

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	LOCAL FILE NUMBER			STATE FILE NUMBER								
	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH						
DECEDENT	1. Edith Wilhelmina DEGLER			2. November 18, 2001		3a. Douglas						
	3b. Gardnerville		3c. 1318 Chichester Dr.		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	3e. 4. Female						
	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)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)				
	5. White		6.		7a. 83	7b. :	7c. :	8. December 6, 1917				
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)			
	9a. California		9b. U.S.A.		10. 12 Years		11. Widowed		12.			
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)			KIND OF BUSINESS OR INDUSTRY						
	13. ██████████ 1416		14a. Stock Clerk			14b. Retail						
PARENTS	RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)			
	15a. Nevada		15b. Douglas		15c. Gardnerville		15d. Chichester Dr. 1318		15e. Yes			
	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last								
16. Gunnar Eklof			17. Hannah Janssen									
DISPOSITION	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)								
	18a. Cheryl Lloyd - Daughter			18b. 1772 Blue Spruce Ct. Minden, Nv 89423								
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State							
19a. Burial		19b. Chapel of the Chimes		19c. Oakland, California								
CERTIFIER	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY							
	20a. <i>[Signature]</i>		20b. 217		20c. Home, 1380 Hwy 395, Gardnerville, Nv 89410							
	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> Valerie S. Dickerson M.D.		21b. DATE SIGNED (Mo., Day, Yr.) 11/20/01		21c. HOUR OF DEATH 0950		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	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e. PRONOUNCED DEAD (Mo., Day, Yr.)		21f. PRONOUNCED DEAD (Hour)		22d. ON		22e. AT			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)			LICENSE NUMBER								
	23a. Valerie S. Dickerson M.D., 925 Ironwood Dr. Minden, Nv 89423			23b. 8354								
	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE							
	24a. (Signature) <i>[Signature]</i>		24b. 11-21-2001		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						Interval between onset and death					
	PART I (a) myocardial infarction		DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death					
	(b)		DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death					
	(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.				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. 210594

[Signature]

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

Date Issued: NOV 21 2001

0530174

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 97030787

Lot 115, Block D, as set forth on Final Subdivision Map FSM-1006 of CHICHESTER ESTATES Phase 1, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 12, 1995, in Book 995 at Page 1407, as Document No. 370215 and Amended by Certification of Amendment recorded March 5, 1997 in Book 397, Page 654 as Document No. 407852, Official Records.

Assessors Parcel No. 25-760-44

COPY

REQUESTED BY
Cheryl Lloyd
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2001 DEC 14 PM 3: 38

LINDA SLATER
RECORDER

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