

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	DECEASED—NAME First Middle Last 1. Alice Y FOURNIER	DATE OF DEATH (Month, Day, Year) 2. February 14, 1997	STATE FILE NUMBER	COUNTY OF DEATH 3a. Douglas
TYPE OR PRINT IN PERMANENT BLACK INK	CITY, TOWN, OR LOCATION OF DEATH 3b. Zephyr Cove		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 309 Seminole Way	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. 7	SEX 4. Female
	RACE—(e.g., White, Black, American Indian, etc) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 89	UNDER 1 YEAR MOS : DAYS 7b. :
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	STATE OF BIRTH (If not U.S.A., name country) 9a. Massachusetts	CITIZEN OF WHAT COUNTRY 9b. USA	Decedent's Education. Specify highest grade completed. 10. 12	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Widowed	SURVIVING SPOUSE (If wife, give maiden name) 12.
	SOCIAL SECURITY NUMBER 13. 2846	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Clerk	379	KIND OF BUSINESS OR INDUSTRY 14b. City Housing Authority	712
PARENTS	RESIDENCE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Zephyr Cove	STREET AND NUMBER 15d. 309 Seminole Way	INSIDE CITY LIMITS (Specify Yes or No) 15e. No
	FATHER—NAME First Middle Last 16.		MOTHER—MAIDEN NAME First Middle Last 17.		
DISPOSITION	INFORMANT—NAME (Type or Print) 18a. George Fournier - Son		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 309 Seminole Way, Zephyr Cove, Nevada 89448		
	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Removal-Burial	CEMETERY OR CREMATORY—NAME 19b. St. Peter's Cemetery	LOCATION City or Town State 19c. Danbury, Connecticut		
CERTIFIER	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>	FUNERAL DIRECTOR LICENSE NUMBER 20b. 36	NAME AND ADDRESS OF FACILITY 20c. FitzHenry's Funeral Home 01 833 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. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 21b. February 14, 1997		21c. HOUR OF DEATH 0400		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Brooks Martin M.D., 1090 Third Street, South Lake Tahoe, California 96150
CAUSE OF DEATH	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>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 22b.		22c. HOUR OF DEATH 22d. ON 22e. AT		
	22a. ON		22e. AT		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	REGISTRAR 24a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. 2-14-1997	DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death		
CAUSE OF DEATH	PART I (a) Congestive Heart Failure	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death 2 weeks	
	(b) Aortic Stenosis	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death 2 Years	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY 26. No	(Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 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.	CITY OR TOWN	STATE



STATE REGISTRAR

No. 107443

[Signature]

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

Date Issued: **MAR 18 1997**

State Registrar

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