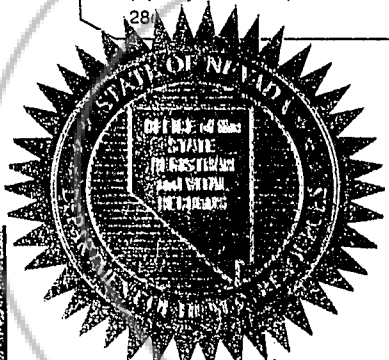


STATE OF NEVADA

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

| | | | |
|--|---|--|--|
| LOCAL FILE NUMBER | | STATE FILE NUMBER | |
| DECEASED—NAME First Middle Last | | DATE OF DEATH (Month, Day, Year) | COUNTY OF DEATH |
| 1. William Kortright NEALES Jr. | | 2. February 4, 2001 | 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) |
| 3b. Carson City | | 3c. Carson Tahoe Hospital | 3e. Inpatient / |
| 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) |
| 5. White | | 6. | 7a. 63 |
| STATE OF BIRTH (If not U.S.A., name country) | | CITIZEN OF WHAT COUNTRY | Decedent's Education. Specify highest grade completed. |
| 9a. California | | 9b. U.S.A. | 10. 14 |
| SOCIAL SECURITY NUMBER | | USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) |
| 13. [REDACTED] 3016 | | 14a. Foreman | 11. Married |
| RESIDENCE—STATE | | COUNTY | CITY, TOWN, OR LOCATION |
| 15a. Nevada | | 15b. Douglas | 15c. Genoa |
| FATHER—NAME First Middle Last | | MOTHER—MAIDEN NAME First Middle Last | DATE OF BIRTH (Mo., Day, Yr.) |
| 16. William Kortright Neales | | 17. Dorothy Rial | 8. May 24, 1937 |
| INFORMANT—NAME (Type or Print) | | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) | |
| 18a. Patricia Neales | | 18b. 200 Centennial Street, Genoa, Nevada 89411 | |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify) | | CEMETERY OR CREMATORY—NAME | LOCATION City or Town State |
| 19a. Cremation | | 19b. Walton's Sierra Crematory | 19c. Carson City, Nevada |
| FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) | | FUNERAL DIRECTOR LICENSE NUMBER | NAME AND ADDRESS OF FACILITY |
| 20a. Jimmy Burns | | 20b. 9 | 20c. 1281 N. Roop Street, Carson City, Nevada 89706 |
| 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) | | 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) | |
| DATE SIGNED (Mo., Day, Yr.) | | HOUR OF DEATH | DATE SIGNED (Mo., Day, Yr.) |
| 21b. | | 21c. 1306 | 22b. 1-5-01 |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | PRONOUNCED DEAD (Mo., Day, Yr.) | |
| 21d. | | 22c. 1306 | |
| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) | | LICENSE NUMBER | |
| 23a. Ruth Beesler, M.D., Coroner, 901 E. Musser, Carson City, NV 89701 | | 23b. 9307 | |
| REGISTRAR | | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) | DEATH DUE TO COMMUNICABLE DISEASE |
| 24a. [Signature] | | 24b. Feb. 9, 2001 | 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) | | Interval between onset and death | |
| PART I (a) Cardiac arrest | | Interval between onset and death | |
| DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death | |
| (b) Probable acute MI | | Interval between onset and death | |
| DUE TO, OR AS A CONSEQUENCE OF: | | 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. | | 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.177213

This is to certify that the above is a true and correct copy of the certificate on file in this office. FEB 27 2001

Gyonne Sylva

Date Issued:

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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

2001 AUG 14 AM 10:30

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LINDA SLATER
RECORDER
\$8.00 PAID. K? DEPUTY