

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SANTA CLARA
SAN JOSE, CALIFORNIA

39443-009130

287

CERTIFICATE OF DEATH

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST NAME MICHELLE		2. LAST (FAMILY) NAME DREW	
3. MIDDLE NAME KATHERINE		4. DATE OF BIRTH MM/DD/CCYY 08/01/1959	
5. AGE YRS. 35		6. SEX FE	
7. DATE OF DEATH MM/DD/CCYY 12/22/1994		8. HOUR 0430	
9. STATE OF BIRTH NV		10. SOCIAL SECURITY NO. 3727	
11. MILITARY SERVICE NO		12. MARITAL STATUS Married	
13. EDUCATION—YEARS COMPLETED 14		14. RACE White	
15. USUAL EMPLOYER Silver State Travel		16. YEARS IN OCCUPATION 10	
17. OCCUPATION Travel Agency Owner		18. NAME OF BUSINESS Travel Agency	
19. RESIDENCE—STREET AND NUMBER OR LOCATION 1246 Manhattan			
20. CITY Gardnerville		21. COUNTY Douglas	
22. ZIP CODE 89410		23. YRS IN COUNTY 5	
24. STATE OR FOREIGN COUNTRY Nevada		25. NAME, RELATIONSHIP David D. Drew Husband	
26. MARITAL ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 1246 Manhattan, Gardnerville, NV 89410		27. NAME OF SURVIVING SPOUSE—FIRST David	
28. MIDDLE Dalton		29. LAST (MACHEN NAME) Drew	
30. NAME OF FATHER—FIRST Mario		31. MIDDLE Lawrence	
32. LAST Belli		33. BIRTH STATE NV	
34. NAME OF MOTHER—FIRST Jeanette		35. MIDDLE Clair	
36. LAST Faretto		37. BIRTH STATE NV	
38. DATE MM/DD/CCYY 12/29/1995		39. PLACE OF FINAL INTERMENT Mountain View Cemetary, Reno, NV	
40. TYPE OF DEPOSITIONS TR/BU		41. SIGNATURE OF EMERALD <i>Ronald Davis</i>	
42. LICENSE NO. 5757		43. NAME OF FUNERAL DIRECTOR BYRGAN	
44. LICENSE NO. 1279		45. SIGNATURE OF LOCAL REGISTRAR <i>Maureen Penick</i>	
46. DATE MM/DD/CCYY 12/28/1994		47. PLACE OF DEATH Stanford Medical Center	
48. STREET ADDRESS—STREET AND NUMBER OR LOCATION 300 Pasteur Drive		49. COUNTY Santa Clara	
50. CITY Stanford		51. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D	
IMMEDIATE CAUSE (A) Respiratory Failure		TIME INTERVAL BETWEEN DEATH AND DEATH CERTIFICATE 48 Hr	
DUE TO (B) Pneumonia		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
DUE TO (C) Chronic Myelogenous Leukemia		109. BODY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D)		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 None	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE Yes: Bone Marrow Transplant 08/09/1994			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED HEREON AND THAT THE CAUSES STATED WERE THE CAUSES STATED 11/29/1994 12/22/1994		115. SIGNATURE AND TITLE OF PHYSICIAN <i>Gwyn Long</i>	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS * ZIP Gwyn Long, MD 300 Pasteur Dr, Stanford, CA 94305		117. LICENSE NO. 667519	
118. DATE MM/DD/CCYY 12/27/1994		119. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
120. INJURY DATE MM/DD/CCYY		121. HOUR	
122. PLACE OF INJURY		123. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
124. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED			
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)			
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE MM/DD/CCYY	
128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER		129. COUNTY	
STATE REGISTRAR		FAX AUTH. # 23849	

CERTIFIED COPY OF VITAL RECORD

STATE OF CALIFORNIA }
COUNTY OF SANTA CLARA } SS

Brenda Davis
BRENDA DAVIS, COUNTY CLERK-RECORDER

I, Brenda Davis, Santa Clara County Clerk-Recorder, do hereby certify that this is a true and exact reproduction of the document officially registered in my office.
Witness my hand and official seal this 16th day of July, 2002.

By *Maureen Penick*
Deputy

This copy not valid unless prepared on engraved border displaying seal and signature of Deputy County Clerk-Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 JUL 26 PM 4: 13

LINDA SLATER
RECORDER

\$16⁰⁰ PAID *kg* DEPUTY

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