## **AFFIDAVIT - DEATH OF JOINT TENANT**

	1320-33-411-002 APÑ
Patricia R. Thorpe says:	, of legal age, being first duly sworn, deposes and
That John E. Thorpe	, the decedent mentioned in the attached certified
copy	
of Certificate of Death, is the same person as John	E. Thorpe
named as one of the parties in that certain Joint Te	enancy Deed dated December 16, 1992
executed by John E. Thorpe, Trustee and Patricia	R. Thorpe, Trustee
to John E. Thorpe and Patricia R. Thorpe, husband	I and wife
as joint tenants, recorded as Instrument No.295815	5, on <u>December 22, 1992</u> , in
Book <u>1292</u> , Page <u>3607</u>	, of Official Records of <u>Douglas</u>
County, Nevada, covering the following described p	property situated in the
, Coul	nty of Douglas, State of Nevada:
Recorder of Douglas County, Nevada, on April 8,	of Heritage Square Townhouses, filed for record in the office of the County 1986 in Book 486, at Page 793, as Document No. 133158.  IT IS RECORDED AS AN ACCOMODATION ONLY IN IT IS A TOTAL ONLY I
and without liabili sufficiency of said the property involved	instrument or for the effect of such recording on the interest
property described, did not then exceed the sum of	wned by said decedent at date of death, including the full value of the f s n/a
Dated 7-17-00	
ARIZONA STATE OF NEVADA  COUNTY OF Maricapa	ss. Surviving Joint Tenant Patricial Thorf
This instrument was acknowledged before me on	
7-17-00 by Patricia R. Thorpa.	PEGGY JACKSON Notary Public - Arizona Maricopa County My Commission Expires Feb. 3, 2004
	(This area for official notarial seal)
Title Order No.	Escrow or Loan No.
83378 EAC	SPACE BELOW THIS LINE FOR RECORDER'S USE
RECORDING REQUESTED BY Western Title Company, Inc. AND WHEN RECORDED MAIL TO	
Name Patricia Thorpe Street Address 4343 E. Walnut PD.	
City, State Gilbert Og 85236	

0498052 BK0800PG3736



## WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS
Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

ROLL 97 IMAGE 130

CERTIFICATE OF DEATH

1. John Edwin THORPE 2. April 25 1999 32. Washoe Start Control of the Rest Control of	1. John THORPE 2. April 25 1999 12 Washoe  1. John THORPE 2. April 25 1999 12 Washoe  2. Sparks 2. 26 65 Spice Island Drive  2. Sparks 3. 665 Spice Island Drive  3. Washoe  4. Washoe  5. Washoe  6.	1. JOHN DEATH PROPERTY OF BEATH THORSE SERVICE ITS APRIL 25 1999 SA WAS DO THE TOWN OF THE PROPERTY OF THE PRO	LOCAL FILE DECEASED—NAME	
This is to certify that the above is a true and cursus.    A	MALE  S. SPIKS	STATE PRINCE FOR A CHARLES OF THE A STATE PROPERTY OF	π. [	
This is to certify that the above is a true and legal copy of the certificate on file in this office.  **No. 144906**  **No. 1	S SPAR'S  S SPAR	Sparks Sparks Spark Spar	UTI	
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NAME AND ADDRESS OF CERTIFIER IPHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER! (Type or Print.)  22a. Vetnon O McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520  23b. WCC S. 35  DATE REGISTRAR  DATE RECISIVED BY REGISTRAR (Ma. Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE 24a. (Signature)  25b. May 10, 1999  24c. YES NOW  Interval between onset and 268  Dep. 24b. May 10, 1999  24c. YES NOW  Interval between onset and 268  Dep. 24b. May 10, 1999  24c. YES NOW  Interval between onset and 268  Interval between onset and 268  Interval between onset and 268  (b)  OUE TO, OR AS A CONSEQUENCE OF:  Interval between onset and 268  Interval between onset an	NAME AND ADDRESS OF CERTIFIER IPHYSICIAN. ATTENDING PHYSICIAN, MEDICAL EXAMINER. OR CORONER). (Type or Print.)  23a. Vernon O McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520  23b. WCC S. 35  REGISTRAR  22a. (Signature)  Dep.  22a. (Signature)  Dep.  22a. (Signature)  Dep.  22b. May 10, 1999  24c. YES NOW  Interval between onset and 288  DUE TO. OR AS A CONSEQUENCE OF.  (b)  Due TO. OR AS A CONSEQUENCE OF.  (c)  PART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to cealth but not resulting in the underrying cause given in Part 1. AUTOPSY (Specify) Was CASE REFERRED TO CORONER (Specify) Yes or Nov.  26. Yes  ACC SUICIDE HOM., UNDET. OATE OF INJURY, Mc. Day, Yes Judicing, etc. (Specify)  28b.  STATE REGISTRAR  This is to certify that the above is a true and legal copy of the certificate on file in this office.  Deputy Registrar  Date: MAY 1 1 1999	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)  23a. Vernon O McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520  23b. WCC S. 33  DATE RECEIVED BY REGISTRAR (Mc. Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE  24a. (Signature)  Dep. 24b. May 10, 1999  24c. YES NAMEDIATE CAUSE  [ENTER ONLY ONE CAUSE PER LINE FOR (a), th), AND (c).)  PART (a) Atherosclerotic cardiovascular disease  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 1. AUTOPSY Yes or Not CORONER (Specify Yes or Not 28. Yes 200)  ACC. SUICIDE HOM. UNDET. DATE OF INJURY (Mo. Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY COCURRED  PLACE OF INJURY—At home, larm-street, factory, office building, etc. (Specify)  28b. M2 28c.  No. 144906  No. 144906  Deputy Registrar: Date: MAY 1 1 1999	AGE DATE SIGNE	1000 of Seattle (Mo. Say, 71.)
NAME AND ADDRESS OF CERTIFIER IPHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER! (Type or Print.)  22a. Vetnon O McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520  23b. WCC S. 35  DATE REGISTRAR  DATE RECISIVED BY REGISTRAR (Ma. Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE 24a. (Signature)  25b. May 10, 1999  24c. YES NOW  Interval between onset and 268  Dep. 24b. May 10, 1999  24c. YES NOW  Interval between onset and 268  Dep. 24b. May 10, 1999  24c. YES NOW  Interval between onset and 268  Interval between onset and 268  Interval between onset and 268  (b)  OUE TO, OR AS A CONSEQUENCE OF:  Interval between onset and 268  Interval between onset an	NAME AND ADDRESS OF CERTIFIER IPHYSICIAN. ATTENDING PHYSICIAN, MEDICAL EXAMINER. OR CORONER). (Type or Print.)  23a. Vernon O McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520  23b. WCC S. 35  REGISTRAR  22a. (Signature)  Dep.  22a. (Signature)  Dep.  22a. (Signature)  Dep.  22b. May 10, 1999  24c. YES NOW  Interval between onset and 288  DUE TO. OR AS A CONSEQUENCE OF.  (b)  Due TO. OR AS A CONSEQUENCE OF.  (c)  PART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to cealth but not resulting in the underrying cause given in Part 1. AUTOPSY (Specify) Was CASE REFERRED TO CORONER (Specify) Yes or Nov.  26. Yes  ACC SUICIDE HOM., UNDET. OATE OF INJURY, Mc. Day, Yes Judicing, etc. (Specify)  28b.  STATE REGISTRAR  This is to certify that the above is a true and legal copy of the certificate on file in this office.  Deputy Registrar  Date: MAY 1 1 1999	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)  23a. Vernon O McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520  23b. WCC S. 33  DATE RECEIVED BY REGISTRAR (Mc. Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE  24a. (Signature)  Dep. 24b. May 10, 1999  24c. YES NAMEDIATE CAUSE  [ENTER ONLY ONE CAUSE PER LINE FOR (a), th), AND (c).)  PART (a) Atherosclerotic cardiovascular disease  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 1. AUTOPSY Yes or Not CORONER (Specify Yes or Not 28. Yes 200)  ACC. SUICIDE HOM. UNDET. DATE OF INJURY (Mo. Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY COCURRED  PLACE OF INJURY—At home, larm-street, factory, office building, etc. (Specify)  28b. M2 28c.  No. 144906  No. 144906  Deputy Registrar: Date: MAY 1 1 1999	02 21b.	21c. 8 22b. May 10, 1999 22c. 1138
NAME AND ADDRESS OF CERTIFIER IPHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER! (Type or Print.)  22a. Vetnon O McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520  23b. WCC S. 35  DATE REGISTRAR  DATE RECISIVED BY REGISTRAR (Ma. Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE 24a. (Signature)  25b. May 10, 1999  24c. YES NOW  Interval between onset and 268  Dep. 24b. May 10, 1999  24c. YES NOW  Interval between onset and 268  Dep. 24b. May 10, 1999  24c. YES NOW  Interval between onset and 268  Interval between onset and 268  Interval between onset and 268  (b)  OUE TO, OR AS A CONSEQUENCE OF:  Interval between onset and 268  Interval between onset an	NAME AND ADDRESS OF CERTIFIER IPHYSICIAN. ATTENDING PHYSICIAN, MEDICAL EXAMINER. OR CORONER). (Type or Print.)  23a. Vernon O McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520  23b. WCC S. 35  REGISTRAR  22a. (Signature)  Dep.  22a. (Signature)  Dep.  22a. (Signature)  Dep.  22b. May 10, 1999  24c. YES NOW  Interval between onset and 288  DUE TO. OR AS A CONSEQUENCE OF.  (b)  Due TO. OR AS A CONSEQUENCE OF.  (c)  PART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to cealth but not resulting in the underrying cause given in Part 1. AUTOPSY (Specify) Was CASE REFERRED TO CORONER (Specify) Yes or Nov.  26. Yes  ACC SUICIDE HOM., UNDET. OATE OF INJURY, Mc. Day, Yes Judicing, etc. (Specify)  28b.  STATE REGISTRAR  This is to certify that the above is a true and legal copy of the certificate on file in this office.  Deputy Registrar  Date: MAY 1 1 1999	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)  23a. Vernon O McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520  23b. WCC S. 33  DATE RECEIVED BY REGISTRAR (Mc. Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE  24a. (Signature)  Dep. 24b. May 10, 1999  24c. YES NAMEDIATE CAUSE  [ENTER ONLY ONE CAUSE PER LINE FOR (a), th), AND (c).)  PART (a) Atherosclerotic cardiovascular disease  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 1. AUTOPSY Yes or Not CORONER (Specify Yes or Not 28. Yes 200)  ACC. SUICIDE HOM. UNDET. DATE OF INJURY (Mo. Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY COCURRED  PLACE OF INJURY—At home, larm-street, factory, office building, etc. (Specify)  28b. M2 28c.  No. 144906  No. 144906  Deputy Registrar: Date: MAY 1 1 1999	NAME OF AT	120
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)  23a. Vernon O McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520  23b. WCC S. 35  REGISTRAR  DATE RECEIVED BY REGISTRAR (Moc. Day, Vr.) DEATH FOR COMMUNICABLE DISEASE  24a. (Signature)  Dep. 24b. May 10, 1999  24c. YES NOK  Interval between onset and 36s  Interval between onset and 36s  OUE 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 1. AUTOPSY (Pes or Not)  26. Yes or Not)  27. Yes  ACC. SUICIDE HOM, UNDET.  OATE OF INJURY—At home, farm-street, factory, office building, etc. (Specify)  28c.  STATE REGISTRAR  This is to certify that the above is a true and legal copy of the certificate on file in this office.	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER, OR CORCNER). (Type or Print.)  223. Vernon 0 McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520  225. WCC S. 35  REGISTRAR  24a. (Signature)  Dep. 24a. (Signature)  25. Indexos Length Conditions Conditions Contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY (Specify) Tes or Not Coroner (Specif	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER, OR CORGNER). (Type or Print.)  23a. Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520  23b. WCC S. 35  DATE RECEIVED BY REGISTRAR M(b., Day, Yr.)  DATE RECEIVED BY REGISTRAR M(b., Day, Yr.)  24c. YES DATE NUMBER  24c. (Signature)  25. IMAEDIATE CAUSE  (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  PART  (a) Atherosclerotic cardiovascular disease  DUE TO, OR AS A CONSEQUENCE OF.  (b)  DUE TO, OR AS A CONSEQUENCE OF.  (c)  DUE TO, OR AS A CONSEQUENCE OF.  (c)  DUE TO, OR AS A CONSEQUENCE OF.  (d)  ACC. SUICIDE HOM. UNDET.  OATE OF INJURY, Mol. Day, Yr.) HOUR OF INJURY  DESCRIBE HOW INJURY OCCURRED  ACC. SUICIDE HOM. UNDET.  OATE OF INJURY ALL HOME. Tarms street. Tactory, office building, etc. (Specify)  28c. M 28c.  PLACE OF INJURY—All home. Tarms street. Tactory, office building, etc. (Specify)  28c. M 28c.  STATE REGISTRAR  This is to certify that the above is a true and legal copy of the certificate on file in this office.  Deputy Registrar:  DATE: MAY 1 1 1999  DATE MAY 1 1 1 1999  DATE MAY 1 1 19	☐ 21d.	22d ON April 25,1999 22e AT 1138
Dep. Date received by registrar (Mo., Day, Yr.) Death due to Communicable disease  24a. (Signature)  25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  PART (a) Atherosclerotic cardiovascular disease  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 1. (AUTOPSY Yes or No)  26. Yes (Specify Yes or No)  27. Yes  ACC. SUICIDE HOM, UNDET. OR PENDING INVEST. (Specify Yes or No)  28b. 28c. M 28a.  PLACE OF INJURY—At home, tarm street, factory, office building, etc. (Specify)  28f.  STATE REGISTRAR  This is to certify that the above is a true and legal copy of the certificate on file in this office.	Dep DATE RECEIVED BY REGISTRAR (No., Day, Vr.) DEATH DUE TO COMMUNICABLE DISEASE  24a. (Signature)  Dep 24b. May 10, 1999  24c. YES NOW  24c. YES NOW  Interval between onset and Death  DUE TO, OR AS A CONSEQUENCE OF:  Interval between onset and Death  DUE TO, OR AS A CONSEQUENCE OF:  Interval between onset and Death  DUE TO, OR AS A CONSEQUENCE OF:  Interval between onset and Death  DUE TO, OR AS A CONSEQUENCE OF:  Interval between onset and Death  Interval between onset and Death  DUE TO, OR AS A CONSEQUENCE OF:  Interval between onset and Death  Interval between onset and Death  DUE TO, OR AS A CONSEQUENCE OF:  Interval between onset and Death  Interval between Onseth  Interval	Dep. Date Received By Registrar (Mic. Day, Yr.) DEATH Due to Communicable Disease  24a. (Signature)  25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (ci.))  PART (a) Atherosclerotic cardiovascular disease  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. AUTOPSY (Specify Was Case Reference to Yes or Not)  26. Yes or Not)  ACC. Sulciple: How, under.  OR PENDING INVEST.  Green Inversal between onset and case interval between onset	NAME AND A	
Dep Date received by registrar (Mo. Day, Yr.) Death due to Communicable disease  24a. (Signature)  25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a). (b), AND (c).)  PART (a) Atherosclerotic cardiovascular disease  (b) Due to. or as a consequence of:  (c) Due to. or as a consequence of:  (d) Due to. or as a consequence of:  (e) Due to. or as a consequence of:  (f) Due to. or as a consequence of:  (g) Other significant conditions—Conditions contributing to death but not resulting in the underlying cause given in Part 1. (Specify Yes or No)  26. Yes (Specify Yes or No)  27. Yes  ACC. Sulicide. How., Under., Oareon invest., Oareon invest., (Specify Specify Yes or No)  28b. Date of invest., (Specify Specify Yes or No)  28c. M 28c.  PLACE OF INJURY—At home, Jam: street, factory, office building, etc. (Specify)  28c.  STATE REGISTRAR  This is to certify that the above is a true and legal copy of the certificate on file in this office.	DATE REGISTRAR   DATE RECEIVED BY REGISTRAR   Mo. Day, Vr.   DEATH DUE TO COMMUNICABLE DISEASE    24a. (Signature)   Deputy Registrar:   Deputy Registrar:   Date May 10, 1999   Death Due To Communicable Disease    DATE RECEIVED BY REGISTRAR   Mo. Day, Vr.   DEATH DUE TO COMMUNICABLE DISEASE    DATE RECEIVED BY REGISTRAR   Mo. Day, Vr.   DEATH DUE TO COMMUNICABLE DISEASE    24a. (Signature)   Deputy Registrar:   Deputy Registrar:   Date Received By Registrar   Date: May 10, 1999   Death Due To Communicable Disease    Deputy Registrar:   Date Received By Registrar   Date: May 10, 1999   Death Due To Communicable Disease    Deputy Registrar:   Date Received By Registrar   Death Due To Communicable Disease    Deputy Registrar:   Death Due To Communicable Disease    Deputy Registrar:   Date Received By Registrar   Death Due To Communicable Disease    Deputy Registrar:   Date   Date   Date    Deputy Registrar   Death Due To Communicable Disease    Deputy Registrar   Date   Death Due To Communicable Disease    Deputy Registrar   Death Due To Communicable Disease    Death Death Due To Communicable Disease    Interval between onset and ceal	Dep. Date Received By Registrar (Mic. Day, Yr.) DEATH Due to Communicable Disease  24a. (Signature)  25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (ci.))  PART (a) Atherosclerotic cardiovascular disease  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. AUTOPSY (Specify Was Case Reference to Yes or Not)  26. Yes or Not)  ACC. Sulciple: How, under.  OR PENDING INVEST.  Green Inversal between onset and case interval between onset	202 77	0 W 0 - 1 0 D 0 D 11100 D 37 1 00500 120 TICC C 25
Dep. 24b. May 10, 1999  24c. YES: NOX  25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a). (b). AND (c).)  PART (a) Atherosclerotic cardiovascular disease  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 1. AUTOPSY (Specify Yes or No)  26. Yes or No)  ACC., SUICIDE, HOM., UNDET., OR AFFOR INJURY, Mo., Day, Y.J. HCUR OF INJURY OR PENDING INVEST.  (Seemy)  ACC. SUICIDE, HOM., UNDET., OBJECT INJURY—At home, farm, street, factory, office building, etc. (Specify)  28c. M 28c.  PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)  STATE REGISTRAR  This is to certify that the above is a true and legal copy of the certificate on file in this office.	Dep. 24b. May 10, 1999  24c. YES NOW  25. MMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (ci.)  PART (a) Atherosclerotic cardiovascular disease  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 1. AUTOPSY Yes or Not 27. Yes  ACC., SUICIDE, HOM., UNDET., OATE OF INJURY, Mo. Day, Yes   HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED OR PRINTING INVEST.  28b. PLACE OF INJURY—At home, farm, street, factory, office building, etc., (Specify)  28c. M 28d.  STATE REGISTRAR  This is to certify that the above is a true and legal copy of the certificate on file in this office.  Deputy Registrar:  Date: MAY 1 1 1999	Dep. 24b. May 10, 1999  24c. YES NOW  25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a). (b). AND (c).)  PART (a) Atherosclerotic cardiovascular disease  OUE TO, OR AS A CONSEQUENCE OF.  (b) OUE TO, OR AS A CONSEQUENCE OF.  (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY (Specify Yes of Not)  ACC., SUICIDE, HOM., UNDET. OATE OF INJURY (Mo. Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED  OAR PENDING INVEST.  28b.  PLACE OF INJURY—At home. Itam: extrest, factory, office building, etc. (Specify)  28c.  STATE REGISTRAR  This is to certify that the above is a true and legal copy of the certificate on file in this office.  Deputy Registrar:  Date: MAY 11 1999  ACC. SUICIDE. HOM. UNDET. DATE OF INJURY—At home. Itam: extrest, factory, office building, etc. (Specify)  28c.  Deputy Registrar:  Date: MAY 1 1 1999		
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PART (a) Atherosclerotic cardiovascular disease    DUE TO, OR AS A CONSEQUENCE OF.   Interval between onset and case	PART (a) Atherosclerotic cardiovascular disease    DUE TO, OR AS A CONSEQUENCE OF.   Interval between onset and sea	PART (a) Atherosclerotic cardiovascular disease    Due to, or as a consequence of:	E 24a. (Signature) (>	Walker Dep. 246. May 10, 1999 24c. YES□ NO. M
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 1. AUTOPSY  Yes or No.  26. Yes  ACC., SUICIDE, HOM., UNIDET., OATE OF INJURY, Mo., Day, Yr.J. HCUR OF INJURY  DESCRIBE HOW INJURY OCCURRED  ACC., SUICIDE, HOM., UNIDET., OATE OF INJURY, Mo., Day, Yr.J. HCUR OF INJURY  28c.  M. 28d.  PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)  28f.  STATE REGISTRAR  This is to certify that the above is a true and legal copy of the certificate on file in this office.	DUE TO, OR AS A CONSEQUENCE OF:    Interval between onset and ceal	DUE TO, OR AS A CONSEQUENCE OF:    DUE TO, OR AS A CONSEQUENCE OF:   Interval between onset and call	25. IMMEDIATE CAUSE	(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
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WESTERN TITLE COMPANY, INC.

IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA

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