AFFIDAVIT--DEATH OF JOINT TENANT

STATE OF NEVADA)
County of DOUGLAS)
OUDY A. COCLICH , of legal age, being first duly sworn, deposes and says: That GEORGE ROBERT CAMPBELL , the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as GEORGE R. CAMPBELL , named as one of the parties in that certain GRANT, BARGAIN, SALEDEED dated 04/30/87, executed by GEORGE CAMPBELL, an unmarried man
GEORGE R. CAMPBELL, an unmarried man and PAULINE E. CAMPBELL, an unmarried woman as joint tenants, recorded as Instrument No. 154390, on May 7, 1987, in Book 587, Page 560, of Official Records of DOUGLAS, County, Nevada covering the following described property situate in the County of DOUGLAS, State of Nevada:
Lot 31, as shown on the Official Map of IDLE ACRES SUBDIVISION, filed in the office of the County Recorder of Douglas County, Nevada, on April 5, 1960 in Book 01, Page 65 as File No. 15812.
APN 21-132-14
Dated January 30, 1997 STATE OF NEVADA) County of DOUGLAS) This is a large with
This instrument was acknowledged before me on January 30, 1997 by JUDY A. COCLICH
FOR RECORDER'S USE
Notary Public
JUDITH L. PEREZ Notary Public - State of Nevada Appointment Recorded in Douglas County No. 01.0735.5. Experies Nov. 21, 1989



DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESO DIVISION OF HEALTH — SECTION OF VITAL STATIST CERTIFICATE OF DEATH

		(B)		ଚ୍ୟ
			au.	y (a)
			an su	
Star &	4		A CONTRACT	3
58	Y Me E		5 9	
URCES				
rics				
		N. Astr.		

CATSON CITY S. ADIS HOUSEN THE S. CATSON CITY S. ADIS HOUSEN THE S. CATSON CITY S. ADIS HOUSEN THE S. ADIS HOUSEN THE S. WINTER TO PROPER THE ARCHITECT S. WINTER THE DESCRIPTION OF THE ARCHITECT	DECEASED—NAME First			Last	DATE OF DEA	TH (Month, Day, Year)	STATE FILE NUMBER COUNTY OF DEATH
B. Carson City 2. 3018 Houser Vay 3. 3018 Houser Vay 4. 3018 Houser Vay 4. 3018 Houser Vay 4. 3018 Houser Vay 4. 3018 Houser Vay 5. 3018 Houser Vay 6. 3018 Ho							
RecEnded () () () () () () () () () () () () ()	CIT, TOWN, OR LOCATION C		 4. 	ne (If not either, give s	treet and number)	If Hosp, or Inst, indicat Rm, Inpatient (Specify)	e DOA, OP/Emer. SEX
Indian, edit (Spechy) 8. White 8. Unite 9.	4			as Nues LAGE La	LINDER		4 Mal
STATE GO BINTH (PARTIES) CHEENER MARRIED, BURNAME MARRIED	Indian, etc) (Specify)	specify Mexican, Cuba	n, Puerto Rican, etc.	Birthday (Years) MOS :	DAYS HOURS : MI	
SOCIAL SECURITY MUNICIPAL PLANT OF BUSINESS ON ROUSTNY 13. 13. 13. 13. 14. POLICE OFFICE T 14. POLICE OFFICE T 15. SECURITY MUNICIPAL PLANT OF BUSINESS ON ROUSTNY 15. Nevada 15. Carson City 15. Carson City 15. Carson City 15. 5665 Carson River 15. Specify 15. The City 15. Specify 15. Speci		CITIZEN OF WHAT		cation. Specify highe	est MARRIED, NE	VER MARRIED,	SURVIVING SPOUSE (If wife, give made
13. 8123 Working Line, Even if Pairing Officer 14b. City of Los Angeles RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION STREET AND NUMBER ROad DISSOCTIVE 15c. ACT 15c. Cerson City 15c. 5665 Carson Rive 15c. Cerson City 15c. 5665 Carson Rive 15c. Cerson City 15c. 5665 Carson Rive 15c. Cerson Rive 15c. Cerson City 15c. 5665 Carson Rive 15c. Cerson Rive 15c.		100.	110		11.		12.
18. 1812 14. FOLICE OFFICER RESIDENCE—STATE RESIDENCE—RESIDENCE—RESIDENCE RESIDENCE RESIDE		Working Life, Even	if Retired)	During Most of	1		
150. Carson City 150. Carson C		-		LOCATION		CCT 4440 101140CO	
THE FIRST MADE FIRST STATE REGISTRAN MADE FIRST MADE FI		1777.83		1421	7.1	para transfer dispersion problems di	(Specify Yes or No)
The Robert D. Campbell 17. Pauline Hugh INFORMANT—NAME (Type or Print) NAME AND ADDRESS Givered at R.P.D. No. City of Town. Slate, Zip) 18a. Pauline Campbell Supplementary Supplem							
INFORMANT—NAME (Type or Printy) 18a. Pauline Campbell 18ural, CREMATION, REMOVAL, OTHER (Spooty) 19a. Cremation 19b. Mountain View Crematory 19c. Reno Nountain View Length View Crematory 19c. Reno Nount		+ D	Campbell	17.	Pau	line	Hughes
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 1984. CTEMBAL DIRECTOR. SIGNATURE (OF PRIOR ALD DIRECTOR. DIRECTOR. DIRECTOR. NAME AND ADDRESS OF FACILITY Walton's Chapter of the Val. 210. Land Signature and Title) 211. To the best of my knowledge, dogth of glurred at the April 200. 12.81 N. ROOP Street, Carson City, Nv. 89 212. On the basis of examination and due to the caused; and disease and due to the caused; and finener st. 213. On the basis of examination and due to the caused; and finener st. 214. (Signature and Title) 215. MADE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)) 216. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)) 217. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER), OR CORONER), (Type or Print) 218. PRONOUNCED DEAD (Mo., Day, Yr.) 219. PRONOUNCED DEAD (Mo., Day, Yr.) 220. AT 221. MADE OF ATTENDING PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER), (Type or Print) 222. IMMEDIA 223. BYTUC Q Gray MD, 805 N. Division St., Carson City, Nevada 89703 224. Yes Signature 224. Yes Signature 225. IMMEDIA CAUSE 226. AT 226. Yes Signature 226. The Coron Manual Corone Signature 227. Manual Corone Signature 228. No. 10 Signature 229. Manual Corone Signature 229. The Print Office Signa				DDRESS			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 198. Cremation 199. Cremation 199. Reno 190. Reno	18a Pauline Car	mpbell	185.301	8 Houser	Way. Car	son City. No	evada 89701
PART (a) DIRECTOR—SIGNATURE (CATSON CITY MALE) PROMOUNCED DEAD (Mo. Day, Yr.) PROMOUNCED DEA	BURIAL, CREMATION, REMOV	AL, OTHER (Specify) CE	METERY OR CREMATORY	-NAME			
FUNERAL DIRECTOR—SIGNATURE (OF PERSON ACTURE) PART (e)	19a. Cremation			View Cre	matory		no Nevad
20a.	FUNERAL DIRECTOR—SIGNAT	TURE FL	JNERAL DIRECTOR NAME	AND ADDRESS OF	FACILITY Walt	on's Chapel	of the Valley
21a. To the beast of my knowledge, dyfin of furred at the fore, data and place and due to the cause(s) stated. 22a. On the basis of examination and/or investigation, in my cymine and the due to the cause(s) stated. 23b. Date Signature and Title) 21b. Date Signature and Title) 21c. 1500 22c. 22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Pmil) 21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER), (Type or Pmil) 22a. Bruce, Gray MD, 805 N. Division St. Carson City, Nevada 89703 22b. 22e. 22c. No. 22c. AT NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER), (Type or Pmil) 22a. Bruce, Gray MD, 805 N. Division St. Carson City, Nevada 89703 22b. T. B. T			b. 21 20c.	1281 N. Ro	op Stree	t, Carson C	ity, Nv. 89706
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER), (Type or Print.) 23a. Bruce, Gray MD, 805 N. Division St., Carson City, Nevada 89703 23b. 2299 DATE RECEIVED BY REGISTRAR (Ms., Day, Yr.) DEATH OUE TO COMMUNICABLE DISEASE 24a. (Signature) 24a. (Signature) 25. IMMEDIATE CAUSE ENTER ONLY ONE CAUSE PER LINE FR (a), (b), AND (c).) PART (a) DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. AUTOPSY (Specify) 25a. No 27. Yes ACC. SUICIDE, HOM., UNDET., DATE OF INJURY (Mb., Day, Yr.) HOUR OF INJURY OR PENDING INVEST. (Specify) 25a. No 27. Yes No. 0496 STATE REGISTRAR This is to cartify that the phone is a true and covered sixty. This is to cartify that the phone is a true and covered sixty. This is to cartify that the phone is a true and covered sixty. This is to cartify that the phone is a true and covered sixty. This is to cartify that the phone is a true and covered sixty. This is to cartify that the phone is a true and covered sixty. This is to cartify that the phone is a true and covered sixty. This is to cartify that the phone is a true and covered sixty. The sixty of the phone of the phone is a true and covered sixty. The sixty of the phone of the phone is a true and covered sixty. The sixty of the phone of the phone is a true and covered sixty. The sixty of the phone of the phone is a true and covered sixty. The sixty of the phone is a true and covered sixty. The sixty of the phone of t	Z 21a. To the best of my kn	owledge, death occurred at the			22a. On the basis	of examination and/or inve	stigation, in my opinion death occurr
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER), (Type or Print.) 23a. Bruce, Gray MD, 805 N. Division St., Carson City, Nevada 89703 23b. 2299 DATE RECEIVED BY REGISTRAR (Ms., Day, Yr.) DEATH OUE TO COMMUNICABLE DISEASE 24a. (Signature) 24a. (Signature) 25. IMMEDIATE CAUSE ENTER ONLY ONE CAUSE PER LINE FR (a), (b), AND (c).) PART (a) DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. AUTOPSY (Specify) 25a. No 27. Yes ACC. SUICIDE, HOM., UNDET., DATE OF INJURY (Mb., Day, Yr.) HOUR OF INJURY OR PENDING INVEST. (Specify) 25a. No 27. Yes No. 0496 STATE REGISTRAR This is to cartify that the phone is a true and covered sixty. This is to cartify that the phone is a true and covered sixty. This is to cartify that the phone is a true and covered sixty. This is to cartify that the phone is a true and covered sixty. This is to cartify that the phone is a true and covered sixty. This is to cartify that the phone is a true and covered sixty. This is to cartify that the phone is a true and covered sixty. This is to cartify that the phone is a true and covered sixty. The sixty of the phone of the phone is a true and covered sixty. The sixty of the phone of the phone is a true and covered sixty. The sixty of the phone of the phone is a true and covered sixty. The sixty of the phone of the phone is a true and covered sixty. The sixty of the phone is a true and covered sixty. The sixty of the phone of t	Signature and Title)		Py -	d b	794	- N -	and debuggy and initiality states.
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER), OR COBONER), (Type or Print.) 23a. Bruce, Gray MD, 805 N. Division St., Carson City, Nevada 89703 23b. 2299 DATE RECEIVED BY REGISTRAR (Mc., Day, Yr.) DEATH OUE TO COMMUNICABLE DISEASE 24a. (Signature) 24a. (Signature) 25. IMMEDIATE CAUSE ENTER ONLY ONE CAUSE PER LINE FR (a), (b), AND (c)), PART (0) DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. AUTOPSY 25. NO (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. AUTOPSY 25. NO (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. AUTOPSY 25. NO (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. AUTOPSY 26. NO 27. Yes ACC. SUICIDE, HOM., UNDET., DATE OF INJURY (Ma., Day, Yr.) HOUR OF INJURY OR PENDING INVEST. (Specify) 28a. INJURY AT WORK (Specify) 28b. STATE REGISTRAR NO. 0496 NO. 0496 NO. 0496	DATE SIGNED (Mo.,		OF DEATH	l gigl			OUR OF DEATH
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER), OR COBONER), (Type or Print.) 23a. Bruce, Gray MD, 805 N. Division St., Carson City, Nevada 89703 23b. 2299 DATE RECEIVED BY REGISTRAR (Mc., Day, Yr.) DEATH OUE TO COMMUNICABLE DISEASE 24a. (Signature) 25. IMMEDIATE CAUSE ENTER ONLY ONE CAUSE PER LINE (FR (a), (b), AND (c)), PART (a) DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. AUTOPSY 26. No 27. Yes ACC. SUICIDE, HOM., UNDET., DATE OF INJURY (Ma., Day, Yr.) HOUR OF INJURY OR PENDING INVEST. (Specify) 28b. STATE REGISTRAR This is to certify that the shows is a true and correct sixty. PART This is to certify that the shows is a true and correct sixty. This is to certify that the shows is a true and correct sixty. This is to certify that the shows is a true and correct sixty. This is to certify that the shows is a true and correct sixty. PART This is to certify that the shows is a true and correct sixty. PRODUCTION TO COMMUNICATION TO COMMUNICATION. STATE REGISTRAR This is to certify that the shows is a true and correct sixty. PRODUCTION TO COMMUNICATION. STATE REGISTRAR This is to certify that the shows is a true and correct sixty. PRODUCTION TO COMMUNICATION. STATE REGISTRAR This is to certify that the shows is a true and correct sixty. PRODUCTION TO COMMUNICATION. STATE REGISTRAR This is to certify that the shows is a true and correct sixty. PRODUCTION TO COMMUNICATION. The sixty is a certify that the shows is a true and correct sixty. PRODUCTION TO COMMUNICATION. PRODUCTION T	SON 21b. 2-12	- 9.3 21c.	1500	88	22b.	2	2c.
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER), OR COBONER), (Type or Print.) 23a. Bruce, Gray MD, 805 N. Division St., Carson City, Nevada 89703 23b. 2299 DATE RECEIVED BY REGISTRAR (Mc., Day, Yr.) DEATH OUE TO COMMUNICABLE DISEASE 24a. (Signature) 24a. (Signature) 25. IMMEDIATE CAUSE ENTER ONLY ONE CAUSE PER LINE FR (a), (b), AND (c)), PART (0) DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. AUTOPSY 25. NO (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. AUTOPSY 25. NO (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. AUTOPSY 25. NO (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. AUTOPSY 26. NO 27. Yes ACC. SUICIDE, HOM., UNDET., DATE OF INJURY (Ma., Day, Yr.) HOUR OF INJURY OR PENDING INVEST. (Specify) 28a. INJURY AT WORK (Specify) 28b. STATE REGISTRAR NO. 0496 NO. 0496 NO. 0496	NAME OF ATTENDI	NG PHYSICIAN IF OTHER THAI			PRONOUNCED I	EAD (Mo., Day, Yr.) P	RONOUNCED DEAD (Hour)
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER), (Type or Print.) 23a. Bruce, Gray MD, 805 N. Division St., Carson City, Nevada 89703 23b. 2299 DATE RECEIVED BY REGISTRAR (Ms., Day, Yr.) DEATH OUE TO COMMUNICABLE DISEASE 24a. (Signature) 24a. (Signature) 25. IMMEDIATE CAUSE ENTER ONLY ONE CAUSE PER LINE FR (a), (b), AND (c).) PART (a) DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. AUTOPSY (Specify) 25a. No 27. Yes ACC. SUICIDE, HOM., UNDET., DATE OF INJURY (Mb., Day, Yr.) HOUR OF INJURY OR PENDING INVEST. (Specify) 25a. No 27. Yes No. 0496 STATE REGISTRAR This is to cartify that the phone is a true and covered sixty. This is to cartify that the phone is a true and covered sixty. This is to cartify that the phone is a true and covered sixty. This is to cartify that the phone is a true and covered sixty. This is to cartify that the phone is a true and covered sixty. This is to cartify that the phone is a true and covered sixty. This is to cartify that the phone is a true and covered sixty. This is to cartify that the phone is a true and covered sixty. The sixty of the phone of the phone is a true and covered sixty. The sixty of the phone of the phone is a true and covered sixty. The sixty of the phone of the phone is a true and covered sixty. The sixty of the phone of the phone is a true and covered sixty. The sixty of the phone is a true and covered sixty. The sixty of the phone of t	1 2			le c			
23a. Bruce, Gray MD, 805 N. Division St., Carson City, Nevada 89703 23b. 2299 REGISTRAR 24a. (Signature) 24b. F. L.	210.	SS OF CERTIFIER (PHYSICIAN,	ATTENDING PHYSICIAN, M	EDICAL EXAMINER, O		ype or Print.)	LICENSE NUMBER
DATE REGISTRAR (Mo., Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE 24a. (Signature) 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE EPR (a), (b), AND (c).) PART (a) DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) PART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. ACC., SUICIDE, HOM., UNDET., DATE OF INJURY (Ma., Day, Yr.) ACC., SUICIDE, HOM., UNDET., DATE OF INJURY (Ma., Day, Yr.) ACC., SUICIDE, HOM., UNDET., DATE OF INJURY (Ma., Day, Yr.) ACC., SUICIDE, HOM., UNDET., DATE OF INJURY (Ma., Day, Yr.) 28. No 29. STATE REGISTRAR NO. 0496 STATE REGISTRAR NO. 0496 NO. 0496	23a D	C MD 005 N				v 1 0070:	2000
24a. (Signature) 24b. T-B-1/6, 1993 24c. YES NO. 25c. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c), PART (a) DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) PART (a) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. AUTOPSY (Specify Yes or No) 28. No 27c. SUICIDE, HOM., UNDET., DATE OF INJURY (MAD, Day, Yr) DATE OF INJURY (MAD, Day, Yr) DATE OF INJURY—A home, term, street, lactory, office backing, dec. (Specify Yes or No) 28d. STATE REGISTRAR This is to certify that the showe is a true and correct color. This is to certify that the showe is a true and correct color. This is to certify that the showe is a true and correct color. This is to certify that the showe is a true and correct color. PART (a) DUE TO, OR AS A CONSEQUENCE OF: Interval between one interval of the underlying cause given in Part I. AUTOPSY (Specify Yes or No) 28. No 27c. Yes No. 0496	REGISTRAR	sray ru, ous N	DIVISION S	E RECEIVED BY REG	DULLY,	Nevada 89/U.	MMUNICABLE DISEASE 7
25. IMMEDIATE CAUSE PART (a) DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) PART (d) DUE TO, OR AS A CONSEQUENCE OF: (d) PART OTHER SIGNIFICANT CONDITIONS—Conditions continbuting to death but not resulting in the underlying cause given in Part I. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify Yes or No) 28. No 27. Yes ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28. No 28. INUIRY AT WORK (Specify Yes or No) 28. INUIRY AT WORK (Specify Yes or No) 28. STATE REGISTRAR This is to certify that the shows is a true and correct of the content. This is to certify that the shows is a true and correct of the content. This is to certify that the shows is a true and correct of the content. This is to certify that the shows is a true and correct of the content. ACC. Suicide Acc. STATE REGISTRAR AUTOPSY (Specify Yes or No) 28. NO. 0496	240 (Signatura)	1 1 0	The state of the s				
PART (a) DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. AUTOPSY (Specify Yes or No) CORONER (Specify) ACC., SUICIDE, HOM, UNDET., OATE OF INJURY (Ma, Day, Yr) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED OR PENDING INVEST. (Specify) 28b. 28c. M 28d. INJURY AT WORK (Specify) 28b. PLACE OF INJURY—At home, tarm, street, factory, office building, otc. (Specify) 28c. NO. CITY OR TOWN STATI (Specify Yes or No) 28c. STATE REGISTRAR MAGAMAN NO. 0496		STER ON VIONE CHISE PER	ZAN U	150116	<u> </u>	24c. YES	_^_
DUE TO, OR AS A CONSEQUENCE OF: (c) PART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. AUTOPSY (Specify WAS CASE REFERRING CORONER (Specify Yes or No) 28. No 27. Yes ACC., SUICIDE, HOM., UNDET., DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED (Specify) 28. No 28d. INJURY AT WORK (Specify Yes or No) 28d. INJURY AT WORK (Specify Yes or No) 28d. STATE REGISTRAR WAS A CONSEQUENCE OF: Interval between ons Interval between ons Interval Detween On Det	/						interval between onset and d
DUE TO, OR AS A CONSEQUENCE OF: (c) PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. AUTOPSY (Specify WAS CASE REFERENCE CORONER (Specify Yes or No) 28. No 25. No 27. Yes ACC., SUICIDE, HOM, UNDET., DATE OF INJURY (Mo., Doy, Yr) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED OR PENDING INVEST. (Specify) 28b. 28c. M 28d. INJURY AT WORK (Specify Yes or No) 28c. M 28d. INJURY AT WORK (Specify Yes or No) 28d. STATE REGISTRAR NO. 0496 STATE REGISTRAR This is to certify that the showe is a true and correct solve. They	1 FACT (4)		we injure	9-			: Thathele
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. AUTOPSY (Specify Yes or No) 28. No 27. Yes OR PENDING INVEST. (Specify) 28. No 27. Yes OR PENDING INVEST. (Specify) 28a. 28b. 28c. M 28d. INJURY AT WORK (Specify Yes or No) 28c. Specify Yes or No) 28g. STATE REGISTRAR STATE REGISTRAR STATE AUTOPSY (Specify that the showe is a true and correct sixty May Advance.	DUE TO, OH AS	A CONSEQUENCE OF:					• Interval between onset and d
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. AUTOPSY (Specify Was Case REFERRING CORONER (Specify Yes or No)) ACC., SUICIDE, HOM, UNDET., OR PENDING INVEST. (Specify) 28a. INJURY AT WORK (Specify Yes or No) 28b. PLACE OF INJURY—At home, tarm, street, factory, office building, otc. (Specify) 28e. STATE REGISTRAR This is to certify that the shows is a true and correct solly. This is to certify that the shows is a true and correct solly. PLACE OF INJURY—At home, tarm, street, factory, office building, otc. (Specify) 28g. This is to certify that the shows is a true and correct solly. PLACE OF INJURY—At home, tarm, street, factory, office building, otc. (Specify) 28g. STATE REGISTRAR This is to certify that the shows is a true and correct solly. PLACE OF INJURY—At home, tarm, street, factory, office building, otc. (Specify) 28g. STATE REGISTRAR This is to certify that the shows is a true and correct solly. PLACE OF INJURY—At home, tarm, street, factory, office building, otc. (Specify) 28g. STATE REGISTRAR This is to certify that the shows is a true and correct solly. PLACE OF INJURY—At home, tarm, street, factory, office building, otc. (Specify) 28g. STATE REGISTRAR This is to certify that the shows is a true and correct solly.	(0)						· pessi
PART (Specify Yes or No) ACC., SUICIDE, HOM., UNDET., OATE OF INJURY (Ma., Doy, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED ACC., SUICIDE, HOM., UNDET., OATE OF INJURY (Ma., Doy, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED ACC., SUICIDE, HOM., UNDET., OATE OF INJURY (Ma., Doy, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED 28. No 28. No 28. No 28. No 28. M 28d. INJURY AT WORK (Specify Yes or No) 28e. PLACE OF INJURY—At home, tarm, street, factory, office building otc. (Specify) 28g. STATE REGISTRAR This is to certify that the showe is a true and correct solvy. This is to certify that the showe is a true and correct solvy. This is to certify that the showe is a true and correct solvy. The state of the state of the showe is a true and correct solvy. The state of the state of the showe is a true and correct solvy. The state of the state of the showe is a true and correct solvy. The state of the stat	DUE TO, OR AS	A CONSEQUENCE OF:					• Interval between onset and d
PART II CONTENT SIGNIFICANT CONTINUES Continues continued to death but not resulting in the uncertying cause given in Part I. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. INJURY AT WORK (Specify Yes or No) 28b. PLACE OF INJURY—At home, tarm, street, factory, office building, other. (Specify Yes or No) 28e. STATE REGISTRAR This is to certify that the shows is a true and correct solvy. This is to certify that the shows is a true and correct solvy. But AUTOPST Yes or No) 26. No 27. Yes 28. M 28d. INDURY AT WORK (Specify Yes or No) 28e. STATE REGISTRAR This is to certify that the shows is a true and correct solvy. But AUTOPST Yes or No) 27. Yes 28. No 27. Yes 28. No 28d. STATE REGISTRAR NO. 0496	(c)						
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. INJURY AT WORK (Specify Yes or No) 28b. PLACE OF INJURY—At home, tame, tactory, office building, otc. (Specify) 28b. STATE REGISTRAR This is to certify that the shows is a true and correct solly. BY 18b. 26. No 27. Yes 27. Yes 28c. M 28d. 18d. 18d. STATE REGISTRAR No. 0496	PART OTHER SIGNIFICAN	CONDITIONS—Conditions cont	nbuting to death but not result	ing in the underlying c	ause given in Part I	. AUTOPSY (Specific	CITY WAS CASE REFERRED TO
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. OR PENDING INVEST. (Specify) 28a. 28b. 28c. M 28d. PLACE OF INJURY—At home, tarm, street, factory, office building otc. (Specify) 28e. PLACE OF INJURY—At home, tarm, street, factory, office building otc. (Specify) 28g. STATE REGISTRAR This is to certify that the showe is a true and correct sixty. BY BY This is to certify that the showe is a true and correct sixty. BY BY BY BY BY BY BY BY BY B	"	Certeren					
(Specify) 28a. INJURY AT WORK (Specify Yes or No) 28b. PLACE OF INJURY—At home, tarm, street, factory, office building, etc. (Specify) 28g. STATE REGISTRAR This is to certify that the shows is a true and correct sixty. By Reg. No. 0496	ACC., SUICIDE, HOM., UNDET.	, DATE OF INJURY (Ma, Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW IN	JURY OCCURRE	Pograpija promuzgana	
INJURY AT WORK (Specify Yes or No) 286. PLACE OF INJURY—At home, farm, street, factory, office building, otc. (Specify) 289. STATE REGISTRAR Worner This is to certify that the shows is a true and correct solly. But The state of the shows is a true and correct solly.	(Specify)	The state of the s	28c. N	28d.			
STATE REGISTRAR Worme Sulv	INJURY AT WORK	PLACE OF INJURY—At home	, farm, street, factory, office		STREET OR	R.F.D. No. CIT	Y OR TOWN STATE
SEAL No. 0496 STATE REGISTRAR Worme Sulv			etc. (Specify)	280			
STATE REGISTRAR Mounte Silv		1 22.11		1 209.			
STATE REGISTRAR Mounte Silv					(3)	PM N	o. 049690
This is to certify that the shows is a true and correct cody with River and the shows					3	≥Al	
This is to certify that the shows is a true and correct cody with River and the shows			CTATE DE	CISTBAD		**************************************	
This is to certify that the shows is a true and correct cody.			SIAIE KE	GISTRAK /	Unos	1111	1 1 Alta
of the certificate on file in this office 003				- / / / / / / / / / / / / / / / / / / /	r 11 - 13 - 1	30 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(A. W. 1) was 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	This is to	certify that the above	is a true and corre	ct copy	By:		
Date Issued: Deputy Registrar	This is to	certify that the above	Pifice/003	ct copy	Ву:		

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

WESTERNTHEE COMPANY, INC.

IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA

'97 JAN 30 P12:05

405741

LINDA SLATER
SORECORDER PAID K DEPUTY