STATE OF NEVADA

Recording requested by and mail tax statements to:

 D.E. Smith Holding Company Limited Partnership 960 Dresslerville Road Gardnerville, Nevada 89410

ASSESSORS PARCEL NUMBER (APN): 27 - 372 - 02

## AFFIDAVIT RE: TERMINATION OF JOINT TENANCY Death of Joint Tenant

DONALD E. SMITH, being of legal age, having been duly sworn, deposes and says:

That WANDA VESTA SMITH, the Decedent identified by the attached certified copy of a

Certificate of Death, is the same person as WANDA V. SMITH named as one of the parties in that
certain Grant Deed dated the 13th day of February 1984, executed by Peggy L. Little, as Grantor,
to Donald E. Smith and Wanda V. Smith, husband and wife as Joint Tenants, as Grantees, recorded
as document/instrument number 098168 on the 15th day of March, 1984, in Book 384, Page 1191
of the official records of the Recorder for the County of Douglas, State of Nevada for that real
property described as:

Lot 12 as shown on the map of Gardnerville Ranchos Unit No. 2 filed in the office of the County Recorder for the County of Douglas, State of Nevada, on June 1, 1965 in Book 1 of Maps, as Filing No. 28309, amended Title Sheet June 4, 1965 as Filing No. 28377.

Signature DONALD E. SMITH

In Witness thereof, I have hereunto set my hand this \_ day of \_ Navesher, 2001.

COUNTY OF DOUGLAS	
On this loth day of November	, <u>2001</u> personally appeared before me
Donald E. Smith, known to r	me to be the person whose name is subscribed to the
oregoing instrument, who acknowledged	that he executed the same.
Witness my hand and seal.	L. L. ANTENNE

otary Public - Nevada

My Commission Expires

0527197 BKI101PG2084

Notary Public

## DEPARTME STATE OF NEVAD

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS

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

CERTIFICATE OF DEATH

Wanda   Vesta   Smith   2 April 3, 2000   3a Carson City   Wanda   Vesta   Mospital Carlother Name (In out cities, pive direct and number)   Simple (Special)   Section City   Section   Section City   Section	DECEASED—NAME First	And the Astronomy of the State		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER COUNTY OF DEATH
TOTATION CLOSTON OF DEATH    CONTENT ON THE BIRK AMERICAN CONTINER BISTITUTION—Name of rist stating, give streed and various?   Rivers of the included DOA OFFerror OF PRINTED CONTINER BISTITUTION—Name of its station of the continer of the	나 나를 하게 살아왔는데, 이사는 무게 다른 보험에 다시하는 복이하고 하셨다면 없어요? 하다마는				
20. Carson City	· 经保险的 医骶性骨髓 医自动性性 经申报的 医中枢性 经现代的 不完成 不完		그렇게 가게 생물을 제상되는 나들에 들어가는 때 그림을 모았다고 나가는 나를 보았다. 바	treet and number) the Hosp, or Inst. indica	te DOA, OP/Emer. SEX
DESCRIPTION DESCRIPTION OF THE PROPERTY OF THE		지역의 하는 10 시간 수 있는데 그를 걸리고 한 번째 하는데	하나 사람들은 얼마를 가는 살아왔다. 그렇게 살아 하는 사람들은 사람들이 없는 사람들이 되었다.	Trini iipaicii (opooi)	tient 4 Femal
STATE OF BERTIN   COUNTY   COU	RACE—(e.g., White, Black, American	Was Decedent of Hispanic Orig	in? Specify ☐ yes 💢 no If yes, AGE—La	3(	AINS
STATE OF BIRTH (2014) CALL AND COUNTY (1914)			7a. 81	2 7ь. 7с.	8 August 11,191
99 CLIFOTHIA 99 CLIP TO THE STATE OF THE STA			Decedent's Education. Specify highest grade completed.	WIDOWED, DIVORCED	
SOUND SECURITY NUMBER  Working Life. Even I Fledwich  13. A TAB.  HOMEMAKE THAN HOMEMAKE THAN COUNTY OWN. ON LOCATION  15. Nevada 15. Douglas  15. Douglas  15. Gardner 17. Seeding 40 year of No. Job.  16. Last WOTHER-MAIDEN NAME First Mode  Last WOTHER-MAIDEN NAME First Mode  18. Last WOTHER-MAIDEN NAME First Mode  19. MALING ADDRESS OF SEATURE (Appe of Point)  19. MALING ADDRESS OF SEATURE (Appe of Point)  19. MALING ADDRESS OF SEATURE (Appe of Point)  19. MALING ADDRESS OF FAOLUTY II. Seeding ADDRESS OF FAOLUTY OF YOUN, State 2b)  19. MALING ADDRESS OF FAOLUTY ON MAIDEN NAME  20. O DOR THE WORK ON MAIDEN  21. To the based of seature of the state of seature of place seature of the state of of the stat	<sup>9a</sup> California				12 Donald E. Smith
TATA	SOCIAL SECURITY NUMBER	Working Life, Even if Retire	d)		
15a. Nevada 15b. Douglas 15c. Gardnerville 15d. Nevada 15b. Douglas 15c. Gardnerville 15d. Mode	0/40		Homemaker   City, Town, OR LOCATION		
RATE   First   Middle   Last   MOTHER   MADE   Mother   Middle   Last   MOTHER   Middle   Middle   Mother   Middle   M			15c. Cardne cville	15d960 Dressle	
INFORMANT-INAME (type or Print)	<u>Nevada</u>	DUCE			
DIFFORMANT—NAME (Type or Print)  18a. Danald F. Smith  BURIAL CREMATION, REMOVAL OTHER (Specify)  19b. Walton's Sierra Crematory  19c. Walton's Sierra Crematory  19c. Walton's Sierra Crematory  19c. Walton's Sierra Crematory  19c. Walton's Douglas County Mortuary  20c. A FACHOR SHOW Walton's Douglas County			Gardner 17	Vesta	
BURIAL, GREWATION, REMOVAL OTHER (Specify)  BURIAL, GREWATION, REMOVAL OTHER (Specify)  198. Walton's Sierra Crematory  198. Cremation's Douglas County Mortuary  198. Walton's Sierra Crematory  198. Cremation's Douglas County Mortuary  208. Manual Director of County Mortuary  209. Manual Director of County Mortuary  200. M			MAILING ADDRESS		남편 사람들이 되고 하는 그 그래까지 않는다.
BURIAL CREMATION. REMOVAL OTHER (Specify)  BURIAL CREMATION. REMOVAL OTHER (Specify)  Signature and Tale)  PLOCATION  Signature and Tale)  Signature and Tal	18a. Donold E. Smit	·h	18b. 960 Dressle	rville Rd., Gardne	<u>ville, Nevada 894</u>
NAME AND ADDRESS OF FACILITY Walton's Douglas County Mortuary (Corperant Acting as South (Construction)   20c.   10c.	BURIAL, CREMATION, REMOVAL, OTH	IER (Specify) CEMETER	RY OR CREMATORY—NAME	LOCATION	City or Town State
NAME AND ADDRESS OF FACILITY ALTON AND ADDRESS OF FACILITY Walton's Douglas County Mortuary   200, 100   1	19a.	19b. 🚻	alton's Sierra Cre	matory 19c Carson	City, Nevada
20a. MMM   20b. q.   20c1 478   Fourth St.   Minden   Nevada 89423   21d. To the basyol my knowledge, dean occurrent at the lime, date and place and due to the cause(s) and manner stated.  21b. April 5, 2000   21c.   0530   22c.   22	FLINERAL DIRECTOR—SIGNATURE	FUNERAL	DIRECTOR NAME AND ADDRESS OF	Walton's Dougla	as County Mortuary
21. To the basyol hy knowledge, glash occurring stable time, cate and place applying the common place and country and the time, cate and place applying to death the time, cate and place applying the cate of place and due to the cause(s) and manner stated.  22a. On the basis of examination and/or investigation, in my opinion death to due to the cause(s) and manner stated.  22b. DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH  22c. The place of the place and due to the cause(s) and manner stated.  22c. The place of the place and due to the cause(s) and manner stated.  22c. The place of the place and due to the cause(s) and manner stated.  22c. The place of the place and due to the cause(s) and manner stated.  22c. The place of the place and due to the cause(s) and manner stated.  22c. The place of the place and due to the cause(s) and manner stated.  22c. The place of the place and due to the cause(s) and manner stated.  22c. The place of the place and due to the cause(s) and manner stated.  22c. The place of the place and due to the cause(s) and manner stated.  22c. The place of the place and due to the cause(s) and manner stated.  22c. The place of the place and due to the cause(s) and manner stated.  22c. The place of the place and due to the cause of the place and due to the place and due to the cause of the place and due to the cause of the place and due to the place and d		l onh	o 20c1 478 Fourt	h St. Minden Nevad	a 89423
Comparing and Title)  DATE SIGNED (Mo. Day, Yr.)  DATE SIGNED (Mo. Day, Yr.)  DATE SIGNED (Mo. Day, Yr.)  NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  21d.  NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)  22d. ON  NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)  22a. Robert L. McDonald, 710 W. Washington St., Carson City, Nevada 23b. 6433  PART (a)  22b. MMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:  (c)  DUE TO, OR AS A CONSEQUENCE OF:  (d)  DUE TO, OR AS A CONSEQUENCE OF:  (e)  DUE TO, OR AS A CONSEQUENCE OF:  (c)  ACC. SUICIDE, HOM., UNDET., DATE OF INJURY (Mo. Day, Yr.)  DOE TO, OR AS A CONSEQUENCE OF:  ACC. SUICIDE, HOM., UNDET., OATE OF INJURY (Mo. Day, Yr.)  ACC. SUICIDE, HOM., UNDET., OATE OF INJURY (Mo. Day, Yr.)  ACC. SUICIDE, HOM., UNDET., OBTEO OF INJURY (Mo. Day, Yr.)  ACC. SUICIDE, HOM., UNDET., OBTEO OF INJURY (Mo. Day, Yr.)  BACC. SUICIDE, HOM., UNDET., OBTEO OF INJURY (Mo. Day, Yr.)  BACC. SUICIDE, HOM., UNDET., OBTEO OF INJURY (Mo. Day, Yr.)  BACC. SUICIDE, HOM., UNDET., OBTEO OF INJURY (Mo. Day, Yr.)  CORONER (Specify)  28b.  PART ACC. SUICIDE, HOM., UNDET., OBTEO OF INJURY (Mo. Day, Yr.)  BACC. SUICIDE, HOM., UNDET., OBTEO OF INJURY (Mo. Day, Yr.)  BACC. SUICIDE, HOM., UNDET., OBTEO OF INJURY (Mo. Day, Yr.)  BACC. SUICIDE, HOM., UNDET., OBTEO OF INJURY (Mo. Day, Yr.)  BACC. SUICIDE, HOM., UNDET., OBTEO OF INJURY (Mo. Day, Yr.)  BACC. SUICIDE, HOM., UNDET., OBTEO OF INJURY (Mo. Day, Yr.)  BACC. SUICIDE, HOM., UNDET., OBTEO OF INJURY (Mo. Day, Yr.)  BACC. SUICIDE, HOM., UNDET., OBTEO OF INJURY (Mo. Day, Yr.)  BACC. SUICIDE, HOM., UNDET., OBTEO OF INJURY (Mo. Day, Yr.)  BACC. SUICIDE, HOM., UNDET., OBTEO OF INJURY (Mo. Day, Yr.)  BACC. SUICIDE, HOM., UNDET., OBTEO OF INJURY (Mo. Day, Yr.)  BACC. SUICIDE, HOM., UNDET., OBTEO OF INJURY (Mo. Day, Yr.)  BACC. SUICIDE, HOM., UNDET., OBTEO OF INJURY (Mo. Day, Yr.)  BACC. SUICIDE, HOM., UNDET., OBTEO OF	The second secon			22a On the bacic of examination and/or it	ivestication in my opinion death occurred
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)  23a. Robert L. McDonald, 710 W. Washington St., Carson City, Nevada 23b. 6433  REGISTRAR  24a. (Signature)  25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  PART  ODJE TO, OR AS A CONSEQUENCE OF:  (c)  DUE TO, OR AS A CONSEQUENCE OF:  (c)  PART  OTHER SIGNIFICANT CONDITIONS—Conditions Contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY (Specify Yes or No. 27. Yes)  ACC. 3UCIDE, HOM., UNDET., OR TOWN OR FINDING INVEST. (Specify) 28b.  28b.  M 28d.  PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28g.  28g.	due to the cause(s) stated.	10/1/	al Munion B	THE THE THE HER THE TELESTION TO A SECTION TO A SECTIO	현실 등 현실 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등
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NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER), (Type or Print)  23a. Robert L. McDonald, 710 W. Washington St., Carson City, Nevada  23b. 6433  REGISTRAR  24a. (Signature)  24c. YES NOTE  25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  PART  (a)  (b)  (c)  (c)  (c)  (d)  (d)  (d)  (d)  (d	E Annil 5	2000	A-00	<b>2</b> 22b	22c.
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NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Prink)  23a. Robert L. McDonald, 710 W. Washington St., Carson City, Nevada  23b. 6433  REGISTRAR  24a. (Signature)  25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE) PER LINE FOR (a), (b), AND (c).)  PART  ODJE TO, OR AS A CONSEQUENCE OF:  (c)  DUE TO, OR AS A CONSEQUENCE OF:  (c)  PART  OTHER SIGNIFICANT CONDITIONS—Conditions Contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY (Specify Yes or No. 27. Yes)  ACC. 3UCIDE, HOM., UNDET., OR TOWN OR FINDING INVEST. (Specify)  28b.  M 28d.  PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)  28g.  28g.				22d ON	22e. AT
REGISTRAR    DATE RECEIVED BY REGISTRAR (Mo. Day, Yr.)   DEATH DUE TO COMMUNICABLE DISEASE	210.	CERTIFIER (PHYSICIAN, ATTE	NDING PHYSICIAN, MEDICAL EXAMINER.		
REGISTRAR  24a. (Signature)  24b. April 5, 2000 24c. YES NO Interval between onset and de service of the signature of the sig	NAME AND ADDRESS OF I				1 (1.00
24a. (Signature)  24a. (Signature)  24b. CARLOS, ARD (c).)  25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSEPER LINE FOX (a), (b), AND (c).)  PART (a)  DUE TO OR AS A CONSEQUENCE OF:  (b)  DUE TO, OR AS A CONSEQUENCE OF:  (c)  PART OTHER SIGNIFICANT CONDITIONS—Conditions Contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY (Specify Yes or No) 26NO  26NO  ACC. SUICIDE, HOM., UNDET., OATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED  OR PENDING INVEST. (Specify Yes or No) 28a.  PLACE OF INJURY—At home, tarm, street, factory, office building, etc (Specify) 28f.  28g.  28g.	NAME AND ADDRESS OF	W-Do-014 710	Washington St.	Carson Ulty, Neva	da   <sub>23b.</sub> 5433
Interval between onset and de legent (enter only one cause per line Foir (a), (b), AND (c).)  PART    DUE TO OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   DUE TO, OR AS A CONSEQUENCE OF:   Consequence of the	23a. Robert L.	McDonald,710	W. Washington St.	EGISTRAR (Mo., Day, Yr.) DEATH DUE TO	
DUE TO, OR AS A CONSEQUENCE OF:    Column	23a Robert L.	McDonald,710	DATE RECEIVED BY R	EGISTRAR (Mo., Day, Yr.) DEATH DUE TO	O COMMUNICABLE DISEASE
DUE TO OR AS A CONSEQUENCE OF:    (c)	23a. Robert L.  REGISTRAR  24a. (Signature)	R Kochs	nd 245. April	EGISTRAR (Mo., Day, Yr.) DEATH DUE TO	O COMMUNICABLE DISEASE
DUE TO, OR AS A CONSEQUENCE OF:  (c) Stage   Galvola   Games	23a. Robert L.  REGISTRAR  24a. (Signature)	R Kochs	nd 245. April	EGISTRAR (Mo., Day, Yr.) DEATH DUE TO	O COMMUNICABLE DISEASE  NO  Interval between onset and de
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CH Constitution of the underlying cause given in Part 1. AUTOPSY (Specify Yes or No) 26 NO  PART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY (Specify Yes or No) 26 NO  ACC. QUICIDE, HOM., UNDET., DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED OR PENDING INVEST. (Specify) 28b. 28c. M 28d.  28b. 28c. M 28d.  INJURY AT WORK (Specify Yes or No) 28e. 28f. CITY OR TOWN STATE building, etc. (Specify) 28g.	23a. Robert L.  REGISTRAR  24a. (Signature)  25. IMMEDIATE CAUSE (ENTER  PART (a)	ONLY ONE CAUSE PER LINE	nd 245. April	EGISTRAR (Mo., Day, Yr.) DEATH DUE TO	NO A Interval between onset and de
OF PART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY (Specify Yes or No) 26 NO 26 NO 27. Yes or No. 27. Yes  ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28b. 28c. M 28d.  INJURY AT WORK (Specify Yes or No) 28e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28g.	23a. Robert L.  REGISTRAR  24a. (Signature)  25. IMMEDIATE CAUSE (ENTER  PART (a)  DUE TO OR AS A COM  (b)	ONLY ONE CAUSE PER LINE NSEQUENCE OF:	nd 245. April	EGISTRAR (Mo., Day, Yr.) DEATH DUE TO	Interval between onset and de
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OR PENDING INVEST. (Specify) 28b. 28c. M 28d.  INJURY AT WORK (Specify Yes or No) 28e. 28f.  DATE of Industry Investory 28c. M 28d.  STREET OR R.F.D. No. CITY OR TOWN STATE 28g.  28g.	23a. Robert L.  REGISTRAR  24a. (Signature)  25. IMMEDIATE CAUSE (ENTER  DUE TO OR AS A CON  (b)  DUE TO, OR AS A CON  (c)  OTHER SIGNIFICANT CON	NSEQUENCE OF:	DATE RECEIVED BY R  245. April  FOR (a), (b), AND (c).)	EGISTRAR (Mo.: Day, Yr.) DEATH DUE 10.  5, 2000 24c. YES   1g cause given in Part 1. AUTOPSY  Yes.	Interval between onset and de interv
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28e. 28f. 28g.	PART (a) CONTROL OF PENDING INVEST.  Casa Robert L.  REGISTRAR  24a. (Signature)  25. IMMEDIATE CAUSE (ENTER  DUE TO OR AS A CONTROL OF PART OTHER SIGNIFICANT CONTROL OF PENDING INVEST.  (Specity)  28. Robert L.  REGISTRAR  24a. (Signature)  (b) Control OR AS A CONTROL OF PART OTHER SIGNIFICANT CONTROL OR PENDING INVEST.  (Specity)  28.	NSEQUENCE OF:  NSEQUENCE OF:  NDITIONS—Conditions Contributions  ATE OF INJURY (Mo., Day, Yr.)	DATE RECEIVED BY R  24b. April  FOR (a), (b), AND (c).  If the second of	To cause given in Part 1. AUTOPSY Ye. 26NO	Interval between onset and de interv
	PART (a) DUE TO OR AS A COMPENDING INVEST.  (Specify) 23a. Robert L.  REGISTRAR  24a. (Signature)  (a)  (b)  (b)  (c)  PART OTHER SIGNIFICANT COMPENDING INVEST. (Specify) 28a.  INJURY AT WORK PL	NSEQUENCE OF:  NSEQUENCE OF:  NOTE OF INJURY (Mo., Day, Yr.)  NOTE OF INJURY (Mo., Day, Yr.)  NOTE OF INJURY—At home, fari	DATE RECEIVED BY R  24b. CANAL  FOR (a), (b), AND (c).  Ing to death but not resulting in the underlying to dea	To cause given in Part 1. AUTOPSY Ye. 26NO	Interval between onset and de interv
	PART (a) DUE TO OR AS A COMPENDING INVEST.  (Specify) 28a. (Signature)  24a. (Signature)  25. IMMEDIATE CAUSE (ENTER  (b) DUE TO OR AS A COMPENDING INVEST. (Specify) 28a. INJURY AT WORK (Specify Yes or No)	NSEQUENCE OF:  NSEQUENCE OF:  NDITIONS—Conditions contributions  ATE OF INJURY (Mo., Day, Yr.)  ACE OF INJURY—At home, farm building, etc. (3)	DATE RECEIVED BY R  24b. April  FOR (a), (b), AND (c).  Ing to death but not resulting in the underlying to dea	To cause given in Part 1. AUTOPSY Ye. 26NO	Interval between onset and de interv

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: **0527** | 97

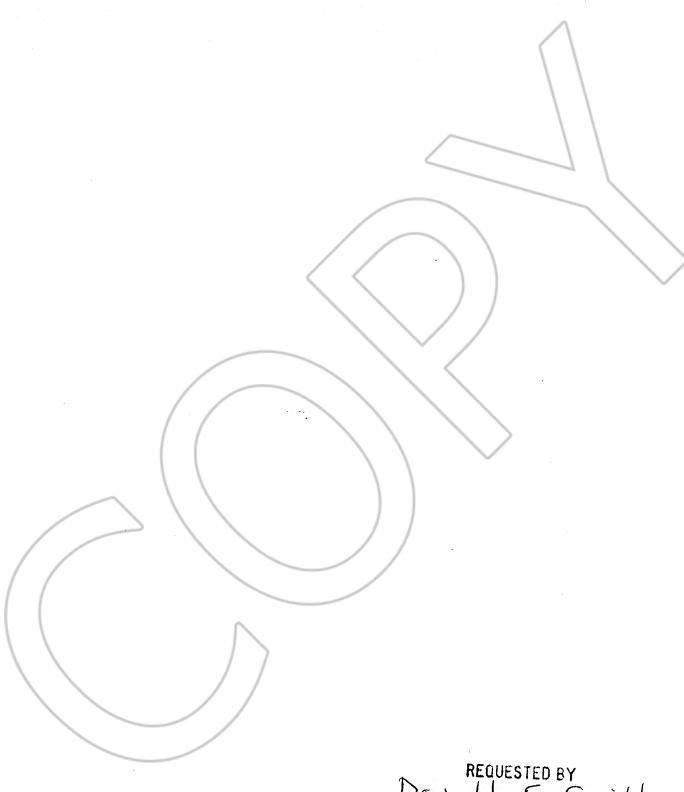
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State Registrar

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BKITUTPG2085





PEQUESTED BY

DONOLD E Smith

IN OFFICIAL RECORDS OF

DOUGLAS CO. NEVADA

2001 NOV -7 PM 2: 52

LINDA SLATER
RECORDER

S / O PAID K DEPUTY

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