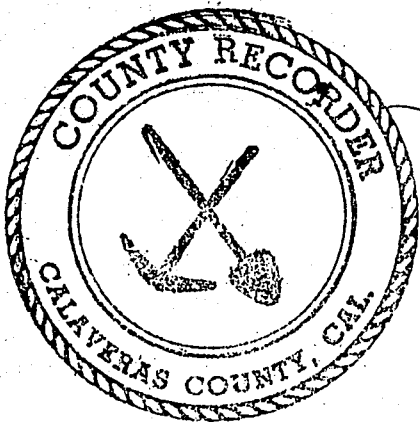


This is a true certified copy of the record if it bears the seal of the County Recorder imprinted in purple ink.

KAREN VARNI, Recorder
CALAVERAS COUNTY, CALIFORNIA

BY: *[Signature]* DEPUTY



CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER							
1A. NAME OF DECEDENT—FIRST (GIVEN) Dolores		1B. MIDDLE Elaine		1C. LAST (FAMILY) Kilian		2A. DATE OF DEATH—MO. DAY, YR Feb. 5, 1992		2B. HOUR 2000	3. SEX F
4. RACE White		5. SPANISH/HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MO. DAY, YR Sept. 22, 1928		7. AGE IN YEARS 63	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MINUTES	
8. STATE OF BIRTH CA	9. CITIZEN OF WHAT COUNTRY USA	10A. FULL NAME OF FATHER Floyd Wallace			10B. STATE OF BIRTH MA	11A. FULL MAIDEN NAME OF MOTHER Edna Hudson		11B. STATE OF BIRTH OR	
12. MILITARY SERVICE? 19__ TO 19__ <input checked="" type="checkbox"/> NONE		13. SOCIAL SECURITY NO. 2337		14. MARITAL STATUS Married		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Frank Kilian			
16A. USUAL OCCUPATION Interior Designer		16B. USUAL KIND OF BUSINESS OR INDUSTRY Home Interiors		16C. USUAL EMPLOYER Self		16D. YEARS IN OCCUPATION 15	17. EDUCATION—YEARS COMPLETED 12		
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 20351 Smith Road						18B. CITY Mokelumne Hill		18C. ZIP CODE 95245	
18D. COUNTY Calaveras		18E. NUMBER OF YEARS IN THIS COUNTY 8		18F. STATE OR FOREIGN COUNTRY California		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Frank Kilian—Husband P.O. Box 115 Mt. Ranch, CA. 95246			
19A. PLACE OF DEATH Residence		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA ---		19C. COUNTY Calaveras		19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 20351 Smith Road	19E. CITY Mokelumne Hill		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input checked="" type="checkbox"/> YES SP #2 <input type="checkbox"/> NO
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) RESPIRATORY FAILURE ▶ Immed						23. WAS BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (B) METASTATIC ADENOCARCINOMA ▶ 1yr						24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO		25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 1 OF 2	
DUE TO (C) --- ▶ ---						26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. No			
PHYSICIAN'S CERTIFICATION I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 27A. DECEDENT ATTENDED SINCE: MONTH, DAY, YEAR 7-2-85		DECEDENT LAST SEEN ALIVE: MONTH, DAY, YEAR 9-3-91		27B. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN Ralph Delgado MD		27C. PHYSICIAN'S LICENSE NUMBER 639607		27D. DATE SIGNED 2/6/92	
CORONER'S USE ONLY I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER [Signature]						28B. DATE SIGNED	
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined		30A. PLACE OF INJURY		30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)				33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
FUNERAL DIRECTOR AND LOCAL REGISTRAR 34A. DISPOSITION(S) Cremation Residence		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS 20351 Smith Road Mokelumne Hill, CA. 95245		34C. DATE MO. DAY, YEAR 2/6/92		35A. SIGNATURE OF EMBALMER Not Embalmed		35B. LICENSE NUMBER --	
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) San Andreas Mem'l Chapel		36B. LICENSE NO. 742		37. SIGNATURE OF LOCAL REGISTRAR KAREN VARNI		38. REGISTRATION DATE			
STATE REGISTRAR A.	B.	C. 0530884		BK1201PG8298		CENSUS TRACT			



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KAREN VARNI, Recorder
CALAVERAS COUNTY, CALIFORNIA

BY: *[Signature]*, DEPUTY

AFFIDAVIT TO AMEND A RECORD

STATE FILE NUMBER

BIRTH DEATH FETAL DEATH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

PART I INFORMATION ON ORIGINAL CERTIFICATE

TYPE OR PRINT IN BLACK INK ONLY	1A. NAME—FIRST (GIVEN) Dolores		1B. MIDDLE Elaine	1C. LAST (FAMILY) Kilian	
	2. SEX F	3. DATE OF EVENT—MONTH, DAY, YEAR Feb. 5, 1992	4A. CITY OF OCCURRENCE Mokelumne Hill		4B. COUNTY OF OCCURRENCE Calaveras
	5. FULL NAME OF FATHER Floyd Wallace			6. FULL MAIDEN NAME OF MOTHER Edna Hudson	

PART II STATEMENT OF CORRECTIONS

7. CERTIFICATE ITEM NUMBER	8A. INCORRECT INFORMATION ON ORIGINAL CERTIFICATE	8B. INFORMATION AS IT SHOULD BE STATED
13	██████████ 2337	██████████ 0483
2 OF 2		

REASON FOR CORRECTION ^{9.} **Incorrect Information**

PART III SUPPORTING AFFIDAVITS

FIRST SUPPORTING AFFIDAVIT	I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.		
	10A. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT <i>George L. Provic</i>	10B. TITLE OR RELATIONSHIP TO PERSON IN ITEM 1 Funeral Director	10C. DATE SIGNED 2/6/92
	10D. AGE OF PERSON COMPLETING THE AFFIDAVIT Legal	10E. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE, ZIP) P.O. Box 328—San Andreas, CA. 95249	
SECOND SUPPORTING AFFIDAVIT	I hereby certify under penalty of perjury that I have personal knowledge of the above facts and that the information given above is true and correct.		
	11A. SIGNATURE OF PERSON COMPLETING THE AFFIDAVIT <i>Eric D. Young</i>	11B. TITLE OR RELATIONSHIP TO PERSON IN ITEM 1 Mortician	11C. DATE SIGNED 2/6/92
	11D. AGE OF PERSON COMPLETING THE AFFIDAVIT Legal	11E. ADDRESS OF PERSON COMPLETING THE AFFIDAVIT (STREET, CITY, STATE, ZIP) P.O. Box 1401—San Andreas, CA. 95249	
STATE/LOCAL REGISTRAR USE ONLY	12. OFFICE OF STATE OR LOCAL REGISTRAR <i>Karen Varni by <i>[Signature]</i></i>		13. DATE ACCEPTED FOR REGISTRATION Feb. 11, 1992

0530884

BK 1201 PG 8299

COPY

REQUESTED BY
STEWART TITLE of DOUGLAS COUNTY

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2001 DEC 26 AM 10: 38

LINDA SLATER
RECORDER

\$17⁰⁰ PAID KJ DEPUTY

0530884

BK 1201 PG 8300