

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	DECEASED—NAME First Middle Last	DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER	
		Vera BELIO	2 April 23, 1996	COUNTY OF DEATH 3a Carson City	
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	If Hosp. or Inst. indicate DOA, OP/Emer, Rm. Inpatient (Specify)	SEX	
	3b Carson City	3c Sierra Convalescent Center	3e Inpatient	4 Female	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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)	DATE OF BIRTH (Mo., Day, Yr.)	
	5 White	6	7a 80	8 May 11, 1915	
PARENTS	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 USA	10 11	11 Widowed	12
DISPOSITION	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired)	KIND OF BUSINESS OR INDUSTRY		
	13 3014	14a Dry Cleaner	14b Dry Cleaning		
CERTIFIER	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
	15a Nevada	15b Carson City	15c Carson City	15d 201 Koontz	15e Yes
CAUSE OF DEATH	FATHER—NAME First Middle Last	MOTHER—MAIDEN NAME First Middle Last	INFORMANT—NAME (Type or Print)	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
	16 Olaf Peterson	17 Amy Berry	18a James McMasters - Son	18b 3596 Cherokee Drive, Carson City, Nevada 89705	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION City or Town State		
	19a Burial	19b Forest Lawn	19c Hollywood Hills, California		
To be completed by CERTIFYING PHYSICIAN	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY		
	20a [Signature]	20b 36	20c 833 N. Edmonds Drive, Carson City, Nevada 89701		
To be completed by Coroner's Office	21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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) [Signature]	DATE SIGNED (Mo., Day, Yr.) 21b 4/23/96	HOUR OF DEATH 21c 0050	(Signature and Title) [Signature]	DATE SIGNED (Mo., Day, Yr.) 22b
REGISTRAR	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d ON		22e AT
	21d		22d ON		22e AT
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER		
	23a Dr. T. Gentner, 1200 N. Mountain Street, Carson City, Nevada		23b 89703 7494		
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.	REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE		
	24a [Signature]	24b April 25 1996	24c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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		

No. 095654

This is to certify that the above is a true and correct copy of the certificate on file in this office.
By: *Joyanne Sylva*
Deputy Registrar

Issued: APR 25 1996

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.

0541034 BK 0402 PG 09684

EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 02020794

LOT 6, AS SHOWN ON THE MAP OF VALLEY VIEW SUBDIVISION, UNIT NO. 2,
FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA,
ON APRIL 6, 1964, DOCUMENT NO. 24786.

COPY

REQUESTED BY
Stewart Title of Douglas County

IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

2002 APR 30 PM 1:18

LINDA SLATER
RECORDER

\$ 16.00 PAID *AS* DEPUTY

0541034

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