

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 178

1009

2000 0005499

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1. DECEASED—NAME First Middle Last John Calhoun HARGIS III			DATE OF DEATH (Month, Day, Year) 2 May 1, 2000		COUNTY OF DEATH 3a. 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		If Hosp. or inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient		SEX 4. Male					
DECEDENT	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) 83		7b. UNDER 1 YEAR MOS : DAYS		7c. UNDER 1 DAY HOURS : MINS		DATE OF BIRTH (Mo., Day, Yr.) 8 March 13, 1917	
	9a. STATE OF BIRTH (If not U.S.A., name country) Kansas		9b. CITIZEN OF WHAT COUNTRY U.S.A.		10. Decedent's Education. Specify highest grade completed. 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Donna Hargis			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER 1654		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired) Appraiser		14b. KIND OF BUSINESS OR INDUSTRY Real estate							
	15a. RESIDENCE—STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN, OR LOCATION Carson City		15d. STREET AND NUMBER 985 Parkview Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
PARENTS	16. FATHER—NAME First Middle Last John Hargis			17. MOTHER—MAIDEN NAME First Middle Last Ruth Richardson								
	18a. INFORMANT—NAME (Type or Print) Donna Hargis			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 985 Parkview Dr. Carson City, Nevada 89705								
DISPOSITION	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>Annmy Benson</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 9		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N. Roop St. Carson City, Nevada 89706 02							
CERTIFIER	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>					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>						
	21b. DATE SIGNED (Mo., Day, Yr.) 5-3-00		21c. HOUR OF DEATH 1221			22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH				
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					22d. PRONOUNCED DEAD (Mo., Day, Yr.)		22e. PRONOUNCED DEAD (Hour)				
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) Wm Dawson MD 85 Kirmann Reno NV					23b. LICENSE NUMBER NV 2992						
CAUSE OF DEATH	24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) May 3, 2000		24c. DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input type="checkbox"/>							
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					Interval between onset and death						
PART I (a) intentional homicide DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death							
PART II (b) _____ DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death							
PART III (c) _____ 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)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY		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		28h. STREET OR R.F.D. No.		28i. CITY OR TOWN		28j. STATE		

No.160592

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: JUN 02 2000

0593448

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BKT003PG6289

EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.:

Lot 9, in Block S, as set forth in the Final Map of SUNRIDGE HEIGHTS, PHASE 6A & 8A, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on May 1, 1995, Book 595, Page 1, as Document No. 361213 and by Certificate of Amendment recorded May 17, 1995, Book 595, Page 2588, as Document No. 362268, and also by Certificate of Amendment Recorded August 7, 1995, in Book 895, at Page 816, as Document No. 367680.



0593448

BK1003PG6290