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|   | DOC # 0677590<br>06/20/2006 09:30 AM Deputy: CF  |
|---|--|
|   | OFFICIAL RECORD                                  |
| A.P.N. # 1320-29-214-022  | Requested By:                                    |
| ESCROW NO.  | TIME D SEXTON                                    |
| RECORDING REQUESTED BY: STEWART TITLE COMPANY   | Douglas County - NV                              |
| SIEWARI IIIDE COMPART   | Werner Christen - Recorder                       |
|   | Page: 1 Of 3 Fee: 16.00                          |
|   | BK-0606 PG-6455 RPTT: 0.00                       |
| WHEN RECORDED MAIL TO:  |  |
| √ Tim D. Sexton   | T IMMATIC MULTIN BIRT IMMATICANNA DITEM IMATICAN |
| 1737 Lavender Court   | ~ \ \  |
| Minden, NV 89423  |  |
|   | (Space Above For Recorder's Use Only)            |
| AFFIDAVIT - DE  | EATH OF JOINT TENANT                             |
|   |  |
| OT AME OF STEELAND  |  |
| STATE OF NEVADA } } ss.   |  |
| COUNTY OF Douglas }   |  |
|   |  |
| =1  |  |
| Tim D. Sexton and says: That Miriam I. Sexton   | , of legal age, being first duly sworn, deposes  |
| and says: That Miriam I. Sexton certified copy of Certificate of Death, is the same perso | n as Miriam I. Sexton                            |
| named as one of the parties in that certain Deed  | dated July 07, 2004                              |
| executed by ward Leith Harrington, S  | uccessor Trustee of the Mildred M. *             |
| to Tim D. Sexton and Miriam I. S  |  |
|   | cial Records of Douglas                          |
| County, Nevada, covering the following described prop                                     | erty situated in Douglas                         |
| County State of Nevada:   |  |
| SEE EXHIBIT "A" ATTACHED HERETO   | AND MADE A PART HEREOF                           |
| * Huffman Revocable Trust Dated Nove  | mber 7, 2001                                     |
|   |  |
|   |  |
|   |  |
| DATE: June 20, 2006   | Cm D. Syston                                     |
|   | im D. Sexton                                     |
|   |  |
| STATE OF Nevada   | APRIL WALKER                                     |
| COUNTY OF Douglas } ss.   | NOTARY PUBLIC                                    |
|   | STATE OF NEVADA Appt. Recorded in Douglas County |
| This instrument was acknowledged before me on U. by, Tim D. Sexton                        | My Appt. Expires July 25, 2009                   |
| by, Tim D. Sexton   | No: 05-98457-5                                   |
| \ <del>-\-///</del>   | ·  |
| 1 1 1 1 1 1 1 1   | · · · · · · · · · · · · · · · · · · ·            |
| Signature april Walker  |  |
|   | les of Document for Recorder's Use Only)         |

## EXHIBIT "A"

#### LEGAL DESCRIPTION

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

#### Parcel 1:

Lot 13, as shown on the Official Plat of WINHAVEN, UNIT NO. 2, PHASE B, filed for record in the Office of the County Recorder, recorded September 14, 1990, in Book 990 of Official Records, at Page 1935, Douglas County, Nevada, as Document No. 234655.

Assessors Parcel No. 1320-29-214-022

#### Parcel 2:

A non-exclusive easement for use, enjoyment, ingress and egress over the common area as set forth in Declaration of Covenants Conditions and Restrictions recorded September 28, 1990, in Book 990, Page 4348, as Document No. 235644, Official Records.

BK- 0606 PG- 6456 06/20/2006

# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

# DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH

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

| MITTIAM  I. SEXTON  II. SEXTON  III. MITTIAM  III. SEXTON  III. MITTIAM  III. MI | LOCAL FILE NUMBI   |   |  | diam's Entitle   | STATE FILE NUMBER                              |
|--|--|---|--|--|--|
| TITY, TOWN OR LOCATION OF PEATH  INCREMENTAL OR OTHER INSTITUTION—Name if the affine oper amont and namedow is presented by an expense DOA. OF PEATH  ACC — Dr. Wink Block, American  When Decorated of Septics (Dr. Wink Block, American  White  ACC — Dr. Wink Block  White  ACC — Dr. W | DECEASEDNAME First   | Middle  | Last Last  | DATE OF DEATH (Month, Day,   | Year) COUNTY OF DEATH                          |
| TITY, TOWN OR LOCATION OF PEATH  INCREMENTAL OR OTHER INSTITUTION—Name if the affine oper amont and namedow is presented by an expense DOA. OF PEATH  ACC — Dr. Wink Block, American  When Decorated of Septics (Dr. Wink Block, American  White  ACC — Dr. Wink Block  White  ACC — Dr. W | ı. Miri  | iam `T.   | SEXTON   | 2 May 31 20  | 06 a Douglas                                   |
| 1. A Fem post of the past of t |  |   |  |  |  |
| ACC—Go, White Back Americal Wash Departed of Hispanic Code? Specify Cyses & Prof. 1 (1998) 1748   MORSE 1 (1998) 170   MORSE 1 (1998) 1 |  | 1 1,2   | , i i  | Firm, Impaties   |  |
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| White   0.   1.   1.   1.   1.   1.   1.   1.  | ACE-(e.g., White, Black, Ame<br>Indian, etc.) /Specifyl  | rican Was Decedent of Hisp<br>specify Mexican. Cubs | anic Origin? Specify 🗋 yes 🔀 no 🕬 ye   | es, AGE—Last UNDER 1 YEAR U  | DER 1 DAY DATE OF BIRTH (Mo., Day, Yr.)        |
| ARE OF BITTH ONLY AND COLOR DESCRIPTION OF WHAT COLOR Description to the CLAR COLOR DESCRIPTION OF WHAT COLOR DESCRIPTION  |  |   | Marie San Carrette Marie San Car |  |  |
| CALLETOTHIA  DOLLA SECURITY HAMBER  ORDINATOR ONE DATE OF THE PROPERTY OF THE SEASON O | ATE OF BUILTH  | Offizen OF WHA                                      | T COUN! Decedente Education  | Saedly highest MARRIED, NEVER MARRIED.   |  |
| DOLAL SECURITY MUNICIPE    SOLID   SUBJECT   SOLID CONTY   160   1 |  | 1             | Marie Contractors.   | (Seedly)   |  |
| SEDENCE—STATE COUNTY CONTROL TOWN STREET AND NUMBER COUNTY LINEY SECRET SAD NUMBER COUNTY SECRET SECRE |  | 1,  |  | ears narried   |  |
| ESPENCE STATE  Sa. Nevada  150. Douglas  150. Mindell  150. Wither-MADE First  Mitchell  150. Mi | OCIAL SECURITY NUMBER  | Working Life, Ever                                  | HEAN (GIVE KING OF WEAK DONE LIVING<br>(If Refired)  | THE PARTY OF THE P | USINY  |
| AND NEW AND ADDRESS OF CENTRER PARKETER CHEER CH | a 0910   | )   14B.  |  |  | ome  |
| THE REVAILE THAT THE THAT THAT  | ESIDENCE—STATE   | COUNTY  | CHY, TOWN, OR LOCAT  | TON STREET AND NUME  |  |
| THER—NAME First March 1 Leo Mitchell Last March 2 Rigney  COMANT—NAME (Type or Perel)  A. Tim Sexton — Hugband  RIAL OREMATION, REMOVAL OTHER (Sound)  BEALT 1737 Lavender Ct. Minden, Nevada 89423  RIAL OREMATION, REMOVAL OTHER (Sound)  BEALT 1 100 Norther Name (Type or Perel)  BEAL | · Novada   | Ish Bouglas   | Minda  | A Law 1 72 % to  |  |
| The Section — Hugband Its 1737 Lavender Ct. Minden, Nevada 89423 Use Cemeters of Programmers of  |  | 2 32 2  | C . E . M. L   |  |  |
| FORMATI-NAME (Type or Print)  As Tim Sexton - Hugband  Iss 1737 Lavender Ct, Minden, Nevada 89423  Iss 1737 La | _  |   |  |  |  |
| Tim Sexton - Husband.  18. 1737 Lavender Ct. Minden, Nevada 89423  URIAL CREMATION, REMOVAL OTHER (Stand)  18. Bur1al  19. Northern Nevada Veterans Ceneterys. Ternley, Nevada  19. Nevada  19. Nevada  19. Purparl Designer  19. Due To, OR AS A CONSEQUENCE OF  29. Yes   |  |   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |  |  |
| DRIAL CREMATION, REMOVAL OTHER (Schedule)  DRIAL CREMATION, REMOVAL OTHER (Schedule)  DRIAL PROTOCOL-SIGNATURE  DRIAL PROT | IFORMANT—NAME (Type or F   | Print)  | MALLING ADORES   | IS (Street in PUF D) No., City   | or Town, State, Zip)                           |
| DRIAL CREMATION, REMOVAL OTHER (Schedule)  DRIAL CREMATION, REMOVAL OTHER (Schedule)  DRIAL PROTOCOL-SIGNATURE  DRIAL PROT | 8a. Tim Sexton   | - Husband   | 1737   | Lavender Ct. Minden  | Nevada 89423                                   |
| Burial  196.Northern Neveda Veterans Cemeterres. Farnley, Nevada  21. Veterans Cemeterres. Farnley, Nevada  22. Certan Leving School Veterans Cemeterres. Veterans Cemeterres.  22. Certan Leving School Veterans Cemeterres. Veterans Cemeterres. Veterans Cemeterres.  23. Certan Leving School Veterans Cemeterres. Veterans Cemeterres. Veterans Cemeterres.  23. Certan Leving School Veterans Cemeterres. Veterans Cemeterres.  24. Certan Leving School Veterans Cemeterres. Veterans Cemeterres.  25. Certan Leving School Veterans Cemeterres.  26. Certan Leving School Veterans Cemeterres.  27. Certan Leving School Veterans Cemeterres.  28. Proposition of Certan Veterans Cemeterres.  28. Proposition Cemeterres.  28.  |  |   | EMETERY OR DREMATORY NAME  | Lecanon  | City or Town State                             |
| INFRAL DIRECTOR—SIGNATURE (CENSE NUMBER AND ADDRESS OF FACALITY FITZHERTY S CATSON Valley Fune)  200. 217  200. Home 1 380. Phy 395, Cardnerville, NV 89410  200. 217  200. Home 1 380. Phy 395, Cardnerville, NV 89410  200. 217  200. Home 2 395, Cardnerville, NV 89410  200. 218  200. Or he basic or by including the design of the strik, note and gloce and design of the strike of t | D1-1   |   | A CONTRACTOR OF THE STATE OF TH |  |  |
| 209. 217 200 Home 1 380 Hwy 395 Cardnerville, NV 89410  210 Of the best of my knowledge, death obstrained at the Schi, date and place and country in the cause of country involvedge, death of the schillenge of the cause of the  |  | 15  | SNOTCHELD MEASUR   | vecerans cameternes  | rerniey, Nevada                                |
| 209. 217 200 Home 1 380 Hwy 395 Cardnerville, NV 89410  210 Of the best of my knowledge, death obstrained at the Schi, date and place and country in the cause of country involvedge, death of the schillenge of the cause of the  | UNERAL DIRECTOR—SIGNAT<br>Or Person Acting as Such)  | URE A POST  | CENSE NUMBER   | CONFESS OF FACILITY FitzHenry's  | Carson Valley Funer                            |
| Could be set of my inconsense, settly considered in the sense, date whitehoes and it is been or described.  22a. Cat he best of examination of SULP Investigation in mysophilogenesis account if the sense described in course of stated.  25b. Cat he best of examination of SULP Investigation in mysophilogenesis account in the course of stated.  26c. Cat is an investigation of the stated.  27b. Cat he best of examination of SULP Investigation in mysophilogenesis account in the sense of the stated.  27c. Cat is an investigation of the stated of the | Oa. Karen  |   | - 217 Tall Tall  | ie. 1380 Hwy 395. Gard   | lnerville. NV 89410                            |
| DATE SIGNED (Mo., Day, Yr.)  HOUR OF DEATH  21b.  NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (New 2) 97ml  21d.  NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMPLER, OR CONCINER, Type of Final.)  23a. Gree Hubbard, Deputy/Coroner, P.O. Box 218, Minden, NV 89423  23b. 262  26ISTRAR  a. (Signature)  DUE TO, OR AS A CONSEQUENCE OF  THIGH Blood Pressure  (b) High Blood Pressure  (c) High Blood Pressure  DUE TO, OR AS A CONSEQUENCE OF  (c) UP TO, OR AS A CONSEQUENCE OF  (d) High Blood Pressure  (e) High Blood Pressure  (c) CONSEQUENCE OF  (d) High Blood Pressure  (e) High Blood Pressure  (b) High Blood Pressure  (c) UP TO, OR AS A CONSEQUENCE OF  (c) Suicide, HOM, UNDET, DATE OF INJURY (Mc. Day, Vr.) HOUR OF INJURY  (c) Suicide, HOM, UNDET, DATE OF INJURY (Mc. Day, Vr.) HOUR OF INJURY  28c.  | Z 21a. To the best of my kn  | owledge, death occurred at the t                    | ione, date and place and   | 22s. On the basis of examination,  | andor investigation, a my opinion sette occurs |
| DATE SIGNED (MO., Day, Yr.)  POUR OF DEATH  21b.  21c.  1300  NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (New or ynu)  21d.  NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN, MEDICAL EXAMPLER, OR CORONET, (Type or ring)  23a. Crea Hubbard, Deputy/Coroner P.O. Box 218, Minden, (NV 89423  23b. 262  EGISTRAP  a. (Signature)  ART  OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Pert 1. AUTOPSY (Specify Yes or No)  27. Yes  DUE TO, OR AS A CONSEQUENCE OF  (c)  High Blood Pressure  DUE TO, OR AS A CONSEQUENCE OF  (d)  ART  OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Pert 1. AUTOPSY (Specify Yes or No)  28b. Yes  27. Yes  28c.  29b.  29b.  29b.  29b.  21d.  21d.  22c.  1300  1300  1300  1300  1300  1300  1300  1300  1300  13 |  |   | CARLO STATE  | The state of the s | to the causers and marker stated.              |
| 21b. 216. 226. 1300 NAME OF ATTENDING PHYSICIAN IF OTHER THANCERTIFIER (1996 of Part)  PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUN |  |   | e ne near  | TO COUNTRY AND THE PARKET  | N A HOUSE DE PERM                              |
| NAME OF ATTENDING PHYSICIAN IF GTHEN THAN CERTIFIER (1996 4 Spirit)  21d.  22d. CM 5-31-06  22e. AT 1300  NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN MEDICAL EXAMINER, OR OCHONIER) (Type of Print)  23e. Greg. Hubbard. Deputy/Coroner. P.O. Box. 215. Minden, NV 89423  23b. 262  EGISTRIAR  a. (Signature)  LIMINEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), D), AND (c).)  Interval between onset and defended by the control of the cont |  |   | 100 A  |  |  |
| NAME AND ADDRESS OF CERTIFIER PHYSICIAN ATTENDING PHYSICIAN MEDICAL EXAMINER, OR CORONERS Type 5 Print.)  23a. Gree Hubbard, Deputy/Coroner, PvO. Box 218 Minden, NW 89423  23b. 262  EGISTRAP  a. (Signature)  LICENSE NUMBER  23c. Gree Hubbard, Deputy/Coroner, PvO. Box 218 Minden, NW 89423  23b. 262  EGISTRAP  a. (Signature)  LIMINEDIATE CAUSE  ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  Interval between croset and de  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:  Interval between croset and de  CORONER (Specify Yes or No)  20. Yes Or No)  20. Yes Or No)  21. Yes  22b. AT 1300  LICENSE NUMBER  22b. AT 1300  LICENSE NUMBER  22c. AT 1300  LICENSE NUMBER  22c. AT 1300  LICENSE NUMBER  22c. Yes Or No)  22c. Yes Or No)  22c. Yes Or No)  22c. Yes Or No)  22c. AT 1300  LICENSE NUMBER  22c. Yes Or No)  22c. Yes Or No)  22c. AT 1300  LICENSE NUMBER  22c. Yes Or No)  22c. Yes | - · · · ·  | 30 CA 73 132 232 2                                  |  |  | 26. 2  |
| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATENDRING PHYSICIAN, MEDICAL EXAMINER, OB CORONET), (Type or Pant.)  29a. Greg. Hubbard. Deputy Coroner. Pro. Box 218, Minden, NV 89423  23b. 262  EGISTRAR  a. (Signature)  I MATE RECEIVED BY  | NAME OF ATTENDI  | ng Physician if Other Thai                          | CERTIFIER (Type of Crint)  | PRONOUNCED DEAD (Mo., Day,   | Yr. PRONOUNCED DEAD (Hour)                     |
| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTEMORIA) PHYSICIAN, AMEDICAL EXAMINER, OB COFONER (Type of Prant.)  23a. Greg. Hubbard. Deputy Coroner. Pro. Box 218, Minden, NV 89423  23b. 262  EGISTRAR  a. (Signature)  IMMEDIATE CAUSE  EINTER ONLY ONE CAUSE PER LINE FOR (a), (b), AVO (c).  IMMEDIATE CAUSE  EINTER ONLY ONE CAUSE PER LINE FOR (a), (b), AVO (c).  Interval between onset and de  Interval bet | 21d.   |   |  | \  | 220 AT 1300                                    |
| 230. Greg Hubbard, Deputy/Coroner, Pvo. Box 218, Minden, NV 89423  230. 262  EGISTRAR  a. (Signature)  I. IMMEDIATE CAUSE  EINTER ONLY ONE CAUSE PER LINE FOR (a), (b), avo (c).  I. IMMEDIATE CAUSE  EINTER ONLY ONE CAUSE PER LINE FOR (a), (c), avo (c).  Interval between onset and de consequence of:  (b) High Blood Pressure  DUE TO, OR AS A CONSEQUENCE OF:  (c)  ART  OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY (Specify Yes or No)  28. Yes  7. Yes  27. Yes  28. July AT WORK  PLACE OF INJURY—At home, farm, street, factory, official Condition.  STREET OR R.F.D. No. CITY OR TOWN STATE  Building, etc. (Specify)  Edition, of (Specify)  EDITIONS OF No. CITY OR TOWN STATE  Building, etc. (Specify)  Edition, of (Specify)  Edition, of (Specify)  EDITIONS OF No. CITY OR TOWN STATE  Building, etc. (Specify)  Edition, of (Specify)  Edition, of (Specify)  EDITIONS OF No. CITY OR TOWN STATE  Enthing the contribution of the c | NAME AND ADDRES  | S OF CERTIFIED (PHYSICIAN                           | ATTENDING PINNIGHT MEDICAL   | EVAMINER, OR CORONER Type of Print.  |  |
| ART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY (Specify Yes or No)  C. SURCIDE, HOM., UNDET., DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY  JURY AT WORK PACE OF INJURY—Al home, farm, street, fectory, official specify yes or No)  PLACE OF INJURY—Al home, farm, street, fectory, official society of the peoply yes or No)  PART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY (Specify Yes or No)  20. Yes 27. Yes 27. Yes 28. Yes 27. Yes 29. Yes 29. Yes 39.  | ,  | 4 M   |  | A COLUMN TO THE PARTY OF THE PA | 20622  |
| a. (Signature)  24c. YES NOE  Interval between onset and de  ART (a) CARDIAC ARREST  DUE TO, OR AS A CONSEQUENCE OF:  (b) High Blood Pressure  DUE TO, OR AS A CONSEQUENCE OF:  (c)  ART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY (Specify Yes or No)  28. Yes OF NO)  28. Yes OF NO)  29. Yes  C., SURCIDE, HOM, UNDET., DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY  DESCRIBE HOW INJURY OCCURRED  28. Yes  29. Yes  29. Yes  20. STREET OR R.F.D. No. CITY OR TOWN STATE  Building, etc. (Specify)  | 23a Greg t   | lubbard, Deput                                      | y/Coroner, P.U.  | Box 216, Minden, NV  | 19423   286. 202                               |
| Interval between onset and de CORCO  | EGISTRAN   |   |  |  | UE TO COMMUNICABLE DISEASE                     |
| DUE TO, OR AS A CONSEQUENCE OF:  (b) High Blood Pressure  DUE TO, OR AS A CONSEQUENCE OF:  (c)  ART  OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY (Specify Yes or No)  28. Yes  CC, SURCIDE, HOM., UNDET., DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY  PRODING INVEST.  280.  280.  280.  280.  280.  280.  280.  3TREET OR R.F.D. No.  CITY OR TOWN STATE  Building, etc. (Specify)  | 4a. (Signature) 🔪 📝  |   |  | 24c.   | /ES NOTE :                                     |
| DUE TO, OR AS A CONSEQUENCE OF:  (b) High Blood Pressure  DUE TO, OR AS A CONSEQUENCE OF:  Interval between onset and de  (c)  ART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY (Specify Yes or No)  28. Yes 27. Yes  CC. SUICIDE, HOM, UNDET. DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY PROBLEM (Specify Yes or No)  29. Yes 27. Yes  DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED  10. 28d.  10. 28d.  11. 28d.  DATE OF INJURY—Al home, farm, street, factory, official ECCATION.  STREET OR R.F.D. No. CITY OR TOWN STATE peoply Yes or No)  | S. IMMEDIATE CAUSE (6  | INTER ONLY ONE CAUSE PER                            | I LINE FOR (a), (b), AND (c).)   |  | Interval between onset and de                  |
| DUE TO, OR AS A CONSEQUENCE OF:  (b) High Blood Pressure  DUE TO, OR AS A CONSEQUENCE OF:  Interval between onset and de  (c)  ART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY (Specify Yes or No)  28. Yes 27. Yes  CC. SUICIDE, HOM, UNDET. DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY PROBLEM (Specify Yes or No)  29. Yes 27. Yes  DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED  10. 28d.  10. 28d.  11. 28d.  DATE OF INJURY—Al home, farm, street, factory, official ECCATION.  STREET OR R.F.D. No. CITY OR TOWN STATE peoply Yes or No)  | COL  | DIAK AV   | 2 DECT   |  | <b>;</b>                                       |
| (c)  ART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY (Specify Yes or No) 28. Yes  C. SURCIDE, HOM, UNDET., DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY  DESCRIBE HOW INJURY OCCURRED  290.  2 |  |   |  |  | Interval hetween presst and de                 |
| DUE TO, OR AS A CONSEQUENCE OF:  (c)  OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY (Specify Yes or No.)  26. Yes  OC., SUICIDE, HOM., UNDET., DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY  PENDING INVEST.  280. 280. 1 1 1 28d.  DATE OF INJURY—At home, farm, street, fectory, official ECCATION. STREET OR R.F.D. No. CITY OR TOWN STATE peolify yes or No.)  | J. 4   |   | /  |  | * ************************************         |
| (c)  ART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY (Specify Yes or No)  28. Yes Yes  CC. SURCIDE, HOM, UNDET. DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED Pacify)  28. Yes  27. Yes  27. Yes  28. Jury AT WORK  PLACE OF INJURY—At home, farm, street, fectory, official EOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE peoply Yes or No)   |  |   | re   | <u> </u>   | <u> </u>                                       |
| Yes or No.) CORONER (Specify Yes or No.)  26. Yes 27. Yes  CC. SUICIDE, HOM., UNDET., DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY  PENDING INVEST.  PECIFY:  280. 280. M. 28d.  28d. 4. STREET OR R.F.D. No. CITY OR TOWN STATE pecify Yes or No.)   | DUE TO, OR AS  | A CONSEQUENCE OF:                                   | <u> </u>   |  | interval between onset and de                  |
| Yes or No.) CORONER (Specify Yes or No.)  26. Yes 27. Yes  CC. SUICIDE, HOM., UNDET., DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY  PENDING INVEST.  PECIFY:  280. 280. M. 28d.  28d. 4. STREET OR R.F.D. No. CITY OR TOWN STATE pecify Yes or No.)   | (4)  | 1   |  |  | •  |
| Yes or No.) CORONER (Specify Yes or No.)  26. Yes 27. Yes  CC. SUICIDE, HOM., UNDET., DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY  PENDING INVEST.  PECIFY:  280. 280. M. 28d.  28d. 4. STREET OR R.F.D. No. CITY OR TOWN STATE pecify Yes or No.)   | ADT OTHER SIGNIFICAN   | T CONDITIONS—Conditions on                          | in belitives to death but not resulting in   | the uncledwing cause given in Part 1. ALITOPSY   | (Specify   WAS CASE REFERRED TO                |
| CC. SUICIDE, HOM, UNDET. DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED  28b. 28c. 16 28d.  28c. 17 28d.  28d. 5 28d.  28d. 5 28d. 5 28d.  28d. 5 28d. 5 28d. 5 28d.  28d. 5 28d. | ARI STATE OF THE PARTY OF THE P |   | B. an annulus was the innuming in  | - "  | Yes or No)   CORONER (Specify Yes or No)       |
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