

CERTIFICATION STATEMENT

This is to certify, that this is a true and correct copy of the vital statistics record which is on file in this office.

Curtiss E. Weidner, M.D.

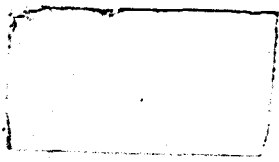
SEAL

Ardis Wise
 Deputy Registrar
NOV 20 1992
 Registrar of Vital Statistics
 El Dorado County, California Date

CERTIFICATE OF DEATH
 STATE OF CALIFORNIA
 USE BLACK INK ONLY

3-92-09-000530

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER					
1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE		1C. LAST (FAMILY)		2A. DATE OF DEATH—MO. DAY, YR.		2B. HOUR	3. SEX
STANLEY	LOUIS		MARTIN		SEPTEMBER 11, 1992		0447	M
4. RACE	5. HISPANIC—SPECIFY			6. DATE OF BIRTH—MO. DAY, YR.		7. AGE IN YEARS	IF UNDER 1 YEAR	IF UNDER 24 HOURS
White	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			FEBRUARY 13, 1937		55	MONTHS	DAYS
8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY		10A. FULL NAME OF FATHER		10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER		11B. STATE OF BIRTH
CA	U.S.A.		Harold E. Martin		WI	Alma Crotteaw		MN
12. MILITARY SERVICE?		13. SOCIAL SECURITY NO.		14. MARITAL STATUS		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)		
19 57 TO 1963 <input type="checkbox"/> NONE		8219		Married		Louise Bidegain		
16A. USUAL OCCUPATION		16B. USUAL KIND OF BUSINESS OR INDUSTRY		16C. USUAL EMPLOYER		16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED	
Partner/Owner		Campground		Self-Employed		21	12	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION						18B. CITY		18C. ZIP CODE
283 Chukar Dr.						Cave Rock		89448
18D. COUNTY			18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT		
Douglas			16	Nevada		Louise Martin - Wife P.O. Box 103 Zephyr Cove, NV 89448		
19A. PLACE OF DEATH			19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY				
Barton Memorial Hospital			ER/OP	El Dorado				
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION				19E. CITY		TIME INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORNER? REFERRAL NUMBER	
4th and South Ave.				So. Lake Tahoe			<input checked="" type="checkbox"/> YES 92-17831 <input type="checkbox"/> NO	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)						23. WAS BIOPSY PERFORMED?		
IMMEDIATE CAUSE (A) Pending						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
DUE TO (B)						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
DUE TO (C)						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21						26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.		
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER		27C. CERTIFIER'S LICENSE NUMBER		27D. DATE SIGNED	
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR		DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS				
I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.				28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER		28B. DATE SIGNED		
				<i>E. P. Chubb</i> Deputy Coroner		9-14-92		
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined			30A. PLACE OF INJURY		30B. INJURY AT WORK	30C. DATE OF INJURY	31. HOUR	
Natural					<input type="checkbox"/> YES <input type="checkbox"/> NO	MONTH, DAY, YEAR		
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)					33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
34A. DISPOSITION(S)		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS			34C. DATE	35A. SIGNATURE OF EMBALMER		35B. LICENSE NUMBER
BU		Happy Homestead Cemetery So. Lake Tahoe, CA			9-15-92	<i>Peter Drachlis</i>		6466
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)			36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR		38. REGISTRATION DATE		
McFarlane Mortuary			FD-1180	<i>Curtiss E. Weidner</i>		9-14-92, M. Mc		
A.	B.	C. BK 1298 PG 3116			E. 04564	F. 1	CENSUS TRACT	



COPY

REQUESTED BY
STEWART TITLE of DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'98 DEC 11 P3:22

0456411
BK1298PG3118

LINDA SLATER
RECORDER
\$10 PAID 10 DEPUTY