



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

Form with fields for Decedent Personal Data, Usual Residence, Informant, Spouse and Parent Information, Disposition(s), Funeral Director and Local Registrar, Place of Death, Cause of Death, Physician's Certification, and Coroner's Use Only.

BK0401PG0281 0511576



This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

DATE ISSUED 233 SEP 12 2000

Director of Health Services and Registrar

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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COPY

REQUESTED BY  
**Northern Nevada Title Company**

IN OFFICIAL RECORDS OF  
DOUGLAS CO. NEVADA

2001 APR -2 PM 2: 54

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RECORDER

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