

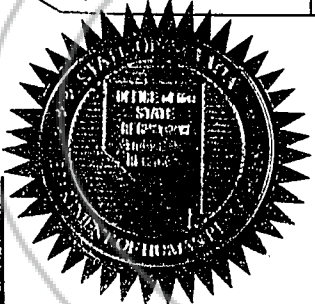


# STATE OF NEVADA

## 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			STATE FILE NUMBER											
	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)			COUNTY OF DEATH								
	1. Frank L. DIETRICH			2. December 14, 1998			3a. Carson City								
	CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)			If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)			SEX					
DECEDENT	3b. Carson City			3c. Carson-Tahoe Hospital			3e. Inpatient			4. Male					
	RACE—(e.g., White, Black, American Indian, etc.) (Specify)			Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.			AGE—Last Birthday (Years)			UNDER 1 YEAR UNDER 1 DAY			DATE OF BIRTH (Mo., Day, Yr.)		
5. White			6.			7a. 92			7b. : : 7c. : :			8. April 17, 1906			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	STATE OF BIRTH (If not U.S.A., name country)			CITIZEN OF WHAT COUNTRY			Decedent's Education. Specify highest grade completed.			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			SURVIVING SPOUSE (If wife, give maiden name)		
	9a. California			9b. U.S.A.			10. 8			11. Widowed			12.		
	SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)			KIND OF BUSINESS OR INDUSTRY								
	13. 1039			14a. Plumber			14b. Construction								
PARENTS	RESIDENCE—CITY			COUNTY			CITY, TOWN, OR LOCATION			STREET AND NUMBER			INSIDE CITY LIMITS (Specify Yes or No)		
	15a. Nevada			15b. Douglas			15c. Gardnerville			15d. 617 Kathy Court			15e. Yes		
	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last											
16. Max Dietrich			17. Elizabeth Lester												
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)												
18a. Jeanine Nina Sheffield - Dtr.			18b. P. O. Box 1778, Gardnerville, Nevada 89410												
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—NAME			LOCATION City or Town State								
	19a. Cremation			19b. FitzHenry's Crematory			19c. Carson City, Nevada								
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)			FUNERAL DIRECTOR LICENSE NUMBER			NAME AND ADDRESS OF FACILITY									
20a. [Signature]			20b. 217			20c. Home, 1380 Hwy 395, Gardnerville, Nevada 89410									
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.			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)			(Signature and Title)											
	DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH			DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH					
	21b. 12-15-98			21c. 1610			22b.			22c.					
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. ON			22e. AT								
	21d.														
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)			LICENSE NUMBER												
23a. B. Bottenberg, D.O., 1540 Hwy 395, Gardnerville, Nevada 89410			23b. D0674												
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			DEATH DUE TO COMMUNICABLE DISEASE								
	24a. [Signature]			24b. December 15, 1998			24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						Interval between onset and death								
	PART I (a) Respiratory failure			DUE TO, OR AS A CONSEQUENCE OF:											
	(b) pneumonia			DUE TO, OR AS A CONSEQUENCE OF:											
	(c)			DUE TO, OR AS A CONSEQUENCE OF:											
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.			AUTOPSY (Specify Yes or No)			WAS CASE REFERRED TO CORONER (Specify Yes or No)									
			26. No			27. Yes									
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)			DATE OF INJURY (Mo., Day, Yr.)			HOUR OF INJURY			DESCRIBE HOW INJURY OCCURRED						
28a.			28b.			28c. M			28d.						
INJURY AT WORK (Specify Yes or No)			PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			LOCATION.			STREET OR R.F.D. No. CITY OR TOWN STATE						
28e.			28f.			28g.									



STATE REGISTRAR

No. 139117

*Sylvia*

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

Date Issued DEC 15 1998

State Registrar

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WESTERN TITLE COMPANY, INC.

IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA

'98 DEC 30 P12:14

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LINDA SLATER  
RECORDER  
PAID DEPUTY