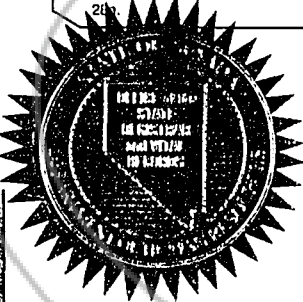


STATE OF NEVADA

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	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER	
	1. Carol Jean TOWNSEND	2. January 11, 1997		3a. Douglas	COUNTY OF DEATH	
DECEDENT	3b. Wellington	3c. 3935 Walker View Road		4. Female	SEX	
	5. White	6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> if yes, specify Mexican, Cuban, Puerto Rican, etc.	7a. 62	7b. UNDER 1 YEAR MOS : DAYS	7c. UNDER 1 DAY HOURS : MINS	8. March 28, 1929
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. Indiana	9b. USA	10. 12	11. Married	12. William Townsend	
	13. 3283	14a. Supervisor/EKG Scanner	14b. Medical Technology	15. No		
PARENTS	15a. Nevada	15b. Douglas	15c. Wellington	15d. 3935 Walker View Road	15e. No	
	16. James Curtis	17. LaNette Duckworth		18a. William Townsend - Husband		
DISPOSITION	18b. 3935 Walker View Road, Wellington, Nevada 89444		19a. Cremation			
	19b. FitzHenry's Funeral Home		19c. Carson City, Nevada			
CERTIFIER	20a. [Signature]		20b. 36		20c. 833 N. Edmonds Drive, Carson City, Nevada 89701	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		21b. [Signature]		21c. [Signature]	
CAUSE OF DEATH	21d. P. Lesquereux - Deputy Coroner P.O. Box 218, Minden, Nevada		22a. ON Jan. 11, 1997		22b. AT Jan. 22, 1997	
	23a. P. Lesquereux - Deputy Coroner P.O. Box 218, Minden, Nevada		23b. 89423		23c. License Number	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. [Signature]		24b. Jan 22, 1997		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		26. No		27. Yes	
CAUSE OF DEATH	PART I (a) Consistent With Cardio Vascular Accident		PART II (b) Diabetes		PART III (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.	
	28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY	
CAUSE OF DEATH	28d. INJURY AT WORK (Specify Yes or No)		28e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION	
	28g. STREET OR R.F.D. No.		28h. CITY OR TOWN		28i. STATE	



STATE REGISTRAR

No. 109106

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

Yvonne Sylvia

Date Issued: JAN 22 1997

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

REQUESTED BY
William Townsend
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'97 JAN 27 P1:46

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