PHYSICIAN/CORONER'S AMENDMENT

NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS USE BLACK INK ONLY

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TATE/LOCAL EGISTRAR USE ONLY	1. 2.					3.		<u> </u>
PART I	INFORM	ATION TO LOCATE RE	CORD					4. SEX
NAME AS IT APPEARS ON RECORD ACDITIONAL	1. NAME—FIRST (GIVEN) 2. MIDDLE					3. LAST (FAMILY)		MALE
	JOHN ·		1	1		DOE #1	ENCE	IMALL
	S. DATE	OF EVENT-MM/DD/CCYY	f	6. CITY OF OCCURRENCE		7. COUNTY OF OCCURE	RENCE	
ATE RECORD	FOUND 09/04/1995 OLANCHA				INYO			
PART II	STATEMENT OF CORRECTIONS 8. CERTIFICATE 9. INFORMATION AS IT APPEARS ON ORIGINAL RECORD				10. INFORMATION AS IT SHOULD APPEAR			
	CERTIFICATE	9. INFORMATION AS IT A	PPEARS ON ORIG	RS ON ORIGINAL RECORD		TOTAL		
	NUMBER						•	
	40.	-				CHITTED		
						OMITTED		f
		DENDING						page
	41.	41. PENDING						
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LIST ONE ITEM PER LINE								
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	I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION				IS TRUE	AND CORRECT TO THE BEST	OF MY KNOWLED	GE.
	the second control of						AND THE COROL	EE OF CEE
DECLARATION OF	11. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER 12. DATE SIGNED-					13. TYPED OR PRINTED NAME		ee of Ger
CERTIFYING	1. +	1 Lan B Sun 2 09/28/1			5	LEON B. BRUNE	, CORONER	17. ZIP
PHYSICIAN	14. AD	14. ADDRESS—STREET AND NUMBER			15. CI		16. STATE	1
OR CORONER	E.	<u>L_</u>	-		BT	SHOP	CA	9351
OR CORONER	325	W. ELM ST.	100					NI_RABA /
OR CORONER STATE/LOCAL	325	W. ELM ST.	100	CAL REGISTRAR	1	19. DATE ACCEPTED FO	R REGISTRATIO	NMM/C