



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

LOCAL FILE NUMBER			STATE FILE NUMBER		
DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
1. Jack Kyuang THUN			2. August 29, 2005		3a. Douglas
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		SEX	
3b. Gardnerville		3c. 1220 Kingslane Court		4. Male	
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)	
5. Asian		6.		7a. 90	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. California		9b. U.S.A.		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
13. ██████████ 6728		14a. Orderly		14b. Veterans Administration	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER
15a. Nevada		15b. Douglas	15c. Gardnerville		15d. 1220 Kingslane Crt.
INSIDE CITY LIMITS (Specify Yes or No)		15e. yes			
FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last		
16. Nak Chun Thun			17. Ruth Lee		
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
18a. Sandra Thun - Wife			18b. 1220 Kingslane Court, Gardnerville, NV 89410		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Cremation		19b. FitzHenry's Crematory		19c. Carson City, NV	
FUNERAL DIRECTOR—SIGNATURE (Or Print Name Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20a. <i>[Signature]</i>		21. 217		FitzHenry's Funeral Home	
				22. 8133 N. Sandons Drive, Carson City, NV 89701	
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)			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)		
21b. <i>David H. Johnson M.D.</i>			22b. <i>David H. Johnson M.D.</i>		
DATE SIGNED (Mo., Day, Yr.)			DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH
21c. 8/22/05			22c. 0005		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)
21d. David Johnson, M.D., 1624 Library Lane #B, Minden, NV 89423			22d. ON		22e. AT
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)			LICENSE NUMBER		
23a. David Johnson, M.D., 1624 Library Lane #B, Minden, NV 89423			23b. 4143		
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24a. <i>Jaime Evans</i>		24b. August 23, 2005		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 (a) <i>CHF</i> DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
PART (b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
PART (c) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.				AUTOPSY (Specify Yes or No)	
				26. no	
WAS CASE REFERRED TO CORONER (Specify Yes or No)				27. no	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28a.		28b.		28c. M	
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. 320019

079775

CERTIFIED COPY OF VITAL RECORDS

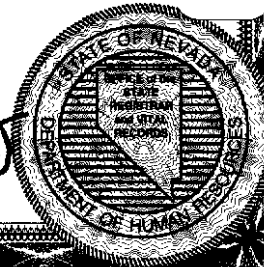
This is a true and exact reproduction of the document officially registered and dated on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

AUG 23 2005

STATE REGISTRAR

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



BK- 0905 PG- 4448 0654982 Page: 2 OF 2 09/14/2005