

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

	LOCAL FILE NUMBER		STATE FILE NUMBER
TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last 1. RaeMarie Elaine BRIEN		DATE OF DEATH (Month, Day, Year) 2. January 1, 2003
	CITY, TOWN OR LOCATION OF DEATH 3b. Carson City		COUNTY OF DEATH 3a. Carson City
DECEDENT	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Carson Tahoe Hospital		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient
	SEX 4. Female		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 82
	STATE OF BIRTH (If not U.S.A., name country) 9a. Ohio	CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 12
PARENTS	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married		SURVIVING SPOUSE (If wife, give maiden name) 12. Thomas Brien
	SOCIAL SECURITY NUMBER 13. ██████████-2762		KIND OF BUSINESS OR INDUSTRY 14b. Women Clothing
DISPOSITION	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Sales Representative		
	RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Gardnerville
CERTIFIER	STREET AND NUMBER 15d. 868 Arrowhead		INSIDE CITY LIMITS (Specify Yes or No) 15e. yes
	FATHER—NAME First Middle Last 16. James DeSanto		MOTHER—MAIDEN NAME First Middle Last 17. Katherine Legatz
CAUSE OF DEATH	INFORMANT—NAME (Type or Print) 18a. Thomas Brien - Husband		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. P.O. Box 134, Gardnerville, Nevada 89410
	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. FitzHenry's Crematory
CAUSE OF DEATH	LOCATION City or Town State 19c. Carson City, Nevada		
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 217
CAUSE OF DEATH	NAME AND ADDRESS OF FACILITY 20c. 833 N. Edmonds Drive, Carson City, NV 89701		
	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> MD		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>
CAUSE OF DEATH	DATE SIGNED (Mo., Day, Yr.) 21b. 1/2/03	HOUR OF DEATH 21c. 11:53	DATE SIGNED (Mo., Day, Yr.) 22b.
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		HOUR OF DEATH 22c.
CAUSE OF DEATH	PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON		PRONOUNCED DEAD (Hour) 22e. AT
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Ali Bawamia, M.D., 775 Fleischmann Way, Carson City, NV 89702		LICENSE NUMBER 23b. 9431
CAUSE OF DEATH	REGISTRAR 24a. (Signature) <i>[Signature]</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. January 3, 2003	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, meningitis, acute cholangitis		
CAUSE OF DEATH	DUE TO, OR AS A CONSEQUENCE OF: (b)		Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF: (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) 26. no
	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. yes
CAUSE OF DEATH	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M	DESCRIBE HOW INJURY OCCURRED 28d.
	INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE 28g.

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 0568089



STATE REGISTRAR

No.231087

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

Date Issued: **JAN 03 2003** 0566464

[Signature]
State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK 0203PG02114

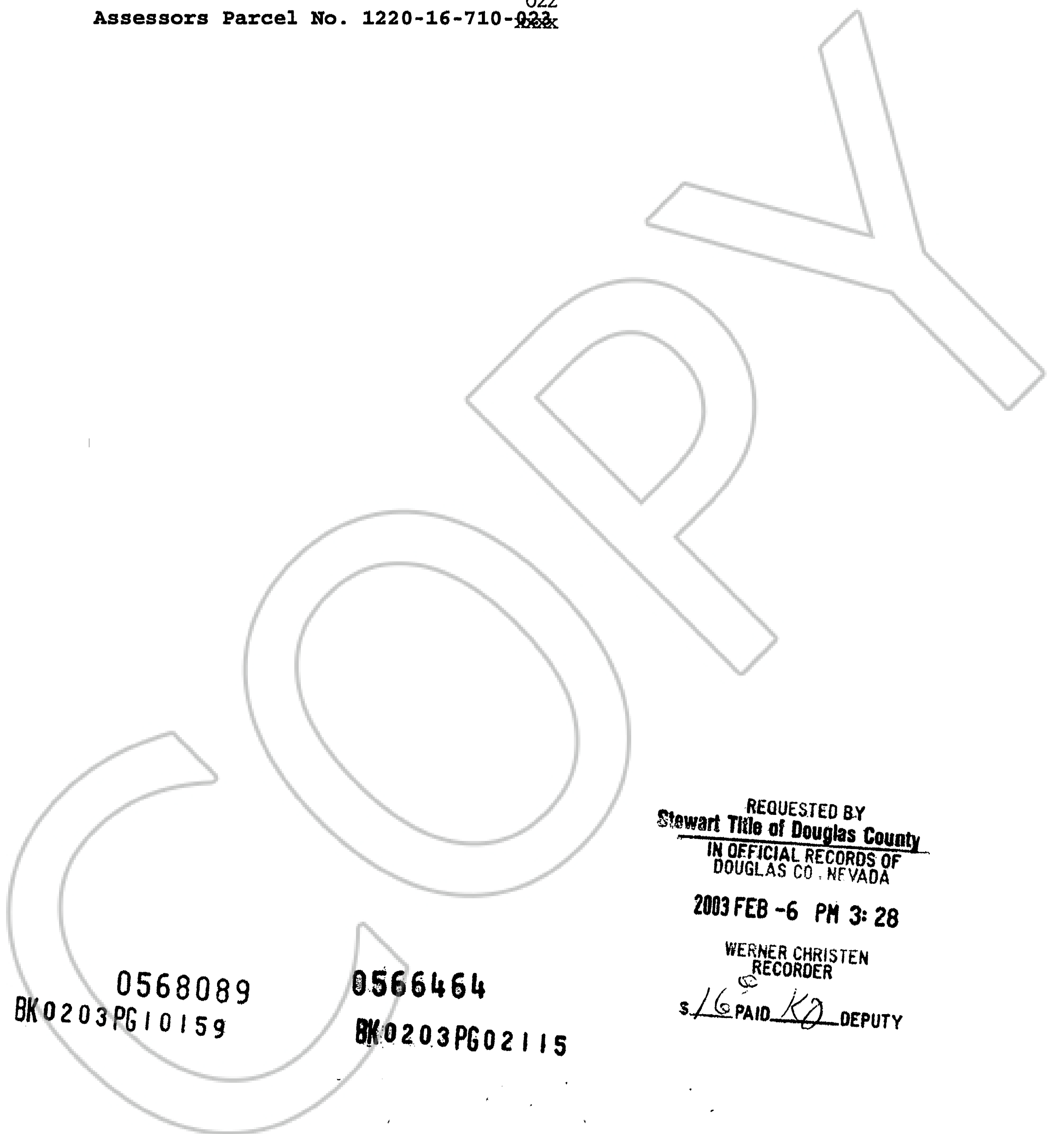
EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 020709292

Lot ~~23~~²², Block A, as shown on the map of GARDNERVILLE RANCHOS
UNIT NO. 4, filed in the office of the County Recorder of
Douglas County, Nevada, on April 10, 1967, as Document No.
35914.

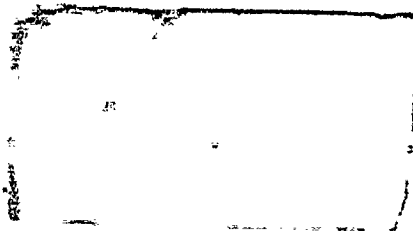
Assessors Parcel No. 1220-16-710-~~023~~⁰²²



0568089
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0566464
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REQUESTED BY
Stewart Title of Douglas County
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA
2003 FEB -6 PM 3:28
WERNER CHRISTEN
RECORDER
s. 16 PAID KD DEPUTY



COPY

REQUESTED BY
Stewart Title of Douglas County

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2003 FEB 25 AM 10: 56

WERNER CHRISTEN
RECORDER

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