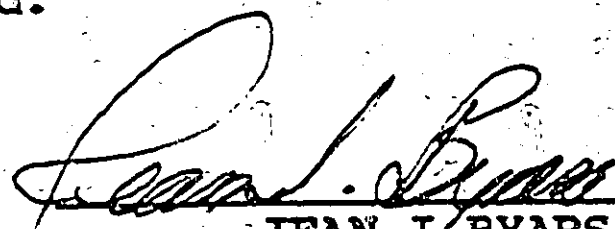



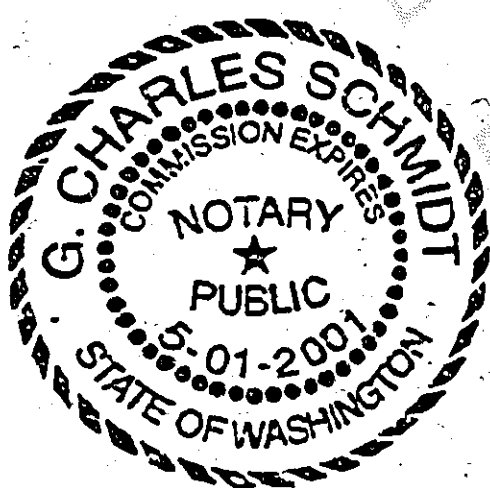
6. My husband's estate was not probated.

DATED: July 8 1999.


JEAN I BYARS

SUBSCRIBED and SWORN TO before me
this 8th day of July, 1999.


Notary Public in and for
the State of Washington
Residing at Olympia, Wa.
My Commission Expires 5/1/2001



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BK2017PG0180

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

468
LOCAL FILE NUMBER

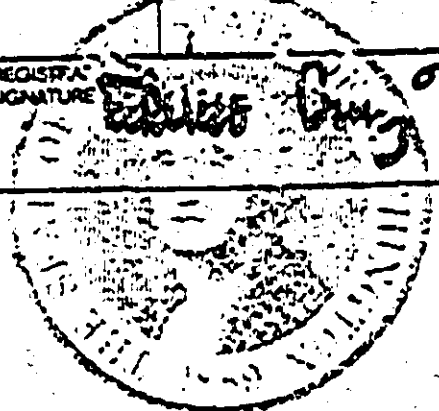
146 468
STATE FILE NUMBER

1 NAME First Middle Last FRANK W BYARS JR.			2 SEX (M / F) MALE	3 DEATH DATE (Mo, Day, Yr) JANUARY 28, 1999				
4 AGE LAST BIRTH DAY (Yrs) 59	5 UNDER 1 YEAR MOS DAYS	6 UNDER 1 DAY HOUR MINS	7 BIRTHDATE (Mo, Day, Yr)	8 BIRTHPLACE (City, State or Foreign Country) AUSTIN, TEXAS		9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) YES	10. COUNTY OF DEATH PIERCE	
11. CITY, TOWN OR LOCATION OF DEATH TACOMA, WA			12. PLACE OF DEATH—() BOX FOR PLACE THEN LIVE ADDRESS OR INSTITUTION NAME 1. () HOME 2. () IN TRANSPORT 3. () EMERG. RAVOUT PTN 4. () HOSP. 5. () NUR HOME 6. () OTHER PLACE MADIGAN ARMY MEDICAL CENTER			13. SMOKING IN LAST 15 YEARS? (Yes / No) NO		
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) MARRIED		15. SURVIVING SPOUSE (If wife, give maiden name) JEAN I. GASPARD		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) 12 College (1-4 or 5+) 1		
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) AVIATION		19. KIND OF BUSINESS OR INDUSTRY U.S. NAVY		20. Was Decedent of Mexican origin or descent? (Ancestry) (Specify Yes or No, if Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: NO		21. RACE (Specify) CAUCASIAN		
22. RESIDENCE—NUMBER AND STREET EAST 240 ARELLEM RD		23. CITY/TOWN, OR LOCATION UNION		24. INSIDE CITY LIMITS? (Yes / No) NO	25A. COUNTY MASON	25B. LENGTH OF RES. IN CO. 15 YRS	26. STATE WA	27. ZIP CODE 98592
28. FATHER'S NAME—FIRST, MIDDLE, LAST FRANK W BYARS				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME EVELYN [REDACTED]				
30. INFORMANT—NAME JEAN I. BYARS			31. MAILING ADDRESS—STREET OR RFD NO., CITY OR TOWN, STATE, ZIP EAST 240 ARELLEM RD, UNION, WA 98592					
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) burial		33. DATE (Mo, Day, Yr) 02/03/99		34. CEMETERY/CREMATORY—NAME Shelton Memorial Cemetery		35. LOCATION—CITY/TOWN, STATE Shelton, WA		
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		37. NAME OF FACILITY Forest Funeral Home		38. ADDRESS OF FACILITY 313 W. Railroad Shelton, WA 98584				
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER				
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>[Signature]</i> MD				43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <i>[Signature]</i>				
40. DATE SIGNED (Mo, Day, Yr) Feb 1, 1999		41. HOUR OF DEATH (24 Hrs) 1810		44. DATE SIGNED (Mo, Day, Yr)		45. HOUR OF DEATH (24 Hrs)		
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				46. PRONOUNCED DEAD (Mo, Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs)		
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) SCOTT R. STEELE, MD, CPT, MC, MADIGAN ARMY MEDICAL CENTER, TACOMA, WA 98431				49. RECORDER FILE NUMBER				
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:								
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A. INTRACEREBRAL HEMORRHAGE DUE TO, OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH 2 DAYS		
		B. RENAL CELL CARCINOMA—METASTATIC DUE TO, OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH MONTHS		
		C. _____ DUE TO, OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH		
		D. _____ DUE TO, OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH		
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE.				52. AUTOPSY? (Yes/No) NO		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) NO		
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs)		57. DESCRIBE HOW INJURY OCCURRED		
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE				
61. RECORD AMENDMENT (Register or Use Only) ITEM DOCUMENTARY CHOICE			62. REGISTRAR SIGNATURE <i>[Signature]</i>			63. DATE RECEIVED (Mo, Day, Yr.) FEB 05 1999		

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-005 (Rev. 7/01) (formerly DOH-150)

9907090012



DOH 01-003 (8/98)