



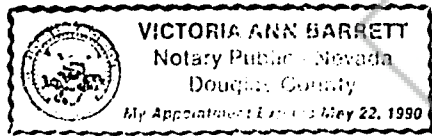
1 certified copy of the certificate of death of said deceased is  
2 attached hereto and made a part hereof.

3 4. That affiant is the wife of said deceased, and has  
4 personal knowledge of the facts set forth herein.

5  
6 Rose Bergstrom  
7 ROSE BERGSTROM

8  
9 SUBSCRIBED and SWORN to before me  
10 this 17<sup>th</sup> day of June, 1987.

11 Victoria Ann Barrett  
12 Notary Public



16  
17  
18  
19 PETER L. KNIGHT  
ATTORNEY AT LAW

20 Main Office

21 4th & Esmeralda  
22 P.O. Box 1030  
Minden, NV 89423  
(702) 782-9721

23 Tonopah Office

24 Belmont Estates  
25 P.O. Box 1271  
Tonopah, NV 89049  
(702) 482-6803

# STATE OF NEVADA

## DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

### STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER			STATE FILE NUMBER		
	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		
DECEDENT	1 Victor Emanuel BERGSTROM			2 September 24, 1982		
	CITY, TOWN, OR LOCATION OF DEATH			COUNTY OF DEATH		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	3b Carson City			3d Yes		
	3e Sierra Convalescent Center			3f Inpatient		
PARENTS	RACE—(e.g., White, Black, American Indian, etc) (Specify)		ETHNIC		AGE—Last Birthday (Years)	
	4a White		4b American		5a 88	
SPONSOR	STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
	8 Vermont		9 U.S.A.		10 Married	
CERTIFIER	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
	1 -8089		14a Optometrist		14b Optometry	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION	
	15a Nevada		15b Douglas		15c Gardnerville	
CAUSE OF DEATH	EATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		STREET AND NUMBER	
	16 Andrew Bergstrom		17 Beda Olson		18a Box 641	
INFORMANT	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D., No., City or Town, State, Zip)		
	18a Rose Bergstrom			18b 1394 Elges Gardnerville, Nevada 89410		
BURIAL	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
	19a Cremation		19b Sierra Crematory		19c Reno Nevada	
FUNERAL	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		NAME AND ADDRESS OF FACILITY			
	20a [Signature]		20b Waltons Funeral Home P.O. Box 1056 Carson City, Nv. 89702			
CERTIFIED BY PHYSICIAN	21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		21b DATE SIGNED (Mo., Day, Yr.)		21c HOUR OF DEATH	
	21a [Signature]		21b 9-28-77		21c 1:45 P.M.	
CORONER	22a On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.		22b DATE SIGNED (Mo., Day, Yr.)		22c HOUR OF DEATH	
	22a [Signature]		22b [Signature]		22c [Signature]	
REGISTRAR	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)		22d ON		22e AT	
	23 Bruce W. Gray M. D. 1000 N. Division Carson City, Nv. 89701		22d ON		22e AT	
IMMEDIATE CAUSE	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
	24a [Signature]		24b September 29, 1982		24c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART I	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death		Interval between onset and death	
	(a) pneumonia		2 days		Interval between onset and death	
PART II	(b) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death		Interval between onset and death	
	(c) CHF		Interval between onset and death		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART 1 (a)		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
	26. NO		26. NO		27. NO	
ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST	DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
	28b		28c		28d	
INJURY AT WORK	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. No. CITY OR TOWN STATE	
	28e		28f		28g	

VITAL RECORDS  
This is to certify that the above is a true and correct copy  
of the certificate on file in this office. 156697

Date Issued: SEP 29 1982

BOOK 687 PAGE 2263

John H. Carr, M.D.  
John H. Carr, M.D.  
STATE REGISTRAR

SEAL NO 40011



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

035238

COPY

REQUESTED BY  
**FIRST NEVADA TITLE COMPANY**  
IN OFFICIAL RECORDS OF  
CLERK & COUNTY CLERK  
STATE OF NEVADA

'87 JUN 18 AM 11:14

SUZANNE BEAUMONT  
RECORDER

\$ 3.00 PAID Bk DEPUTY

**156697**  
BOOK **687** PAGE **2264**