

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

01 2092307

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

ROLL 99 IMAGE 119

3018

STATE FILE NUMBER

DECEDENT	1. DECEASED—NAME First Middle Last Jesse Henry GOLDBERG			2. DATE OF DEATH (Month, Day, Year) December 30, 1999		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.		7. AGE—Last Birthday (Years) 73					
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo., Day, Yr.) June 9, 1926		9a. STATE OF BIRTH (If not U.S.A., name country) Minnesota		9b. CITIZEN OF WHAT COUNTRY U.S.A.		9c. Decedent's Education. Specify highest grade completed. 12					
	10. SOCIAL SECURITY NUMBER 6004		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Virginia Cloud		13. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Owner					
	14. KIND OF BUSINESS OR INDUSTRY Retail Furniture Store		15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Gardnerville					
PARENTS	16. FATHER—NAME First Middle Last Joseph H. Goldberg		17. MOTHER—MAIDEN NAME First Middle Last Jeannette Pinck		18a. INFORMANT—NAME (Type or Print) Virginia L. Goldberg			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 419 Dino Court Gardnerville, Nevada 89410				
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial			19b. CEMETERY OR CREMATORY—NAME Eastside Memorial Park			19c. LOCATION City or Town State Minden, Nevada					
	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>James P. Hill</i>			20b. FUNERAL DIRECTOR LICENSE NUMBER 217			20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home Gardnerville, Nevada 89410					
CERTIFIER	21. 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>Vernon O. McCarty</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>Heather O. McCarty</i>			DATE SIGNED (Mo., Day, Yr.) January 3, 2000			HOUR OF DEATH 0310		
	21b. DATE SIGNED (Mo., Day, Yr.)			21c. HOUR OF DEATH			22b. PRONOUNCED DEAD (Mo., Day, Yr.) December 30, 1999			22c. PRONOUNCED DEAD (Hour) 0310		
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520			21f. LICENSE NUMBER WCC S. 35					
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. REGISTRAR (Signature) <i>Sandi Backus</i> Dep.			23b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) January 3, 2000			23c. 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).)											
	PART I (a) Pulmonary thromboemboli DUE TO, OR AS A CONSEQUENCE OF:			PART II (b) Closed head injury with coma DUE TO, OR AS A CONSEQUENCE OF:			PART III (c) Blunt force motorcycle trauma					
26. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) Accident			27. DATE OF INJURY (Mo., Day, Yr.) Dec. 12, 1999			28. HOUR OF INJURY 1300			29. DESCRIBE HOW INJURY OCCURRED Operator of motorcycle in collision with motorcycle			
28a. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) Mountain Trail			28b. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE Lower Pine Nut Range, Douglas County, Nevada			28c. AUTOPSY (Specify Yes or No) Yes			28d. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			

No.159173

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

0598109
Deputy Registrar

Sandi Backus

Date: _____

JAN 10 2000

IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK 1103 PG 1269

EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 030803935

Being a Portion of the Northwest 1/4 of Section 23,
Township 12 North, Range 19 East, M.D.B. & M., further
described as:

Parcel 4-B of Parcel Map No. 2 for Dino Natali, filed for
Record in the Office of the County Recorder of Douglas
County, State of Nevada on December 19, 1986, in Book 1286,
Page 2677, as Document No. 147128.

ASSESSOR'S PARCEL NO. 1219-23-001-013

COPY

0598109

BK1103PG12692