



# 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 118 IMAGE 89

1249

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
	1. <b>George Howard HARDEN</b>		2. <b>April 24, 2005</b>		3a. <b>Washoe</b>
	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/Emar. Firm. Inpatient (Specify)
DECEDENT	3b. <b>Reno</b>		3c. <b>Washoe Medical Center</b>		3e. <b>Inpatient</b>
	FACE—(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)	DATE OF BIRTH (Mo., Day, Yr.)
	5. <b>White</b>	8. <b>X</b>	7a. <b>59</b>	8. <b>January 17, 1946</b>	4. <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)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
	9a. <b>California</b>		9b. <b>USA</b>	10. <b>12</b>	11. <b>Married</b>
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)		KIND OF BUSINESS OR INDUSTRY
PARENTS	13. <b>1020</b>		14a. <b>Planner</b>		14b. <b>Electronics Manufacturing</b>
	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
	15a. <b>Nevada</b>	15b. <b>Douglas</b>	15c. <b>Minden</b>	15d. <b>San Juan Circle</b>	15e. <b>Yes</b>
DISPOSITION	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		
	16. <b>Howard Alexander Harden</b>		17. <b>Virginia Elizabeth Stothers</b>		
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
CERTIFIER	18a. <b>Charlene Harden</b>		18b. <b>2881 San Juan Circle, Minden Nevada 89423</b>		
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	LOCATION	City or Town, State
	19a. <b>Cremation</b>		19b. <b>Masonic Memorial Gardens</b>	19c. <b>Reno Nevada</b>	
CAUSE OF DEATH	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY	
	20a. <b>JoAnn Rissom</b>		20b. <b>624</b>	20c. <b>Truckee Meadows 616 S. Wells Ave., Reno Nevada 89502</b>	
	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) <b>[Signature]</b>		21b. DATE SIGNED (Mo., Day, Yr.) <b>4/26/05</b>		21c. HOUR OF DEATH <b>1620</b>
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)		21e. PRONOUNCED DEAD (Mo., Day, Yr.)		21f. PRONOUNCED DEAD (Hour)
	21d.		21e.		21f.
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		22a. ON		22e. AT
CAUSE OF DEATH	23a. <b>JOEL McREYNOLDS M.D. 77 PRINGLE WAY, RENO, NV 89502</b>		23b. <b>10971</b>		
	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE	
	24a. (Signature) <b>[Signature]</b> <b>State Burial Dep.</b>		24b. <b>April 26, 2005</b>	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				
	PART (a) <b>LUNG CANCER</b>				
	DUE TO, OR AS A CONSEQUENCE OF:				
CAUSE OF DEATH	PART (b) _____				
	DUE TO, OR AS A CONSEQUENCE OF:				
	PART (c) _____				
CAUSE OF DEATH	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)	
	26. <b>No</b>		27. <b>No</b>		
	ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	
28a.	28b.	28c.	28d.		
28a.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION	STREET OR R.F.D. No.	CITY OR TOWN STATE
28a.	28f.		28g.		

STATE REGISTRAR

No. 281727

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

Deputy Registrar:

*Barbara Lee Hunt*

Date: **APR 29 2005**

WARNING: IT IS ILLEGAL TO ALI



**EXHIBIT "A"**

**LEGAL DESCRIPTION**

ESCROW NO.: 050101573

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

Lot 148, Block J, as shown on the Final Map #PD99-02-05 for SARATOGA SPRINGS ESTATES UNIT 5, A PLANNED DEVELOPMENT, recorded in the Office of the County Recorder of Douglas County, Nevada, on May 4, 2001, in Book 0501, at Page 1402, as Document No. 513570, and further Certificate of Amendment recorded July 17, 2001 as Document No. 518483.

ASSESSOR'S PARCEL NUMBER: 1420-28-311-016

