



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY

HEALTH DEPARTMENT

PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH 3200209

STATE OF CALIFORNIA  
 USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS  
 VB-11 (REV. 1/00)

STATE FILE NUMBER LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT—FIRST (GIVEN) ERLE		2. MIDDLE FREDRICK		3. LAST (FAMILY) HENRICKSEN	
4. DATE OF BIRTH M/M/DD/CCYY 09/19/1934		5. AGE YRS. 67		6. SEX M	
7. DATE OF DEATH M/M/DD/CCYY 08/05/2002		8. HOUR 1445			
9. STATE OF BIRTH AK		10. SOCIAL SECURITY NO. 3597		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS MARRIED		13. EDUCATION—YEARS COMPLETED 16			
14. RACE WHITE		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER LOS ANGELES COUNTY	
17. OCCUPATION APPRAISER		18. KIND OF BUSINESS REAL ESTATE		19. YEARS IN OCCUPATION 32	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 965 RIVERVIEW DR.					
21. CITY GARDNERVILLE		22. COUNTY DOUGLAS		23. ZIP CODE 89410	
24. YRS IN COUNTY 9		25. STATE OR FOREIGN COUNTRY NEVADA			
26. NAME, RELATIONSHIP CHRISTINE A. HENRICKSEN - WIFE			27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 965 RIVERVIEW DR., GARDNERVILLE, NV 89410		
28. NAME OF SURVIVING SPOUSE—FIRST CHRISTINE		29. MIDDLE A.		30. LAST (MAIDEN NAME) RUMRILL	
31. NAME OF FATHER—FIRST RAYMOND		32. MIDDLE MILTON		33. LAST HENRICKSEN	
34. BIRTH STATE NB		35. NAME OF MOTHER—FIRST CLARA		36. MIDDLE MARGARET	
37. LAST (MAIDEN) WHALEN		38. BIRTH STATE MT			
39. DATE M/M/DD/CCYY 08/08/2002					
40. PLACE OF FINAL DISPOSITION CHRISTINE A. HENRICKSEN, 965 RIVERVIEW DR., GARDNERVILLE, NV					
41. TYPE OF DISPOSITION(S) TR/CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NO.	
44. NAME OF FUNERAL DIRECTOR McFARLANE MORTUARY		45. LICENSE NO. FD-1180		46. SIGNATURE OF LOCAL REGISTRAR <i>Stephen S. Drogina</i>	
47. DATE M/M/DD/CCYY 08/06/2002					
101. PLACE OF DEATH BARTON MEMORIAL HOSPITAL		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER	
104. COUNTY EL DORADO		105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 4TH AND SOUTH AVE.		106. CITY SO. LAKE TAHOE	
107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) IMMEDIATE CAUSE (A) CARDIOPULMONARY ARREST		TIME INTERVAL BETWEEN ONSET AND DEATH Minutes		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
DUE TO (B) SEPSIS		Days		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C)				110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D)				111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 COLON CANCER					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. NO					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE M/M/DD/CCYY 08/05/2002		115. SIGNATURE AND TITLE OF CERTIFIER <i>Andrew H. K. Tang</i>		116. LICENSE NO. A054689	
DECEDENT LAST SEEN ALIVE M/M/DD/CCYY 08/05/2002		117. DATE M/M/DD/CCYY 08/05/2002		118. TYPE ATENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP ANDREW H. K. TANG, MD, 2169 SOUTH AVE., SO. LAKE TAHOE, CA 96150	
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M/M/DD/CCYY	
122. HOUR		123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
125. LOCATION (STREET AND NUMBER OR LOCATION, AND CITY, ZIP)					
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A B C D E F G H		FAX AUTH. # 1268 CENSUS TRACT	

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0559090

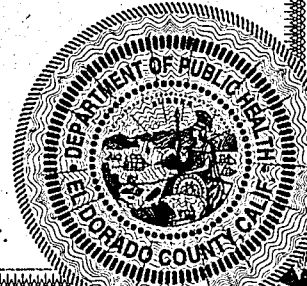
66580 CERTIFIED COPY OF VITAL RECORDS  
 STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Department.

DATE ISSUED 08/12/2002

*Stephen S. Drogina*  
 STEPHEN S. DROGINA, M.D.  
 COUNTY HEALTH OFFICER

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.



**EXHIBIT "A"**

**LEGAL DESCRIPTION**

ESCROW NO.: 020708536

Lot 1, in Block A, as shown on the Official Plat of DOWNTOWN GRIZ SUBDIVISION, filed for record in the office of the Douglas County Recorder, on October 7, 1991, as Document No. 262042, Official Records.

Assessor's Parcel No. 1220-16-311-005

COPY

REQUESTED BY  
**Stewart Title of Douglas County**

IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2002 NOV 26 PM 3: 29

LINDA SLATER  
RECORDER

\$ 16.00 PAID KJ DEPUTY

0559090

BK 1102 PG 11456