

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

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

LOCAL FILE NUMBER		STATE FILE NUMBER				
DECEASED—NAME First Middle Last 1. Prescott Cumner PERVERE		DATE OF DEATH (Month, Day, Year) 2. September 30, 2000	COUNTY OF DEATH 3a. Carson City			
CITY, TOWN OR LOCATION OF DEATH 3b. Carson City		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Carson-Tahoe Hospital	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient	SEX 4. Male		
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 82	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :	DATE OF BIRTH (Mo., Day, Yr.) 8. August 7, 1918	
STATE OF BIRTH (If not U.S.A., name country) 9a. Massachusetts	CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 16	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	SURVIVING SPOUSE (If wife, give maiden name) 12. Olive Caulkins		
SOCIAL SECURITY NUMBER 13. 9337		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Owner/Operator	KIND OF BUSINESS OR INDUSTRY 14b. Self Service Laundry			
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Minden	STREET AND NUMBER 15d. 1039 Pinion Pine Dr	INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes		
FATHER—NAME First Middle Last 16. Everett W. Pervere		MOTHER—MAIDEN NAME First Middle Last 17. Nathaline Cumner				
INFORMANT—NAME (Type or Print) 18a. Olive C. Pervere		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1039 Pinion Pine Dr., Minden, Nevada 89423				
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Truckee Meadows Crematory	LOCATION City or Town State 19c. Sparks, Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>Carroll D. Higgins</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 20	NAME AND ADDRESS OF FACILITY 20c. Reno Memorial, 253 E. Arroyo St., Reno, Nevada 89502			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>		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>		DATE SIGNED (Mo., Day, Yr.) 21b. 10/4/00		HOUR OF DEATH 22c.
DATE SIGNED (Mo., Day, Yr.) 21b. 10/4/00		HOUR OF DEATH 21c. 1950		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON		PRONOUNCED DEAD (Hour) 22e. AT
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. David S. Hoskins, M.D., P. O. Box 2200, Gardnerville, Nevada		LICENSE NUMBER 23b. 4628				
REGISTRAR 24a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. October 5 2000	DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <i>Acute Respiratory Failure</i> DUE TO, OR AS A CONSEQUENCE OF: (b) <i>Aspiration Pneumonia</i> DUE TO, OR AS A CONSEQUENCE OF: (c) <i>Chronic Dyspnea</i>		Interval between onset and death Interval between onset and death 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. <i>Bipolar Affective Disorder, Diabetes, Alcohol Abuse</i>		AUTOPSY (Specify Yes or No) 26. No		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes		
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M	DESCRIBE HOW INJURY OCCURRED 28d.			
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION. 28g.	STREET OR R.F.D. No.	CITY OR TOWN	STATE	



STATE REGISTRAR

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

Date Issued: OCT 05 2000 0503414

State Registrar

Gyonne Sylva

No.163653

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK 1100PG3029

EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: ACCM1529

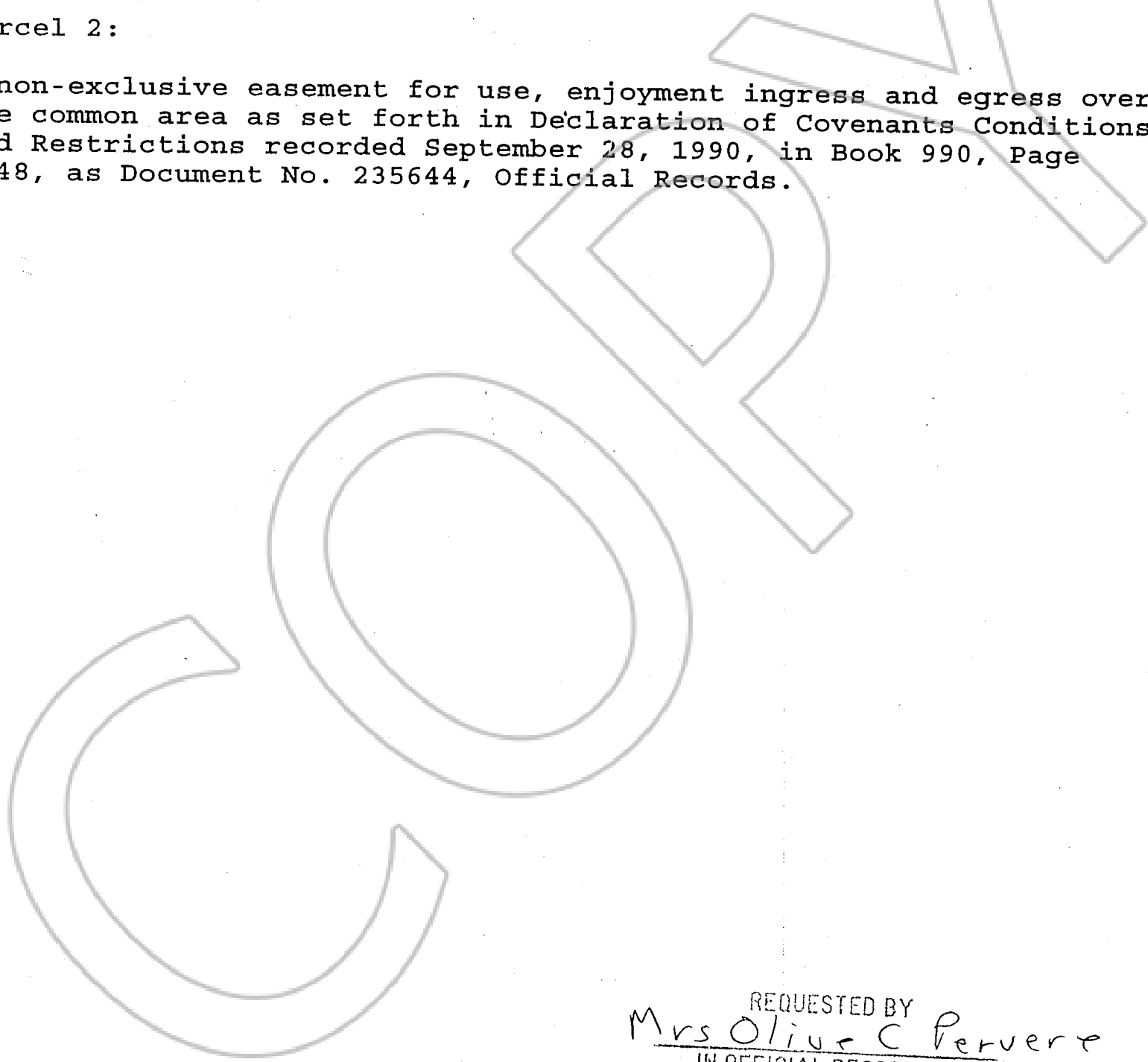
Parcel 1:

Unit 394 as shown on the Final Map No. 1008-9 for WINHAVEN, UNIT NO. 9, A PLANNED UNIT DEVELOPMENT, filed for record in the office of the County Recorder of Douglas County, Nevada on July 8, 1999, in Book 799 of Official Records at Page 1253, as Document No. 472099.

Assessors Parcel No. 1320-29-119-030

Parcel 2:

A non-exclusive easement for use, enjoyment ingress and egress over the common area as set forth in Declaration of Covenants Conditions and Restrictions recorded September 28, 1990, in Book 990, Page 4348, as Document No. 235644, Official Records.



REQUESTED BY
Mrs Olive C Pervere
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 NOV 16 AM 11:05

LINDA SLATER
RECORDER

\$ 9.00 PAID KJ DEPUTY

0503414

BK 1100PG3030