

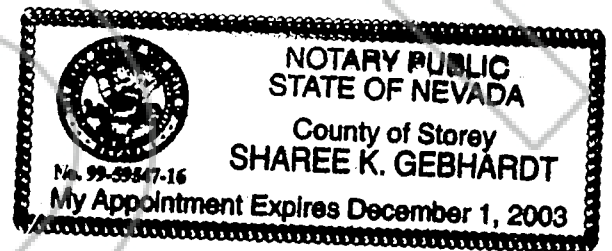


5. At the time of death of Arthur Roberts, title to the real property described in paragraph 4 above continued to be held by Arthur Roberts and Barbara V. Roberts, as joint tenants. As a result of the death of Arthur Roberts and the joint tenancy form of title, the real property described in paragraph 4 above is now owned by Barbara V. Roberts.

DATED this 10 day of June, 2002.

Barbara V. Roberts  
BARBARA V. ROBERTS

SUBSCRIBED and SWORN to before me  
this 10<sup>th</sup> day of June, 2002  
by Barbara V. Roberts.



Sharee K. Gebhardt  
NOTARY PUBLIC

# 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 106 IMAGE 599

LOCAL FILE NUMBER

658

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH										
	1. Arthur ROBERTS		2. March 6, 2002		3a. Washoe										
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. Pm. Inpatient (Specify)		SEX								
	3b. Reno		3c. Manor Care		3e. Inpatient		4. Male								
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)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (Mo., Day, Yr.)				
	5. White		6.		7a. 70		7b. : : MOS : DAYS		7c. : : HOURS : MINS		8. September 23, 1931				
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. New York		9b. U.S.A.		10. 16		11. Married		12. Barbara Voorhies						
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. -3237		14a. Radio Personality		14b. Communications										
CERTIFIER	RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)						
	15a. Nevada		15b. Douglas		15c. Minden		15d. 1650 Mackland Ave.		15e. Yes						
CAUSE OF DEATH	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last											
	16. Morris Skupsky			17. Gussie Finkelstein											
CAUSE OF DEATH	INFORMANT—NAME (Type or Print)				MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)										
	18a. Barbara Roberts - Wife				18b. 1650 Mackland Avenue, Minden, NV 89423										
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME			LOCATION City or Town State									
	19a. Burial		19b. Genoa Cemetery			19c. Genoa, Nevada									
CAUSE OF DEATH	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY										
	20a. [Signature]		20b. 217		20c. Home, 1380 Hwy 395, Gardnerville, NV 89410										
CAUSE OF DEATH	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)					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)									
	21b. 3/13/02					21c. 2230					22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH		
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					21e. ON		21f. AT		22d. PRONOUNCED DEAD (Mo., Day, Yr.)			22e. PRONOUNCED DEAD (Hour)		
	21d.					21e. ON		21f. AT		22d. PRONOUNCED DEAD (Mo., Day, Yr.)			22e. PRONOUNCED DEAD (Hour)		
CAUSE OF DEATH	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)							LICENSE NUMBER							
	23a. Jeffrey N. Gingold, M.D., 3101 Plumas, Reno, NV 89509							23b. 5867							
CAUSE OF DEATH	REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			DEATH DUE TO COMMUNICABLE DISEASE								
	24a. [Signature]			24b. March 13, 2002			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) stroke											1 month			
CAUSE OF DEATH	DUE TO, OR AS A CONSEQUENCE OF:											Interval between onset and death			
	(b)											Interval between onset and death			
CAUSE OF DEATH	DUE TO, OR AS A CONSEQUENCE OF:											Interval between onset and death			
	(c)											Interval between onset and death			
CAUSE OF 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)					
	28a. No							28. No		27. No					
CAUSE OF DEATH	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.								
CAUSE OF DEATH	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. 216604

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

Deputy Registrar *Barbara Lee Hunt*

Date: MAR 18 2002

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BK 0602 PG 02570

COPY

REQUESTED BY  
Evan Beavers & Assoc  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2002 JUN 10 AM 10: 15

LINDA SLATER  
RECORDER

\$17<sup>00</sup> PAID K2 DEPUTY

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BK0602PG02571