

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

Altered

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

ROLL 102 IMAGE 390

LOCAL FILE NUMBER

56

STATE FILE NUMBER

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

1. DECEASED—NAME First Middle Last Raymond L. WOODWORTH			DATE OF DEATH (Month, Day, Year) 2 January 8, 2001		COUNTY OF DEATH 3a. Washoe								
3b. CITY, TOWN OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Washoe Medical Center		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient /	SEX 4. Male								
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. 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) 7a. 61	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :	DATE OF BIRTH (Mo., Day, Yr.) 8 April 4, 1939						
9a. STATE OF BIRTH (If not U.S.A., name country) Missouri		9b. CITIZEN OF WHAT COUNTRY USA		Decedent's Education. Specify highest grade completed. 10. 14		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married		SURVIVING SPOUSE (If wife, give maiden name) 12 Betty J. Farr					
13. SOCIAL SECURITY NUMBER 7002		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Contractor 558		14b. KIND OF BUSINESS OR INDUSTRY 060 Construction									
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Gardnerville		15d. STREET AND NUMBER 1445 Langley Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER—NAME First Middle Last Raymond L. Woodworth			17. MOTHER—MAIDEN NAME First Middle Last Alfa - Cummins										
18a. INFORMANT—NAME (Type or Print) Betty J. Woodworth			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1445 Langley Dr., Gardnerville, Nevada 89410										
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME Sierra Crematory		19c. LOCATION City or Town State Reno, Nevada									
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Jimmy Benson</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 09		20c. NAME AND ADDRESS OF FACILITY John Sparks Memorial 644 Pyramid Way, Sparks, Nevada 89431 31									
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>		21b. DATE SIGNED (Mo., Day, Yr.) 1/11/01		21c. HOUR OF DEATH 1202		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Richard H. Bryan, MD, 75 Pringle Wy, Reno, Nevada 89502		21e. ON		21f. AT			
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>		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo., Day, Yr.)		22e. PRONOUNCED DEAD (Hour)					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Richard H. Bryan, MD, 75 Pringle Wy, Reno, Nevada 89502			23b. LICENSE NUMBER 7744										
24a. REGISTRAR (Signature) <i>[Signature]</i> Dep.		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) January 11, 2001		24c. DEATH DUE TO COMMUNICABLE DISEASE 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) Cardiac arrest		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death							
		PART I (b) massive CVA		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death							
		PART I (c)		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.		26. AUTOPSY (Specify Yes or No) NO		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) NO									
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY M		28d. DESCRIBE HOW INJURY OCCURRED							
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE									

Information corrected, State Affidavit #37361, 2/20/01. **No.168980**
Item #8. April 13, 1939

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: **FEB 20 2001 0521548**

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK0801 PG 7506

EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 010701940

Lot 12, Block N, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 4, filed in the office of the County Recorder of Douglas County, Nevada, on April 10, 1967, as Document No. 35914.

Assessors Parcel No. 1220-15-410-022

COPY

REQUESTED BY
STEWART TITLE of DOUGLAS COUNTY

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2001 AUG 28 AM 10: 25

LINDA SLATER
RECORDER

\$ 9.00 PAID KJ DEPUTY

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