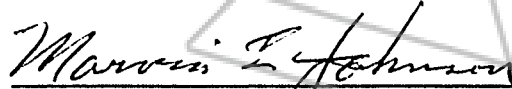


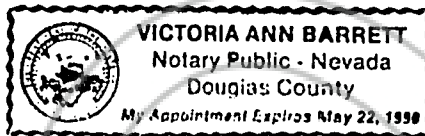
1 day of February, 1989, at Carson City, Nevada, that a certified
2 copy of the certificate of death of said decedent is attached
3 hereto and made a part hereof.

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

6
7 
8 MARVIN E. JOHNSON

9 SUBSCRIBED and SWORN to before me
10 this 12th day of April, 1989.

11 
12 Notary Public



14
15
16
17
18
19 PETER L. KNIGHT
ATTORNEY AT LAW

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

22
23 Tonopah Office
24 Belmont Estates
P.O. Box 1271
Tonopah, NV 89049
(702) 482-6803

25
200018
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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

	LOCAL FILE NUMBER	STATE FILE NUMBER
DECEDENT	1. DECEASED—NAME First Middle Last Eleanor L. JOHNSON	2. DATE OF DEATH (Month, Day, Year) February 27, 1989
	3a. COUNTY OF DEATH Carson City	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City
	3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Carson-Tahoe Hospital	3e. If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient (Specify) Emer. Rm.
	4. SEX Female	5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White
PARENTS	6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	7a. AGE—Last Birthday (Years) 74
	7b. UNDER 1 YEAR MOS : DAYS	7c. UNDER 1 DAY HOURS : MINS
	8. DATE OF BIRTH (Mo., Day, Yr.) June 28, 1914	9a. STATE OF BIRTH (If not U.S.A., name country) Minnesota
	9b. CITIZEN OF WHAT COUNTRY U.S.A.	9c. Decedent's Education. Specify highest grade completed. 15
DISPOSITION	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Marvin E. Johnson
	12. SOCIAL SECURITY NUMBER 6070	13. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Nurse (ret.)
	14a. KIND OF BUSINESS OR INDUSTRY Hospital	14b. RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION STREET AND NUMBER INSIDE CITY LIMITS (Specify Yes or No) Nevada Douglas Wellington 3835 Granite Way no
	15a. FATHER—NAME First Middle Last Hilmer Johnson	15b. MOTHER—MAIDEN NAME First Middle Last Ida Edstrom
CERTIFIER	16. INFORMANT—NAME (Type or Print) Marvin E. Johnson	17. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 3835 Granite Way, Wellington, Nevada 89444
	18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	18b. CEMETERY OR CREMATORY—NAME FitzHenry's Crematory
	19a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as such) <i>Darryl Peterson</i>	19b. FUNERAL DIRECTOR LICENSE NUMBER #36
	20a. NAME AND ADDRESS OF FACILITY FitzHenry's Funeral Home and Crematory, P.O. Box 1775, Carson City, NV 89702	19c. LOCATION City or Town State Carson City Nevada
CAUSE OF DEATH	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>Darryl Peterson</i>	21b. DATE SIGNED (Mo., Day, Yr.) March 1, 1989
	21c. HOUR OF DEATH 0630	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Sgt. Darryl Peterson, Deputy Coroner, 901 E. Musser, Carson City NV 89701
	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) and manner stated. (Signature and Title) <i>Darryl Peterson</i>	22b. DATE SIGNED (Mo., Day, Yr.) March 1, 1989
	22c. HOUR OF DEATH 0630	22d. PRONOUNCED DEAD (Mo., Day, Yr.) Feb. 27, 1989
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print.) NV 89701	23b. LICENSE NUMBER #26
	24a. REGISTRAR <i>William Campbell</i>	24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) March 1, 1989
	24c. DEATH DUE TO COMMUNICABLE DISEASE NO	24d. INTERVAL BETWEEN ONSET AND DEATH
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))	25a. PART I (a) Acute Apical Lateral Wall Myocardial Infarct
CAUSE OF DEATH	25b. PART I (b) Near Occlusive Atherosclerotic Vascular Disease	25c. PART I (c) Severe Systemic Atherosclerosis
	26. AUTOPSY (Specify Yes or No) yes	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) yes
	28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	28b. DATE OF INJURY (Mo., Day, Yr.)
	28c. HOUR OF INJURY M	28d. DESCRIBE HOW INJURY OCCURRED
28e. INJURY AT WORK (Specify Yes or No)	28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	28g. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE

STATE REGISTRAR

No. 002588

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

By:

William Campbell

Date issued:

MAR 01 1989

Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.

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COPY

REQUESTED BY
Peter L. Knight
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'89 APR 12 P12:21

SUZANNE BEAUDREAU
RECORDER

SOO PAID SL DEPUTY

200018

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