RECORDING REQUESTED BY

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Afficient Ilanth of Inint Tomant

STATE OF NEVADA County of DOUGLAS MARGARET D. BENGS That DONALD BENGS Certificate of Death, is the same person as named as one of the parties in that certain executed by TOPAZ DEVELOPMENT CORP. TO DONALD I. BENGS and MARGARET D. BENGS, Husband and Wife as joint tenants, recorded as Instrument No. 84029 Lot 12, in Block B, as shown on the map of TOPAZ RANCH ESTATES UNIT No. 4, filed in the office of the County Recorder of Douglas County, Nevada, on November 16, 1970 in Book 1 of Maps, Page 224 as Document No. 50212.								
A.P.N. 37-471-11								
Dated October 9, 1987. Margaret D. Bengs								
SUBSCRIBED AND SWORN TO before mg the undersigned, a Notary Public in and for said County and State, this15th								



STRAID CORNEDIANA VIDAV

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

86 006378

ŀ		I	CERTIFICA	ATE OF DE	АІП		
TYPE OR PRINT (DECEASED—NAME First	Middle	Las	st	DATE OF DEATH (Month, Day		FILE NUMBER COUNTY OF DEATH
IN PERMANENT	, Dona	ld.	BEN	GS	2. October 12,	1986	30. Douglas
BLACK INK	CITY, TOWN, OR LOCATION OF I		THER INSTITUTION—Name (If	not either, give stree		LIMITS If Hosp, o	r Inst. indicate DOA, OP/Emer. ient (Specify)
DECEDENT	RACE—(e.g., White, Black, Amer	3c. Cottor	nwood Care Cen	nter UNDER 1 YEAR	3d. NO	3e T	patient b
	Indian, etc) (Specify) 4a. White	4b. American	Birthday (Years)	MOS : DAYS	HOURS : MINS	1 . /	7
# DEATH	STATE OF BIRTH	CITIZEN OF WHAT CO	DUNTRY MARRIED.	5b. NEVER MARRIED,	ISLIBVIVING SPOLISE	ulv 25, 19	MAINAGE DECEDENT EVED IN
OCCURRED IN INSTITUTION SEE HANDROOK	(If not U.S.A., name country) 8 Oregon	y U.S.A.	(Specify)	DIVORCED Married	Margare	et William	U.S. ARMED FORCES? S Specify Yes or No. Yes
REGARDING COMPLETION OF	SOCIAL SECURITY NUMBER	USUAL OCCUPATION Working Life, Even if	(Give Kind of Work Done Duri Retired) 578 Mai	ng Most of	KIND OF BUSINESS OR IND		470
RESIDENCE ITEMS	135917 RESIDENCE-STATE	14a. COIISC	ruction & For	eman	146 City Wate	r & Power	
L->	Marra da	Lyon			3950 Wall	cer View R	d. (Specify Yes or No)
	15a Nevada FATHER—NAME First	15b. Middle	15c. Wellin	MOTHER-MAIDEN	15d. V NAME First	Middle	15e. Yes
PARENTS	16. Edward	Emil	BENGS	17.	Eugenia		HORNING
	INFORMANT—NAME (Type or Prin		MAILING ADDR		(Street or R.F.D. No., Cit	The state of the s	
	18a Margare BURIAL CREMATION, REMOVAL		18b. 3930		View Rd. Well		16.
	Burial	() 19b.	Greenhills	1000	N	an Pedro	California
DISPOSITION	FUNERAL DIRECTOR-SIGNATURE	, ,	All and the second second		s Chapel of T		——————————————————————————————————————
Į	200.	206.	1281 N. Roos	St. Car	son City. Nev	ada 89701	
ſ	due to the ause(s) sta		-/	N	2a. On the basis of examinatio at the time, date and place	n and/or investigation and due to the cause(, in my opinion death occurred s) stated.
	(Signature and Title) DATE SIGNED (Mo. D.	William () L	Sharyhnessy	185 D	Signature and Title) >	HOUR OF D	EATH
	00 21b. /0 - /	3 - 84 216, 0	500 Hours	Ē.s	2b.	22c. O	500 Hours
CERTIFIER		PHYSICIAN IF OTHER THAN CE			PRONOUNCED DEAD (Mo., Day		ED DEAD (Hour)
	21d.				22d. ON	22e. AT	
Į		of certifier (PHYSICIAN, MEC n O'Shaughness)	The state of the s	76.	Cardnaryilla	Novada 9	0410
CONDITIONS	REGISTRAR NIIIIAI	1 6 biladgimess	DATE RE	CEIVED BY REGIST	RARIMO. Day. YET DEATH D	NEVAUA O	SLE DISEASE
IF ANY WHICH GAVE	24a. (Signature)	Later Tr.	246.	tale 14	1.1986 24c. 1	res □ NO 55	1
RISE TO IMMEDIATE CAUSE	25. IMMEDIATE CAUSE	TEN ONLY ONE CAUSE PER LIN	E FOR (a). (b). AND (c))			Inte	rval between onset and death
STATING THE UNDERLYING	DUE TO OR AS A C	CIO pul mon	ary arre	5 +		· inte	MINU JC 5 rval between onset and death
I I	1320 (umonia	•	\ \			days
→	DUE TO, OR AS A C	ONSEQUENCE OF				Inte	rval between enset and death
CAUSE OF	(c) Park	insons dis	ease wit		ientia	•	years
DEATH	PARI	ONDITIONS—Conditions contribut	ling to death but not related to	cause given in PAR	AUTOPSY 26. NO	Yes or No! CORC	CASE REFERRED TO NER (Specify Yes or No)
	ACC.SUICIDE, HOM, UNDET, OR PENDING INVEST.	Mexica DATE OF INJURY (ATO, Day, Y.)	HOUR OF INJURY DI	ESCRIBE HOW INJU		27	Yes
-/	(Specify)	28b.	28c. M 28	3d.			
/ /	INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY-At home, fa- building, etc	(Speaty)	OCATION.	STREET OR R.F.D. No.	CITY OR TOV	N STATE
	28e.	28f.	28	3g. 			
	\					Mod	663 <i>7</i> ·
\	\		VITAL REC	ORDS 5/L	annewer	11 10	alheen
w areaest	This is to	certify that the above i		, 0	ĺ	EAL	WANTED T
This is to certify that the above is a true and correct copy by: of the certificate on file in this office.							
Date Issued: Deputy Re							
國目							
THE BOOK	WE COMPANY					*	dilla
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WESTERN TITLE COMPANY. INC.

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