

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

ROLL 114 IMAGE 419

1090

STATE FILE NUMBER

TYPE OF PRINT IN PERMANENT BLACK INK

DECEASED

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

DECEASED—NAME 1. Robert Michael HEBERT		DATE OF DEATH (Month, Day, Year) 2. April 23, 2004		STATE FILE NUMBER	
CITY, TOWN OR LOCATION OF DEATH 3b. Reno		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Washoe Medical Center		COUNTY OF DEATH 3a. Washoe	
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. 60	
STATE OF BIRTH (If not U.S.A., name country) 8a. California		CITIZEN OF WHAT COUNTRY 8b. U.S.A.		DATE OF BIRTH (Mo., Day, Yr.) 8. May 29, 1943	
SOCIAL SECURITY NUMBER 13. [REDACTED]-8021		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Postal Worker		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas		KIND OF BUSINESS OR INDUSTRY 14b. United States Postal Service	
FATHER—NAME First Middle Last 16. Ray Morissette		MOTHER—MAIDEN NAME First Middle Last Loa Rawson		STREET AND NUMBER 15d. 3419 Princeton Avenue	
INFORMANT—NAME (Type or Print) 18a. Salli Hebert		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 3419 Princeton Avenue, Carson City, Nevada 89705			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Truckee Meadows Crematory		LOCATION City or Town State 19c. Sparks, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>Carol D. Hagan</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 2011		NAME AND ADDRESS OF FACILITY 20c. Reno Memorial, 253 E. Arroyo, Reno, Nevada 89502	
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>S. Lawrence, MD</i> DATE SIGNED (Mo., Day, Yr.) 21b. 4/27/04		HOUR OF DEATH 21c. 1757		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>Arhan Roymanas</i> DATE SIGNED (Mo., Day, Yr.) 22b. _____	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. _____		PRONOUNCED DEAD (Mo., Day, Yr.) 22c. _____		PRONOUNCED DEAD (Hour) 22e. AT _____	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23a. 15 Pringle Way #512 Reno, NV 89502		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. April 28, 2004		LICENSE NUMBER 23b. 9340	
REGISTRAR 24a. (Signature) <i>Janet Budy</i> Dep.		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 1 (a) Cardiac arrest		Interval between onset and death			
(b) Congestive heart failure		Interval between onset and death			
(c) Respiratory failure		Interval between onset and death			
PART 2 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. Renal failure Aortic insufficiency		AUTOPSY (Specify Yes or No) 26. No		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No	
ACC. SUICIDE, HOMICIDE, UNDETERMINED OR PENDING INVEST. 28a. _____		DATE OF INJURY (Mo., Day, Yr.) 28b. _____		HOUR OF INJURY 28c. _____	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28t. _____		LOCATION 28d. _____		STREET OR R.F.D. No. CITY OR TOWN STATE	



CERTIFIED TRUE COPY

STATE REGISTRAR *Joseph A. M. [Signature]* No. **264790**

Author: VA Form 2450-5

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

Deputy Registrar: *[Signature]* Date: **MAY 3 2004**

EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 050101082

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

All that portion of the Southwest 1/4 of the Southeast 1/4 of Section 7, Township 14 North, Range 20 East, M.D.B.&M., more particularly described as follows:

Parcel 2 of that certain Parcel Map entitled "The Princeton Avenue Parcel Map" filed in the office of the Douglas County Recorder, State of Nevada, on November 5, 1990 in Book 1190 at Page 585, as Document No. 238177, Official Records.

Assessors Parcel No. 1420-07-802-002