

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

ROLL 100 IMAGE 678

1493

STATE FILE NUMBER

LOCAL FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME First Middle Last Donald Shayler MITCHELL-HARRIS			2. DATE OF DEATH (Month, Day, Year) June 27, 2000		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) Washoe Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. 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) 66		7b. UNDER 1 YEAR MOS : DAYS		7c. UNDER 1 DAY HOURS : MINS		8. DATE OF BIRTH (Mo., Day, Yr.) October 11, 1933										
9a. STATE OF BIRTH (If not U.S.A., name country) Nebraska		9b. CITIZEN OF WHAT COUNTRY U.S.A.		10. Decedent's Education. Specify highest grade completed. 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Joan Parry												
13. SOCIAL SECURITY NUMBER 7912		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Quality Control Inspector		14b. KIND OF BUSINESS OR INDUSTRY Defense Industry		15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Carson City		15d. STREET AND NUMBER 925 Ranchview Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes						
16. FATHER—NAME First Middle Last Cyril Mitchell-Harris			17. MOTHER—MAIDEN NAME First Middle Last Daisy Goss			18a. INFORMANT—NAME (Type or Print) Joan Mitchell-Harris						18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 925 Ranchview Circle - Carson City, Nevada 89705								
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			19b. CEMETERY OR CREMATORY—NAME Walton's Sierra Crematory			19c. LOCATION City or Town State Carson City - Nevada														
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>			20b. FUNERAL DIRECTOR LICENSE NUMBER 09			20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 North 02nd St., Carson City, Nevada 89706														
21a. To be completed by CERTIFYING PHYSICIAN 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.) 6-29-00			21c. HOUR OF DEATH 19:10			22a. To be completed by Coroner's Office 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.)			22c. HOUR OF DEATH 22c.			22b. PRONOUNCED DEAD (Mo., Day, Yr.)			22e. PRONOUNCED DEAD (Hour) 22e. AT					
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Sherwood M Dixon, M.D. 75 Pringle Way 601 Reno NV 89502			23b. LICENSE NUMBER 4664			24a. REGISTRAR (Signature) <i>[Signature]</i> Dep.						24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) June 29, 2000			24c. DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Sepsis DUE TO, OR AS A CONSEQUENCE OF: (b) Cirrhosis of the Liver DUE TO, OR AS A CONSEQUENCE OF: (c)			Interval between onset and death Interval between onset and death 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. 26. 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) 28a.		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY M		28d. DESCRIBE HOW INJURY OCCURRED														
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE																

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

560625
202PG05655

No.160511

STATE REGISTRAR

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

Date Issued:

JUL 18 2000

State Registrar

[Signature]

LEGAL DESCRIPTION

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

Lot 33, in Block M, as set forth on that certain Final Map of SUNRIDGE HEIGHTS, PHASES 7B and 9, a Planned Unit Development, recorded in the office of the Douglas County Recorder on September 5, 1995 in Book 995, Page 410, as Document No. 369825, and by Certificate of Amendment recorded August 14, 1996, in Book 896, Page 2588, as Document No. 394289.

Assessor's Parcel No. 1420-07-815-017

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

2002 DEC 13 AM 10:43

LINDA SLATER
RECORDER

\$ 16.00 PAID BE DEPUTY

0560625

BK 1202 PG 05656