

CERTIFICATION OF VITAL RECORD

**EL DORADO COUNTY
HEALTH DEPARTMENT
PLACERVILLE, CALIFORNIA**

CERTIFICATE OF DEATH **03-94-09 000522**
STATE OF CALIFORNIA LOCAL REGISTRATION NUMBER
USE BLACK INK ONLY/NO ERASURES, WHITESOUTE OR ALTERATIONS VS-11 (REV. 7/93)

STATE FILE NUMBER		1. NAME OF DECEDENT—FIRST (GIVEN) Nancy		2. MIDDLE Marie		3. LAST (FAMILY) Hohloch	
4. DATE OF BIRTH MM/DD/CCYY 12/31/1938		5. AGE YRS. 55		6. SEX F		7. DATE OF DEATH MM/DD/CCYY 08/08/1994	
8. HOURS 1805		9. STATE OF BIRTH NJ		10. SOCIAL SECURITY NO. 7223		11. MILITARY SERVICE 19 TO 19 <input checked="" type="checkbox"/> NONE	
12. MARITAL STATUS Married		13. EDUCATION—YEARS COMPLETED 14		14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. USUAL EMPLOYER Self		17. OCCUPATION Homemaker		18. KIND OF BUSINESS Homemaking		19. YEARS IN OCCUPATION 30	
20. RESIDENCE—STREET AND NUMBER OR LOCATION 3801 Old Ox Rd							
21. CITY Shingle Springs		22. COUNTY El Dorado		23. ZIP CODE 95682		24. YRS IN COUNTY 09	
25. STATE OR FOREIGN COUNTRY CA		26. NAME, RELATIONSHIP Hans E Hohloch, Husband					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 3801 Old Ox Rd Shingle Springs, CA 95682							
28. NAME OF SURVIVING SPOUSE—FIRST Hans		29. MIDDLE E		30. LAST (MAIDEN NAME) Hohloch			
31. NAME OF FATHER—FIRST George		32. MIDDLE -		33. LAST Schragle		34. BIRTH STATE GDR	
35. NAME OF MOTHER—FIRST Marie		36. MIDDLE -		37. LAST (MAIDEN) Hack		38. BIRTH STATE GDR	
39. DATE MM/DD/CCYY 08/11/1994		40. PLACE OF FINAL DISPOSITION Westwood Hills Memorial Park, Placerville, CA 95667					
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER Not Embalmed				43. LICENSE NO.	
44. NAME OF FUNERAL DIRECTOR Chapel of the Pines Funeral Home		45. LICENSE NO. 1129		46. SIGNATURE OF LOCAL REGISTRAR <i>Richard D. Welch, M.D.</i>		47. DATE MM/DD/CCYY 08/09/1994	
101. PLACE OF DEATH Residence		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input checked="" type="checkbox"/> RES. <input type="checkbox"/> OTHER		104. COUNTY El Dorado	
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 3801 Old Ox Rd						106. CITY Shingle Springs	
107. DEATH CAUSE(S) CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) Widely metastatic pancreatic carcinoma, by clinical history						108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 94-16795	
109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY DECEDENT LAST BEEN ALIVE MM/DD/CCYY				115. SIGNATURE AND TITLE OF CERTIFIER <i>Richard D. Welch, M.D.</i>		116. LICENSE NO.	
117. DATE MM/DD/CCYY				118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP			
119. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED				120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY	
122. HOUR				123. PLACE OF INJURY			
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)							
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>Mike Gregor</i>				127. DATE MM/DD/CCYY 08/09/1994		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER Mike Gregor, Deputy Coroner	
STATE REGISTRAR		A		B		C	
D		E		F		G	
H		FAX AUTH. #		CENSUS TRACT			

11174

SEAL

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF EL DORADO } SS

DATE ISSUED **08/16/1994**

This is a true and exact reproduction of the document officially registered and placed on file in the office of the EL DORADO COUNTY HEALTH DEPARTMENT.

Richard D. Welch, M.D.
DIRECTOR OF HEALTH SERVICES

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This copy not valid unless prepared on engraved border displaying seal and signature of County Health Director



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 000701783

Lot 9 of CENTERTOWNE TOWNHOUSES, according to the plat thereof as recorded September 23, 1980, in Book 980, Page 1781, as Document No. 48851, and as amended by that Partial Reversion to Acreage Plat recorded September 26, 1980, in Book 990, Page 3832, as Document No. 235401, Official Records of Douglas County, State of Nevada.

Assessors Parcel No.1320-32-711-009



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

2000 SEP 29 PM 1:33

LINDA SLATER
RECORDER

\$ 9.00 PAID *[Signature]* DEPUTY

0500448

BK0900PG5405