EXAMINER [REDACTED]						43. LICENSE NUMBER [REDACTED]								
	44. NAME OF FUNERAL ESTABLISHMENT FOREST LAWN MEMR PRKS & MTYS		45. LICENSE NUMBER FD 902		46. SIGNATURE OF LOCAL REGISTRAR [REDACTED]		47. DATE mm/dd/copy 06/16/2011										
PLACE OF DEATH	101. PLACE OF DEATH RESIDENCE						102. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input type="checkbox"/> Home <input checked="" type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input type="checkbox"/> Home <input checked="" type="checkbox"/> Other								
	104. COUNTY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1830 N. BRONSON AVENUE APT 336						106. CITY HOLLYWOOD								
CAUSE OF DEATH	107. CAUSE OF DEATH Event in the chain of events --- death, illness, or complication that directly caused death. Do NOT enter normal causes such as cardiac arrest, respiratory arrest, or venous thromboembolism, showing the etiology. DO NOT ABBREVIATE. (A) CARDIOPULMONARY FAILURE											Time Interval Between Onset and Death (AT) 14 MOS		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO FEDERAL NUMBER			
	IMMEDIATE CAUSE (Final disease or condition resulting in death) (B) NON SMALL CELL LUNG CANCER											109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (Final disease or condition that initiates the event) (D) (see instructions on back) (C) (D) NONE											111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH AND NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE																
PHYSICIAN'S CERTIFICATION	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) LOBECTOMY 05/13/2010						113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER [REDACTED]		116. LICENSE NUMBER 20A6406		117. DATE mm/dd/copy 06/15/2011		
	(A) mm/dd/copy 06/07/2011		(B) mm/dd/copy 06/14/2011		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE ANA CARTMEL D.O. 5455 WILSHIRE BLVD #810, LOS ANGELES, CA 90036												
CORONER'S USE ONLY	119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined											120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/copy		122. HOUR (24 Hours)	
	123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)																
	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)																
	125. LOCATION OF INJURY (Street and number, or location, and city, and zip)																
126. SIGNATURE OF CORONER / DEPUTY CORONER [REDACTED]						127. DATE mm/dd/copy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER									

STATE REGISTRAR A B C D E FAX AUTH.# CENSUS TRACT

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

JAN 20 2012



* 001472480 *

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

PBNC0 (REV) 07/11

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

