



# 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

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

1. DECEASED—NAME First Middle Last <b>Rollin W. HAIGHT</b>			2. DATE OF DEATH (Month, Day, Year) <b>May 29, 1998</b>		3a. COUNTY OF DEATH <b>Douglas</b>																					
3b. CITY, TOWN OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>Valley Meadows Care Center</b>			If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. <b>Inpatient</b>		4. SEX <b>Male</b>																			
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>White</b>		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) <b>85</b>		7b. UNDER 1 YEAR MOS : DAYS		7c. UNDER 1 DAY HOURS : MINS		8. DATE OF BIRTH (Mo., Day, Yr.) <b>June 2, 1912</b>																
9a. STATE OF BIRTH (If not U.S.A., name country) <b>Washington</b>		9b. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		10. Decedent's Education. Specify highest grade completed. <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (If wife, give maiden name) <b>Mary E. Wilson</b>																		
13. SOCIAL SECURITY NUMBER <b>8903</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Lithographer</b>			14b. KIND OF BUSINESS OR INDUSTRY <b>Printing Industry</b>																					
15a. RESIDENCE—STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN, OR LOCATION <b>Gardnerville</b>		15d. STREET AND NUMBER <b>1272 Kings Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>																		
16. FATHER—NAME First Middle Last <b>Mandy Haight</b>			17. MOTHER—MAIDEN NAME First Middle Last <b>Kate Abbott</b>																							
18a. INFORMANT—NAME (Type or Print) <b>Mary Haight</b>				18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>1272 Kings Lane, Gardnerville, Nv. 89410</b>																						
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>			19b. CEMETERY OR CREMATORY—NAME <b>FitzHenry's Crematory</b>			19c. LOCATION City or Town State <b>Carson City, Nevada</b>																				
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>			20b. FUNERAL DIRECTOR LICENSE NUMBER <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home, 1555 Hwy 395, Minden, Nevada 89423</b>																					
21a. To the best of my knowledge, death occurred on the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>			21b. DATE SIGNED (Mo., Day, Yr.) <b>6/1/98</b>			21c. HOUR OF DEATH <b>0025</b>			21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>David S. Hoskins, M.D., P. O. Box 2200, Gardnerville, Nevada</b>			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>			22b. DATE SIGNED (Mo., Day, Yr.)			22c. HOUR OF DEATH			22d. ON			22e. AT		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) <b>David S. Hoskins, M.D., P. O. Box 2200, Gardnerville, Nevada</b>						23b. LICENSE NUMBER <b>4628</b>																				
24a. REGISTRAR (Signature) <i>[Signature]</i>			24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>June 2 1998</b>			24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																				
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))												Interval between onset and death														
PART I	(a) <b>Sudden Cardiac Death</b>											Interval between onset and death														
	(b) <b>Coronary Artery Disease</b>											Interval between onset and death														
	(c) <b>Aspergilliosis</b>											Interval between onset and death														
PART II	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Gastroesophageal Reflux Disease, CVA, Abd. Aortic Aneurysm</b>											26. AUTOPSY (Specify Yes or No) <b>No</b>			27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>											
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED <b>Struck by train</b>																				
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. 132545

*[Signature]*  
Yvonne Sylva

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

Date Issued JUN 02 1998

0446204

State Registrar

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EXHIBIT "A"

all that real property in the County of Douglas, State of Nevada, being Assessor's Parcel Number 25-372-11, specifically described as:

1220-04-112-015

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Lot 42, as shown on the official map of KINGSLANE UNIT NO. 2, filed in the office of the County Recorder of Douglas County, Nevada, on December 20, 1971, in Book 94, Page 517, as File No. 55958.

A.P.N. 25-372-11 1220-04-112-015

THIS DOCUMENT IS BEING RECORDED AS AN ACCOMMODATION ONLY WITHOUT LIABILITY ON THE PART OF WESTERN TITLE COMPANY, INC. OR THE SUFFICIENCY HEREOF OR FOR THE CONDITION OF TITLE.

COPY

REQUESTED BY  
WESTERN TITLE COMPANY, INC.  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'98 AUG -4 A11 :58

LINDA SLATER  
RECORDER

9.00 PAID K2 DEPUTY

0446204

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