STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO
ASSESSOR/RECORDER/COUNTY CLERK

3 0519992 1 3682 — STATE FILE NUMBER

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 7/97)

3 199937 018177 — LOCAL REGISTRATION NUMBER

0157

DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN): LEE	2. MIDDLE: UNKNOWN	3. LAST (FAMILY): GOLAND				
	4. DATE OF BIRTH MM/DD/CCYY: 11/23/1959	5. AGE YRS.: 40	IF UNDER 1 YEAR MONTHS / DAYS; IF UNDER 24 HOURS HOURS / MINUTES	6. SEX: M	7. DATE OF DEATH MM/DD/CCYY: 12/07/1999	8. HOUR: 2310	
	9. STATE OF BIRTH: CA	10. SOCIAL SECURITY NO.: [redacted]	11. MILITARY SERVICE: ☐ YES ☒ NO ☐ UNK	12. MARITAL STATUS: NEV MAR	13. EDUCATION—YEARS COMPLETED: UNKNOWN		
	14. RACE: WHITE	15. HISPANIC—SPECIFY: ☐ YES ☒ NO	16. USUAL EMPLOYER: UNKNOWN				
	17. OCCUPATION: UNKNOWN	18. KIND OF BUSINESS: UNKNOWN	19. YEARS IN OCCUPATION: UNKNOWN				
USUAL RESIDENCE	20. RESIDENCE—(STREET AND NUMBER OR LOCATION): 34 TURK ST						
	21. CITY: SAN FRANCISCO	22. COUNTY: SAN FRANCISCO	23. ZIP CODE: 94604	24. YRS IN COUNTY: UNKNOWN	25. STATE OR FOREIGN COUNTRY: CA		
INFORMANT	26. NAME, RELATIONSHIP: PUBLIC ADMINISTRATOR	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP): 5201-A RUFFIN RD, SAN DIEGO, CA 92123					
SPOUSE AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE—FIRST: -	29. MIDDLE: -	30. LAST MAIDEN NAME: -				
	31. NAME OF FATHER—FIRST: UNK	32. MIDDLE: UNK	33. LAST: UNK	34. BIRTH STATE: UNK			
	35. NAME OF MOTHER—FIRST: BERTHA	36. MIDDLE: UNK	37. LAST (MAIDEN): UNK	38. BIRTH STATE: UNK			
DISPOSITION(S)	39. DATE MM/DD/CCYY: 12/14/1999	40. PLACE OF FINAL DISPOSITION: AT SEA OFF THE COAST OF SAN DIEGO COUNTY					
FUNERAL DIRECTOR AND LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S): CR/SEA	42. SIGNATURE OF EMBALMER: [redacted]	43. LICENSE NO.: -				
	44. NAME OF FUNERAL DIRECTOR: LEWIS COLONIAL/BENBOUGH MORT	45. LICENSE NO.: FD-480	46. SIGNATURE OF LOCAL REGISTRAR: [redacted]	47. DATE MM/DD/CCYY: 12/14/1999			
PLACE OF DEATH	101. PLACE OF DEATH: SAN DIEGO HOSPICE	102. IF HOSPITAL, SPECIFY ONE: ☐ IP ☐ ER/OP ☐ DOA	103. FACILITY OTHER THAN HOSPITAL: ☐ CONV. HOSP. ☐ RES. CARE ☒ OTHER	104. COUNTY: SAN DIEGO			
	105. STREET ADDRESS—STREET AND NUMBER OR LOCATION: 4311 THIRD AVE			LOC. CITY: SAN DIEGO			
CAUSE OF DEATH	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)			TIME INTERVAL BETWEEN ONSET AND DEATH	108. DEATH REPORTED TO CORONER: ☒ YES ☐ NO; REFERRAL NUMBER: 12-148		
	IMMEDIATE CAUSE (A): CNS LYMPHOMA			UNK			
	DUE TO (B): AIDS			UNK	109. BIOPSY PERFORMED: ☐ YES ☒ NO		
	DUE TO (C):				110. AUTOPSY PERFORMED: ☐ YES ☒ NO		
	DUE TO (D):				111. USED IN DETERMINING CAUSE: ☐ YES ☐ NO		
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 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						
PHYSICIAN'S CERTIFICATION	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 MM/DD/CCYY: 11/30/1999; DECEDENT LAST SEEN ALIVE MM/DD/CCYY: 12/07/1999	115. SIGNATURE AND TITLE OF CERTIFIER: [redacted]	116. LICENSE NO.: C40884	117. DATE MM/DD/CCYY: 12/08/1999			
		118. TYPE/ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP: CHARLES LEWIS 4311 THIRD AVE, SAN DIEGO, CA 92103					
CORONER'S USE ONLY	I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	120. INJURY AT WORK: ☐ YES ☐ NO	121. INJURY DATE MM/DD/CCYY	122. HOUR	123. PLACE OF INJURY		
	119. MANNER OF DEATH: ☐ NATURAL ☐ SUICIDE ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED	124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY):					
	125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP):						
	126. SIGNATURE OF CORONER OR DEPUTY CORONER: [redacted]	127. DATE MM/DD/CCYY:	128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER:				

STATE REGISTRAR	A	B	C	D	E	F	G	H	FAX AUTH. #	CENSUS TRACT
	9	38	2						9918631	

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June 20, 2012

Ernest J. Dronenburg, Jr.
Assessor/Recorder/County Clerk

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