

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF SAN DIEGO**  
 ERNEST J. DRONENBURG, JR.  
 ASSESSOR/RECORDER/COUNTY CLERK

3052016030803		<b>CERTIFICATE OF DEATH</b>		3201637002679	
STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASERS, WHITEOUTS OR ALTERATIONS IF 1 INKEY 2 USE		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT— FIRST (Given) JOHN		2. MIDDLE CHULL		3. LAST (Family) KIM	
4. DATE OF BIRTH mm/dd/yyyy 04/01/1933		5. AGE Yrs. 82		6. SEX M	
7. DATE OF DEATH mm/dd/yyyy 02/14/2016		8. HOUR (24 Hour) 1641		9. HOURS (24 Hour) 1641	
10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARRIAGE STATUS (at Time of Death) MARRIED	
13. EDUCATION (High School/Degree) DOCTORATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) KOREAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED CONSULTANT		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) MARTIAL ARTS ACADEMY		19. YEARS IN OCCUPATION 75	
20. DECEDENT'S RESIDENCE (Street and number, or location) 8070 LA JOLLA SHORES DR. #106					
21. CITY LA JOLLA		22. COUNTY SAN DIEGO		23. ZIP CODE 92037	
24. YEARS IN COUNTY 24		25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP JEANE KIM, SPOUSE	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 8070 LA JOLLA SHORES DR. #106, LA JOLLA, CA 92037					
28. NAME OF SURVIVING SPOUSE/SPOPE—FIRST JEANE		29. MIDDLE MARIE		30. LAST (BIRTH NAME) LA SOTA	
31. NAME OF FATHER—FIRST YONG		32. MIDDLE HYA		33. LAST KIM	
34. BIRTH STATE S KOREA		35. NAME OF MOTHER—FIRST YUN		36. BIRTH STATE S KOREA	
37. LAST (BIRTH NAME) KIM		38. BIRTH STATE S KOREA		39. BIRTH STATE S KOREA	
40. DISPOSITION DATE mm/dd/yyyy 02/17/2016		41. PLACE OF FINAL DISPOSITION EL CAMINO MEMORIAL PARK 5600 CARROLL CANYON RD., SAN DIEGO, CA 92121			
42. TYPE OF DISPOSITIONS BU		43. SIGNATURE OF EMBALMER		44. LICENSE NUMBER	
45. NAME OF FUNERAL ESTABLISHMENT EL CAMINO MEMORIAL - SORRENTO VALLEY		46. LICENSE NUMBER FB1260		47. DATE mm/dd/yyyy 02/17/2016	
48. SIGNATURE OF LOCAL REGISTRAR		49. LICENSE NUMBER		50. DATE mm/dd/yyyy	
101. PLACE OF DEATH SCRIPPS MEMORIAL HOSPITAL- LA JOLLA		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SAN DIEGO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 9888 GENESEE AVE		106. CITY LA JOLLA	
107. CAUSE OF DEATH Enter the chain of events — disease, trauma, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or circulatory fluctuation without showing the etiology. DO NOT ABBREVIATE. (A) CARDIOGENIC SHOCK (B) MYOCARDIAL INFARCTION (C) CORONARY ARTERY DISEASE		108. TIME INTERVAL BETWEEN ONSET AND DEATH HRS MINS SECS		109. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. IMMEDIATE CAUSE (Final disease or condition resulting in death) 111. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST		112. BOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		113. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
114. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		115. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO		116. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
117. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: Decedent Last Seen Alive		118. SIGNATURE AND TITLE OF CERTIFIER		119. LICENSE NUMBER A83370	
120. DATE mm/dd/yyyy 02/13/2016		121. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE LALAINÉ MANLITAC CORATE M.D. 9850 GENESEE AVE STE 780, LA JOLLA, CA 92037		122. DATE mm/dd/yyyy 02/17/2016	
123. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		124. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		125. INJURY DATE mm/dd/yyyy	
126. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		127. LOCATION OF INJURY (Street and number, or location, and city, and zip)		128. HOUR (24 Hour)	
129. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		130. SIGNATURE OF CORONER / DEPUTY CORONER		131. DATE mm/dd/yyyy	
132. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		133. DATE mm/dd/yyyy		134. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH#	
CENSUS TRACT		*010001003168751*			

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*Ernest J. Dronenburg, Jr.*

Aug 14, 2017 Ernest J. Dronenburg, Jr.  
 Assessor/Recorder/County Clerk

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