STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE

HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-4
SANTA ANA, CA 92701

CERTIFICATE OF DEATH — STATE OF CALIFORNIA

STATE FILE NUMBER: 3 200430 000200

LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT — FIRST	2. MIDDLE	3. LAST
JAYANTILAL	MANILAL	KADAKIA

AKA. ALSO KNOWN AS

4. DATE OF BIRTH	5. AGE	6. SEX
10/25/1930	73	M

8. BIRTH STATE/FOREIGN COUNTRY	9. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES?	12. MARITAL STATUS	7. DATE OF DEATH	8. HOUR
EAST INDIA	622-44-9233	YES [X] NO [ ] UNK [ ]	MARRIED	01/10/2004	1031

13. EDUCATION	14. WAS DECEDENT OF HISPANIC ORIGIN?	15. DECEDENT'S RACE
HS GRADUATE	YES [ ] NO [X]	INDIAN

17. USUAL OCCUPATION	18. KIND OF BUSINESS OR INDUSTRY	19. YEARS IN OCCUPATION
WHOLESALER	ELECTRICAL	58

USUAL RESIDENCE

20. DECEDENT'S RESIDENCE				
910 S EL CAMINO REAL				
21. CITY	22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY	25. STATE/FOREIGN COUNTRY
SAN CLEMENTE	ORANGE	92672	10	CA

INFORMANT

26. INFORMANT'S NAME, RELATIONSHIP	27. INFORMANT'S MAILING ADDRESS
KOKILABEN KADAKIA - WIFE	910 S EL CAMINO REAL SAN CLEMENTE CA 92672

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE — FIRST	29. MIDDLE	30. LAST (Maiden Name)
KOKILABEN	-	MODI

31. NAME OF FATHER — FIRST	32. MIDDLE	33. LAST	34. BIRTH STATE
MANILAL	-	KADAKIA	INDIA

35. NAME OF MOTHER — FIRST	36. MIDDLE	37. LAST (Maiden)	38. BIRTH STATE
MANIBEN	-	DOSHI	INDIA

FUNERAL DIRECTOR / LOCAL REGISTRAR

39. DISPOSITION DATE	40. PLACE OF FINAL DISPOSITION
01/11/2004	RESIDENCE: KOKILABEN KADAKIA 910 S EL CAMINO REAL SAN CLEMENTE CA 92672

41. TYPE OF DISPOSITION	42. SIGNATURE OF EMBALMER	43. LICENSE NUMBER
CR/RES	NOT EMBALMED	-

44. NAME OF FUNERAL ESTABLISHMENT	45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE
McCORMICK & SON	FD1212	Mark B Horton	01/10/2004

PLACE OF DEATH

48A. PLACE OF DEATH	48B. IF HOSPITAL, DIED IN OR DOA	48C. IF OTHER THAN HOSPITAL, DIED IN OR COPY ONE
UCI MEDICAL CENTER	IP [X] EP/OP [ ] DOA [ ]	Hospital [ ] Nursing Home, ILC [ ] Decedent's Home [ ] Other [ ]

48D. COUNTY	48E. FACILITY ADDRESS OR LOCATION IF NOT FOUND	48F. CITY
ORANGE	101 CITY DR SOUTH	ORANGE

CAUSE OF DEATH

49. CAUSE OF DEATH

IMMEDIATE CAUSE (a)	MULTI-ORGAN FAILURE	(a1) HOURS	50. DEATH REPORTED TO CORONER: YES [ ] NO [X]
(b)	SEPSIS	(b1) DAYS	51. AUTOPSY PERFORMED? YES [X] NO [ ]
(c)	NECROTIZING PANCREATITIS	(c1) WEEKS	52. AUTOPSY PERFORMED? YES [ ] NO [X]
(d)		(d1)	53. WAS DEATH DUE TO EXTERNAL CAUSES? YES [ ] NO [ ]

52. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 49: NONE

PHYSICIAN'S CERTIFICATION — I85.0

54. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 49 OR 50 WITHIN 1 YEAR OF DEATH? YES: EXPLORATORY LAPAROSCOPY ABDOMINAL, COLECTOMY, AND ILEOSTOMY 01/09/2004

55. IF FEMALE, PREGNANCY WITHIN YEAR? YES [ ] NO [ ] UNK [ ]

56. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.

56A. SIGNATURE AND TITLE OF CERTIFIER	56B. LICENSE NUMBER	56C. DATE
MD/PhD/FACS	A44277	01/10/2004

56D. Decedent Last Seen Alive	56E. Pronounced Dead	56F. TYPE, ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE
12/08/2003	01/10/2004	D IMAGAWA MD 101 CITY DR ORANGE CA 92868

CORONER'S USE ONLY

57. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.

MANNER OF DEATH: Natural [ ] Accident [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could not be determined [ ]

58A. INJURED AT WORK? YES [ ] NO [ ] UNK [ ] — 58C. INJURY DATE — 58D. HOUR

58B. PLACE OF INJURY (e.g., home, construction site, vehicle area, etc.)

58E. DESCRIBE HOW INJURY OCCURRED (Describe activity which resulted in injury)

58F. LOCATION OF INJURY (Street and number or location, and city, and ZIP)

58G. SIGNATURE OF CORONER / DEPUTY CORONER — 58H. DATE — 58I. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

STATE REGISTRAR: A [ ] B [ ] C [ ] D [ ] E [ ] — FAX AUTH. # — CENSUS TRACT

ESF/1084/04

MAR 03 2004

NAVEEN SAXENA
Vice Consul
Consulate General of India
San Francisco

001452388

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF ORANGE } SS

DATE ISSUED JAN 20 2004

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTHCARE AGENCY

MARK B. HORTON, M.D.
HEALTH OFFICER
ORANGE COUNTY, CALIFORNIA

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