

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <i>Edward Cole</i> 1242 Chadwick Court Modesto, CA 95350</p> <p>TELEPHONE NO.: (209) 579-2269 FAX NO. (Optional): E-MAIL ADDRESS (Optional): adamscole@sbcglobal.net ATTORNEY FOR (Name):</p>	<p>FOR COURT USE ONLY</p> <p>FILED</p> <p>NOV 10 2016</p> <p>Superior Court of California County of Tuolumne By: <i>Heather Day</i> Clerk</p>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: 41 West Yaney Avenue MAILING ADDRESS: CITY AND ZIP CODE: Sonora, CA 95370 BRANCH NAME: County of Tuolumne</p>	
<p>PLAINTIFF/PETITIONER: Sierra Park Services, Inc. DEFENDANT/RESPONDENT: Sierra Park Services, Inc.</p>	
<p>DECLARATION</p>	<p>CASE NUMBER: SC19415</p>

Marjorie Cole is deceased. See attached Certificate of Death.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: November 10, 2016

Edward E. Cole

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

- Attorney for
 Plaintiff
 Petitioner
 Defendant
 Respondent
 Other (Specify):

HEALTH SERVICES AGENCY

STANISLAUS COUNTY

PUBLIC HEALTH DIVISION

3052014129776

CERTIFICATE OF DEATH

3201450002345

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY - NO ERASURES, INITIALES OR ALTERATIONS (S-100REV 3/06)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) MARJORIE		2. MIDDLE EILEEN		3. LAST (Family) COLE			
4. DATE OF BIRTH mm/dd/yyyy 10/21/1932				5. AGE Yrs. 81		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 549-42-7835		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP (at time of death) MARRIED	
13. EDUCATION—Highest Level/Degree (see worksheet on back) SOME COLLEGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14/15. WAS DECEDENT HISPANIC/LATINO/AS/SPANISH? (if yes, see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		16. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) CAUCASIAN		7. DATE OF DEATH mm/dd/yyyy 07/11/2014	
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED BOOK KEEPER				18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) BANKING		19. YEARS IN OCCUPATION 20	
20. DECEDENT'S RESIDENCE (Street and number, or location) 1120 EDISON AVE.							
21. CITY MODESTO		22. COUNTY/PROVINCE STANISLAUS		23. ZIP CODE 95350		24. YEARS IN COUNTY 60	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP EDWARD COLE, HUSBAND					
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1120 EDISON AVE., MODESTO, CA 95350							
28. NAME OF SURVIVING SPOUSE/SRDP—FIRST ERVIN		29. MIDDLE EDWARD		30. LAST (BIRTH NAME) COLE			
31. NAME OF FATHER/PARENT—FIRST FRANCIS		32. MIDDLE LOUIS		33. LAST CASTRO		34. BIRTH STATE CA	
35. NAME OF MOTHER/PARENT—FIRST LAURA		36. MIDDLE GLADYS		37. LAST (BIRTH NAME) CORNETT		38. BIRTH STATE OH	
39. DISPOSITION DATE mm/dd/yyyy 07/16/2014		40. PLACE OF FINAL DISPOSITION RES: EDWARD COLE 1120 EDISON AVE., MODESTO, CA 95350					
41. TYPE OF DISPOSITIONS CR/RES		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED				43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT EATON FAMILY FUNERAL SERVICE		45. LICENSE NUMBER FD1635		46. SIGNATURE OF LOCAL REGISTRAR ▶ JOHN WALKER, MD		47. DATE mm/dd/yyyy 07/16/2014	
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DDA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Home <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY STANISLAUS		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1120 EDISON AVE.				106. CITY MODESTO	
107. CAUSE OF DEATH Enter the chain of events—(diseases, injuries, or complications)—that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. (A) STROKE (B) HYPERTENSION		108. DEATH PERFORMED TO CORPSE? (AT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (BT) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (CT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (DT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date) NO						113A. IF FEMALE, PRECONCEPT 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. Decedent Attended Since <input type="checkbox"/> Decedent Last Seen Alive <input type="checkbox"/> (A) mm/dd/yyyy 12/12/1994 (B) mm/dd/yyyy 07/11/2014		115. SIGNATURE AND TITLE OF CERTIFIER ▶ MOHIUDDIN WASEEM, MD		116. LICENSE NUMBER C52567		117. DATE mm/dd/yyyy 07/15/2014	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MOHIUDDIN WASEEM, MD 600 COFFEE RD., MODESTO, CA 95355		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"/> Hanging <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/yyyy		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				127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#		CENSUS TRACT	
				01000100266726			

This is to certify that this document is a true copy of the official record filed with the Stanislaus County Health Services Agency.

DATE ISSUED

John Walker
JOHN WALKER, M.D.
LOCAL REGISTRAR OF VITAL STATISTICS

07/17/2014



This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

PENCO (REV) 10/11

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

