

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 105 IMAGE 432

2941

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

1. DECEASED—NAME First Middle Last William Joseph SULLIVAN			2. DATE OF DEATH (Month, Day, Year) November 30, 2001		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) Saint Mary's Regional Medical Center			3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Fm. 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) 85		7b. UNDER 1 YEAR MOS : DAYS		7c. UNDER 1 DAY HOURS : MINS		8. DATE OF BIRTH (Mo., Day, Yr.) March 15, 1916									
9a. STATE OF BIRTH (If not U.S.A., name country) Massachusetts		9b. CITIZEN OF WHAT COUNTRY U.S.A.		10. Decedent's Education. Specify highest grade completed. 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (If wife, give maiden name)											
13. SOCIAL SECURITY NUMBER 3290		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Salesman			14b. KIND OF BUSINESS OR INDUSTRY Aeronautics														
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Minden		15d. STREET AND NUMBER 1717 Azalea Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes											
16. FATHER—NAME First Middle Last James J. Sullivan			17. MOTHER—MAIDEN NAME First Middle Last Mary E. Given																
18a. INFORMANT—NAME (Type or Print) Shirley Trissler				18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1313 Foothill Blvd., Suite 8; La Canada, California 91011															
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			19b. CEMETERY OR CREMATORY—NAME Sierra Crematory			19c. LOCATION City or Town State Reno, Nevada													
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>			20b. FUNERAL DIRECTOR LICENSE NUMBER 1109		20c. NAME AND ADDRESS OF FACILITY O'Brien-Rogers & Crosby 600 West Second Street Reno, Nevada 89503														
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> DATE SIGNED (Mo., Day, Yr.): 12/6/01					21b. HOUR OF DEATH 1110					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> DATE SIGNED (Mo., Day, Yr.):									
21c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					22b. PRONOUNCED DEAD (Mo., Day, Yr.)					22c. HOUR OF DEATH									
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)					22d. ON					22e. AT									
23a. REGISTRAR <i>[Signature]</i> S. BAEZ MD 236 W 6th Reno, Nevada					23b. LICENSE NUMBER 9615					24. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) December 7, 2001					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) RESPIRATORY FAILURE										Interval between onset and death									
DUE TO, OR AS A CONSEQUENCE OF:										Interval between onset and death									
(b) CARDIO PULMONARY ARREST										Interval between onset and death									
DUE TO, OR AS A CONSEQUENCE OF:										Interval between onset and death									
(c) PRIOR CVA										Interval between onset and death									
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.										28. 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. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION		28g. STREET OR R.F.D. No.		28h. CITY OR TOWN		28i. STATE											

STATE REGISTRAR

No. 214646

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: **DEC 12 2001**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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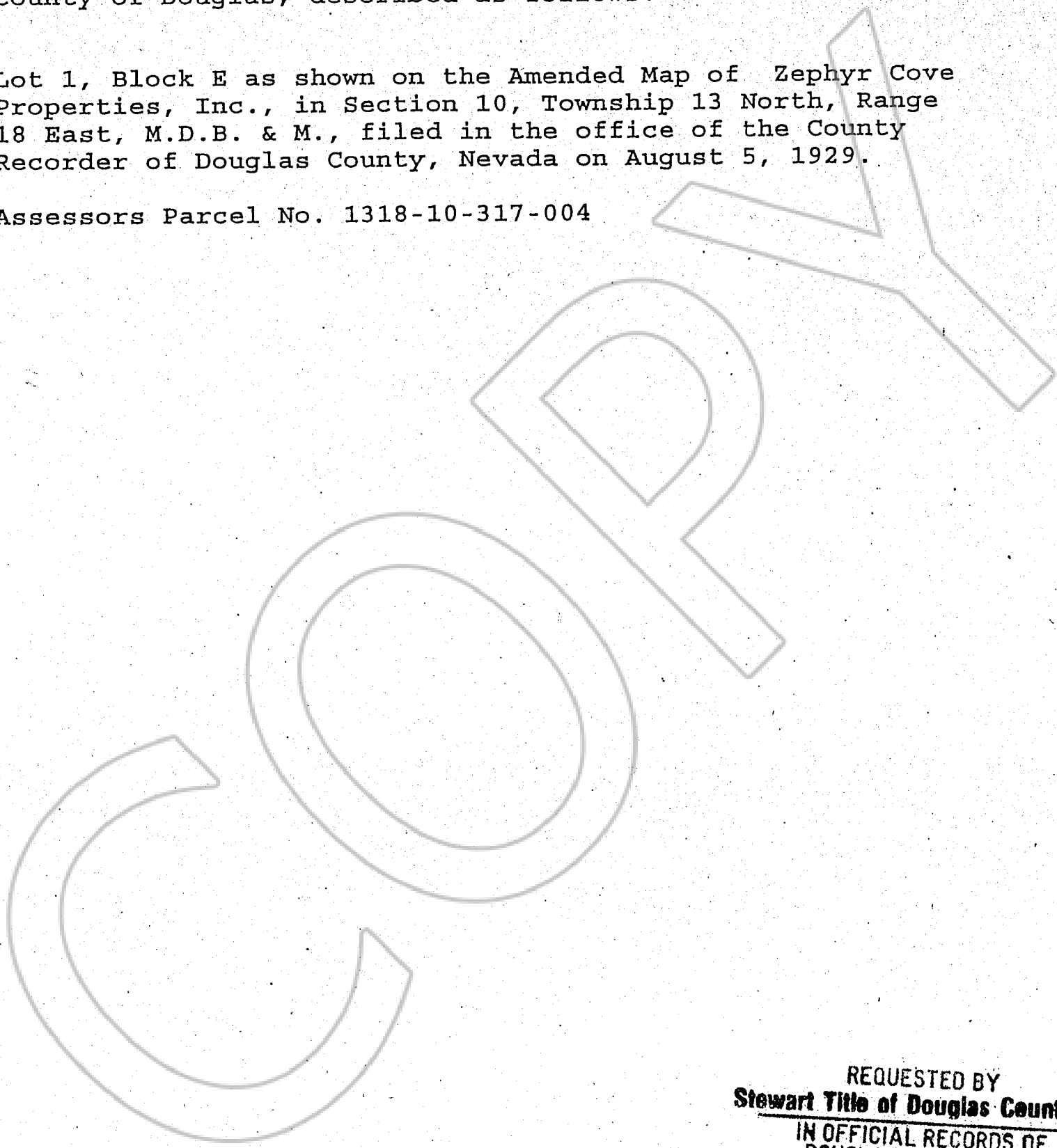
EXHIBIT "A"

LEGAL DESCRIPTION

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

Lot 1, Block E as shown on the Amended Map of Zephyr Cove
Properties, Inc., in Section 10, Township 13 North, Range
18 East, M.D.B. & M., filed in the office of the County
Recorder of Douglas County, Nevada on August 5, 1929.

Assessors Parcel No. 1318-10-317-004



REQUESTED BY
Stewart Title of Douglas County
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 AUG -7 AM 10: 57

LINDA SLATER
RECORDER

\$ 16.00 PAID BL DEPUTY

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