

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS
Reno, Nevada

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

ROLL 84 IMAGE 360

LOCAL FILE NUMBER 557 STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1. DECEASED—NAME First Middle Last Louis Anthony RATTELSDORFER			2. DATE OF DEATH (Month, Day, Year) 2. March 12, 1995		3a. COUNTY OF DEATH 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		3e. If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient (Specify) Inpatient		4. SEX 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.		7a. AGE—Last Birthday (Years) 74		7b. UNDER 1 YEAR MOS : DAYS		7c. UNDER 1 DAY HOURS : MINS		8. DATE OF BIRTH (Mo., Day, Yr.) June 19, 1920	
	9a. STATE OF BIRTH (If not U.S.A., name country) Pennsylvania		9b. CITIZEN OF WHAT COUNTRY USA		10. Decedent's Education. Specify highest grade completed. 11		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Mary Ruggiero			
13. SOCIAL SECURITY NUMBER 2174		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Machinist			14b. KIND OF BUSINESS OR INDUSTRY Anheiser Busch							
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Minden		15d. STREET AND NUMBER 1413 North Santa Barbara		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes				
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	16. FATHER—NAME First Middle Last Charles Rattelsdorfer			17. MOTHER—MAIDEN NAME First Middle Last Gertrude Wilson								
	18a. INFORMANT—NAME (Type or Print) Mary Jane Rattelsdorfer—Wife				18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1413 N. Santa Barbara Minden, Nevada 89423							
DECEDENT	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME FitzHenry's Funeral Home		19c. LOCATION City or Town State Carson City, Nevada							
	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER #36		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Funeral Home 833 N. Edmonds Drive Carson City, NV 89701							
CERTIFIER	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>				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>							
	21b. DATE SIGNED (Mo., Day, Yr.) 3-14-95		21c. HOUR OF DEATH 1147		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH					
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22d. PRONOUNCED DEAD (Mo., Day, Yr.)		22e. PRONOUNCED DEAD (Hour)					
	21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Denver Miller, M. D., 850 Mill Street, Reno, NV. 89502				23b. LICENSE NUMBER 7330							
CAUSE OF DEATH	24a. REGISTRAR (Signature) <i>[Signature]</i> Dep		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) March 14, 1995		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))						Interval between onset and death					
	PART I (a) Septaemia DUE TO, OR AS A CONSEQUENCE OF:						: Hours					
	(b) Failed Amputation Secondary To Severe Peripheral Vascular Disease DUE TO, OR AS A CONSEQUENCE OF:						: Days					
PART II (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.						: Interval between onset and death						
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)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY		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						

SEAL

STATE REGISTRAR

No. 74064

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

Deputy Registrar: *[Signature]* Date: **MAR 16 1995**

BK 1201 P694
0531092

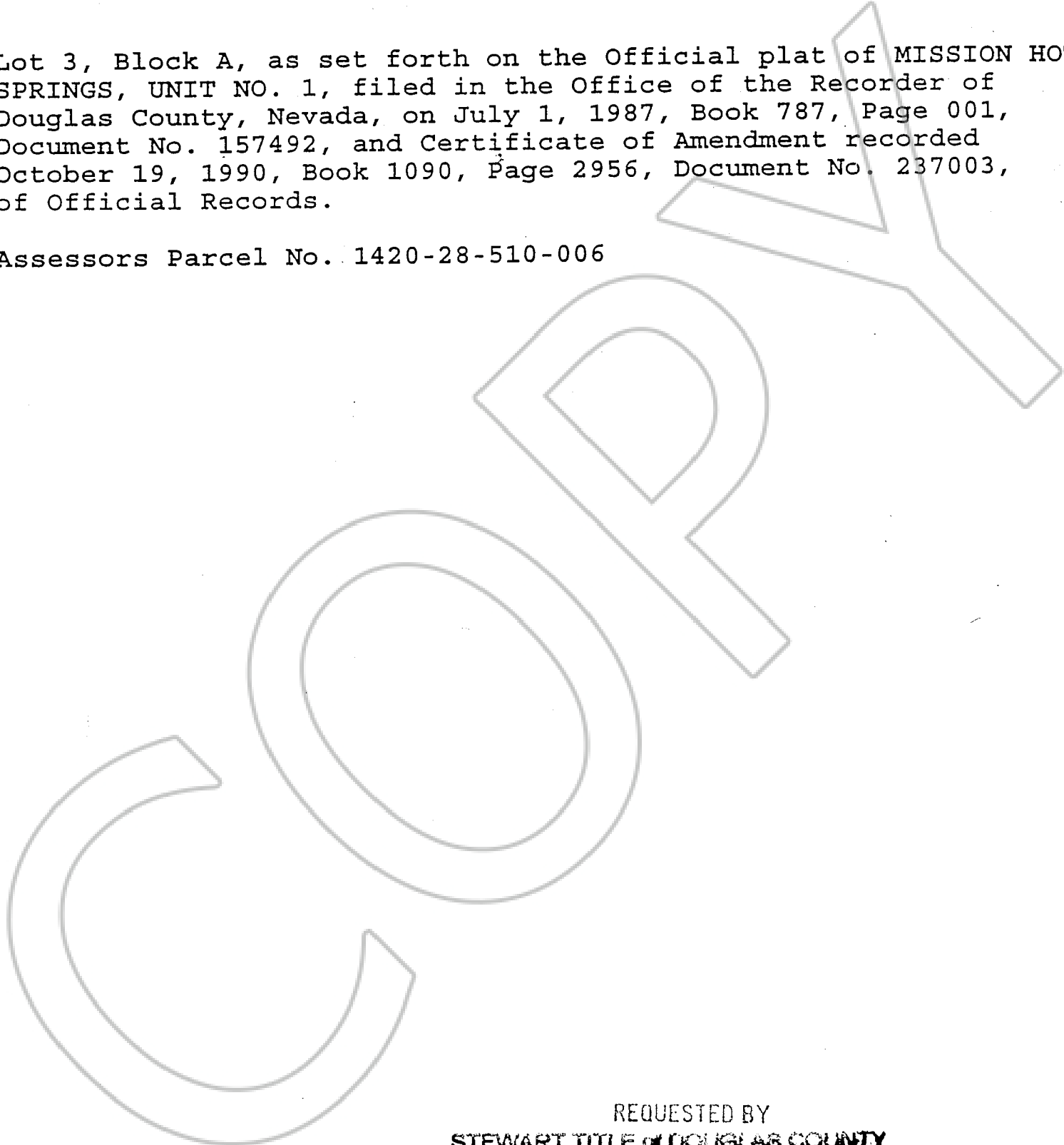
EXHIBIT "A"

LEGAL DESCRIPTION

The land referred to herein is situated in the State of Nevada, County of Douglas, described as follows:

Lot 3, Block A, as set forth on the Official plat of MISSION HOT SPRINGS, UNIT NO. 1, filed in the Office of the Recorder of Douglas County, Nevada, on July 1, 1987, Book 787, Page 001, Document No. 157492, and Certificate of Amendment recorded October 19, 1990, Book 1090, Page 2956, Document No. 237003, of Official Records.

Assessors Parcel No. 1420-28-510-006



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

2001 DEC 27 PM 3:56

LINDA SLATER
RECORDER

\$ 16.00 PAID PL DEPUTY

STEWART TITLE
Guaranty Company

0531092

BR 1201 PG 9412

BK 1201