



# 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

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER			STATE FILE NUMBER		
	DECEASED—NAME First Middle Last <b>Charles Elwood JONES</b>			DATE OF DEATH (Month, Day, Year) <b>2 December 22, 1992</b>		
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>Carson-Tahoe Hospital</b>		
	RACE—e.g., White, Black, American Indian, etc. (Specify) <b>White</b>			SEX <b>Male</b>		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	STATE OF BIRTH (If not U.S.A., name country) <b>Pennsylvania</b>			DATE OF BIRTH (Mo., Day, Yr.) <b>November 10, 1932</b>		
	CITIZEN OF WHAT COUNTRY <b>USA</b>			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		
PARENTS	FATHER—NAME First Middle Last <b>Kenneth Pierce Jones</b>			MOTHER—MAIDEN NAME First Middle Last <b>Mary Grace Evans</b>		
	INFORMANT—NAME (Type or Print) <b>Annette Ray Jones - Wife</b>			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>P.O. Box 1053 Gardnerville, Nevada 89410</b>		
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>			CEMETERY OR CREMATORY—NAME <b>Eastside Memorial Park</b>		
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Dean D. Paul</i>			NAME AND ADDRESS OF FACILITY <b>FitzHenry's Funeral Home &amp; Crematory, 833 N. Edmonds Dr. Carson City, Nevada 89701</b>		
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>John P. Kelly, M.D.</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>John P. Kelly, M.D.</i>		
	21b. DATE SIGNED (Mo., Day, Yr.) <b>December 22, 1992</b>			22b. DATE SIGNED (Mo., Day, Yr.) <b>December 22, 1992</b>		
CAUSE OF DEATH	21c. HOUR OF DEATH <b>0440</b>			22c. HOUR OF DEATH		
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>John P. Kelly M.D. 1000 N. Division St. Carson City, Nevada</b>			22d. PRONOUNCED DEAD (Mo., Day, Yr.) <b>ON</b>		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) <b>John P. Kelly M.D. 1000 N. Division St. Carson City, Nevada</b>			23b. LICENSE NUMBER <b>6376</b>		
	24a. REGISTRAR (Signature) <i>Scott M. Vaughan</i>			24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>December 22, 1992</b>		
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) <b>(a) Metabolic encephalopathy</b>			Interval between onset and death <b>1 week</b>		
	<b>(b) Metastatic Lung Cancer</b>			Interval between onset and death <b>5 months</b>		
CAUSE OF DEATH	26. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause(s) given in Part I			27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>NO</b>		
	28. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) <b>NO</b>			29. AUTOPSY (Specify Yes or No) <b>NO</b>		
CAUSE OF DEATH	29a. INJURY AT WORK (Specify Yes or No)			30. DESCRIBE HOW INJURY OCCURRED		
	29b. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			30a. LOCATION		

SEAL

No. 049912



This is to certify that the above is a true and correct copy of the certificate on file in this office.  
Date Issued: **DEC 22 1992**

By *Gyonne*  
Deputy Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

-612421 BK0504 PG-2227

Order No.: 020707253

### LEGAL DESCRIPTION

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

That certain parcel of land situated in and being a portion of the Northeast 1/4 of Section 34 and the Northwest 1/4 of Section 35 in Township 13 North, Range 20 East, M.D.B.&M., described as follows:

Parcel 8-D as set forth on that certain Wagner Parcel Map of Lot 8 of Record of Survey for Al Wagner filed for record in the office of the County Recorder of Douglas County, Nevada on January 21, 1982 as Document No. 64239.

ASSESSOR'S PARCEL NO. 1320-35-001-015

0612421

BK0504PG02228