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REQUESTED BY
Edward Bernard
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 NOV 18 PM 12: 29

WERNER CHRISTEN
RECORDER

\$ 15⁰⁰ PAID 13 DEPUTY

APN# 1220-21-710-107

Recording Requested by:

Name: Edward Bernard Esq.

Address: 1203 N. Nevada St.

City/State/Zip: Carson City NV 89703

Certificate of Death
(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

0629758

BK 1104 PG 09015

STATE OF NEVADA
CERTIFICATION OF VITAL RECORDS

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

DECEDENT

PARENTS

POSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH

USE OF HEALTH

LOCAL FILE NUMBER			STATE FILE NUMBER		
DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
1. Cletta Jivene PHELPS			2 October 16, 2004		3a. Douglas
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	SEX
3b. Gardnerville		3c. 755 Hornet		3e.	4. Female
RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)
5. White	6.	7a. 70	7b. :	7c. :	8. July 10, 1934
STATE OF BIRTH (If not U.S.A., name country)	CITY OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)	
9a. Oklahoma	9b. U.S.A.	10. 10	11. Widowed	12.	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY			
13. -7968	14a. Office Administrator/Fitter	14b. Orthotics-Prosthetics			
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)	
15a. Nevada	15b. Douglas	15c. Gardnerville	15d. 755 Hornet	15e. Yes	
FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last		
16. Eugene Burroughs			17. Velma Robinson		
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
18a. Markam Housman			18b. 755 Hornet, Gardnerville, NV 89410		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME		LOCATION City or Town State		
19a. Cremation	19b. Walton's Sierra Crematory		19c. Carson City, Nevada		
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY			
20a. John Busom	20b. 624	20c. 5401 Longley Lane, Suite 11, Reno, NV 89511			
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) [Signature]			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) [Signature]		
DATE SIGNED (Mo., Day, Yr.) 10/21/04			DATE SIGNED (Mo., Day, Yr.)		
HOUR OF DEATH 1110			HOUR OF DEATH		
21b. 10/21/04			22b. 22c.		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Mo., Day, Yr.)		
21d.			PRONOUNCED DEAD (Hour)		
21d.			22d. ON		
21d.			22e. AT		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)					LICENSE NUMBER
23a. Andrew Tang M.D., 1520 Virginia Ranch Rd., Gardnerville, NV89410					23b. 8365
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE		
24a. (Signature) Wera R. Kachemp	24b. October 22, 2004		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)	Interval between onset and death			
	DUE TO, OR AS A CONSEQUENCE OF:	: M.L.			
	(b) CHF	Interval between onset and death			
	DUE TO, OR AS A CONSEQUENCE OF:	: M.L.			
	(c)	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.		AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)	
	CVD		26. No	27. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
28a.	28b.	28c. M	28d.		
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN	STATE
28e.	28f.	28g.			

STATE REGISTRAR

No. 264609

13140

CERTIFIED COPY OF VITAL RECORDS

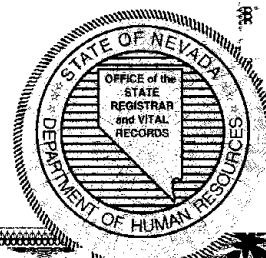
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

OCT 22 2004

STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.



ANY ALTERATION IS VOID