

Name, Address and Telephone of Attorney(s)

Space Below for Use of Clerk Only

EUGENE B. CHAIKIN  
Attorney at Law  
P.O. Box 192  
Redwood Valley, California 95470  
Telephone: 485 7608

ENDORSED-FILED

JUL 11 1975

VIOLA N. RICHARDSON  
COUNTY CLERK

Attorney(s) for Guardian \_\_\_\_\_

SUPERIOR COURT OF THE STATE OF CALIFORNIA

FOR THE COUNTY OF MENDOCINO

Guardianship of the \* person  
~~XXXX~~ of  
STEPHANIE BISHOP,  
a Minor.  
\*\*

No. 116223 Dept. 1  
ORDER APPOINTING GUARDIAN  
and  
ORDER APPOINTING APPRAISER

The petition of MARCELINE M. JONES

for letters of guardianship of the person ~~XXXX~~ estate of the above named  
minor (person and) came on regularly to be heard this day. On proof made to the satisfaction  
(minor/incompetent) of the court, the court finds that all notices of the hearing have been given as required by law, and that  
the facts alleged in the petition are true, and grants the petition as follows:

IT IS ORDERED AND ADJUDGED that:

1. STEPHANIE BISHOP

is a minor person

(is/are) (Name of minor or incompetent) (a minor/is incompetent)

2. MARCELINE M. JONES

is appointed guardian of the person ~~XXXX~~ estate of the above named

(is/are) (Name of appointee) (person and) (minor/incompetent)

minor and that letters of guardianship issue to said appointee upon taking the  
(minor/incompetent) oath required by law, and giving bond according to law in the sum of \$ \_\_\_\_\_ if executed by  
an authorized corporate surety, or in twice that sum if executed by individual sureties.

~~IT IS FURTHER ORDERED that~~

~~is appointed appraiser to appraise the estate of said ward.~~

Dated: July 11, 1975

ARTHUR B. BROADDUS

Judge

83-19-E-1

Name, Address and Telephone of Attorney(s)

Space Below Use of Court Clerk Only

EUGENE B. CHAIKIN  
Attorney at Law  
P.O. Box 192  
Redwood Valley, California 95470  
Telephone: (707) 485.7608

ENDORSED-FILED

JUL 14 1975

VIOLA N. RICHARDSON  
COUNTY CLERK

Attorney for Petitioner

Attorney(s) for Guardian

SUPERIOR COURT OF THE STATE OF CALIFORNIA  
FOR THE COUNTY OF MENDOCINO

Guardianship of the \* Person of  
~~Person~~

No. 16223

STEPHANIE BISHOP,  
a Minor.

LETTERS OF GUARDIANSHIP

State of California, County of Mendocino

MARCELINE M. JONES

is hereby appointed guardian of the \* person  
(is /are) ~~Person~~ of  
the above named \*\* MINOR

Witness, VIOLA N. RICHARDSON, clerk of the above entitled court, with the seal

of the court affixed.

Dated JUL 14 1975

By order of the court.

(SEAL)

VIOLA N. RICHARDSON, County Clerk

\* Insert where applicable person and  
\*\* Insert as case may be: minor, incompetent

By BI MARY MCGARR

Deputy Clerk

AFFIRMATION

I solemnly affirm that I will perform according to law the duties of guardian of the \* person

~~Person~~ of the above named \*\* minor

Executed on July 11, 1975 at Redwood Valley, California

(Date)

(Place)

Marceline M. Jones  
MARCELINE M. JONES

CERTIFICATION

BB-19-E-2

I hereby certify that the foregoing is a correct copy of the original on file in my office, and that said letters have not been revoked, annulled or set aside, and are still in full force and effect

**OHIO DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS**

**CERTIFICATE OF LIVE BIRTH**

12220

5701

5701

1. PLACE OF BIRTH: COUNTY Montgomery CITY, VILLAGE, OR LOCATION Dayton

2. USUAL RESIDENCE OF MOTHER: STATE Ohio COUNTY Montgomery CITY, VILLAGE, OR LOCATION Dayton STREET ADDRESS 251 1/2 St.

3. NAME OF CHILD: FIRST Stephanie Lynn MIDDLE Bishop LAST Bishop

4. DATE OF BIRTH: MONTH December DAY 20 YEAR 1963

5. SEX:  MALE  FEMALE

6. RACE: White

7. MAIDEN NAME: Pauline

8. PREVIOUS DELIVERIES TO MOTHER (DO NOT INCLUDE STILL BORN): 0

9. INFORMANT'S NAME OR SIGNATURE: [Signature] ADDRESS: 251 1/2 St. Dayton, Ohio

10. DATE SIGNED: DEC 27 1963

11. SIGNATURE: [Signature]

12. DATE SIGNED: DEC 27 1963

13. NAME AND ADDRESS OF PHYSICIAN: [Signature]

14. DATE SIGNED: DEC 27 1963

15. NAME AND ADDRESS OF MIDWIFE: [Signature]

16. DATE SIGNED: DEC 27 1963

17. NAME AND ADDRESS OF OTHER ATTENDANT: [Signature]

18. DATE SIGNED: DEC 27 1963

19. NAME AND ADDRESS OF REGISTRAR: [Signature]

20. DATE SIGNED: DEC 27 1963

I HEREBY CERTIFY THAT THE ABOVE CERTIFICATE IS AN EXACT COPY OF THE ORIGINAL CERTIFICATE WHICH IS REGISTERED AND FILED IN THE OFFICE OF THE DIVISION OF VITAL STATISTICS OF THE OHIO DEPARTMENT OF HEALTH. MY SIGNATURE AND TITLE OF THE REGISTRAR.

SEP 14 1975

[Signature]  
DIRECTOR OF HEALTH

BB-19-F-2

