DOC 08/15/2006 01:57 PM Deputy: PK OFFICIAL RECORD Requested By:

FIRST AMERICAN TITLE COMPANY

Douglas County - NV Werner Christen - Recorder

2 Of Fee: 1 Page:

15.00 0.00

BK-0806

PG- 5902 RPIT:



1420-07-812-013 A.P.N.: File No: ()132-2267874

(My commission expires:

When Recorded return to, and mail Tax Statements to: Virginia M. Wall 978 Desert Drive Carson City, Nv. 89705

## AFFIDAVIT - TERMINATING JOINT TENANCY

Virginia M. Wall, of legal age, being first duly sworn, deposes and says:

That Vincent E. Wall, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as Vincent E. Wall named as one of the parties in that certain Grant, Bargain and Sale Deed dated April 12, 2006 executed by Cameron G. Carmichael, Successor Trustee under the Charles S. Carmichael Trust dated December 31, 1999 to Vincent E. Wall and Virginia M. Wall, husband and wife, as Joint Tenants with Right of Survivorship as joint tenants, recorded as Document No. 0674992 on May 16, 2006 in Book Page 5941 of Official Records of Douglas County, Nevada covering the following described property situated in the County of Douglas, State of Nevada:

LOT 6, IN BLOCK R, AS SET FORTH ON FINAL MAP NO. 1001-9 OF SUNRIDGE HEIGHTS, PHASES 6B, 7A AND 8B, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JANUARY 30, 1996, IN BOOK 196, PAGE 5112, AS DOCUMENT NO. 380052 AND BY CERTIFICATE OF AMENDMENT RECORDED FEBRUARY 02, 1996, IN BOOK 296, PAGE 251, AS

	DOCUMENT	10. 380351.	\	\	
					7/21/06 Date
ľ	STATE OF	NEVADA	<i>-&gt;/ /</i>		
	COUNTY OF	CARSON CITY	:55.		
	_	it was acknowledged beforby	re me on	Notary Public - St. Appointment Recorde No: 91-2341-3 - Expires	ate of Nevada
	/	NOtally Public			

## 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

	l	CERTIFICATE O	F DEATH	\ \
LOCAL FILE NUMBER DECEASED—NAME First	Middle		DATE OF DEATH Asset Day Vand	STATE FILE NUMBER COUNTY OF DEATH
· ··· <del>-</del>	BOOK HERE	Lasi	DATE OF DEATH (Month, Day, Year)	\ \\
Vincent	E	WALL	<sup>2</sup> June 30, 2006	3a Carson
CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OF OTI	HER INSTITUTION—Name (If not either,	give street and number) If Hosp. or Inst. India Rm. Inputiont (Speci	take DOA, OP/Errier. SEX
™ Carson City	∞Evergre	en Carson City He	alth Care 3 Inpati	ent 4 Male
ACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic	Origin? Specify   was N no if was.   AG	SE Last UNDER 1 YEAR UNDER 1	DAY DATE OF BIRTH (Mo., Day,
White	opecary mesusan, cuben, Pu 6.		thday (Years) MOS DAYS HOURS 7c.	
TATE OF BIRTH	CITIZEN OF WHAT CO			SURVIVING SPOUSE (If wife, give me
f not U.S.A., name country)	TRY	grade completed.	WIDOWED, DIVORCED	
Connecticut  SOCIAL SECURITY NUMBER	96. USA	10. 12	DSITIEM	12Virginia Whal
	Working Life, Even if Re	(Give Kind of Work Done During Most of stred)	KIND OF BUSINESS OR INDUSTRY	
<u>8064</u>		ol & Die Maker	Manufacturing	
ESIDENCE—STATE COU	NTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
Nevada 166.	Douglas	16c Carson City	15d. 978 Desert	
ATHER NAME First	Middle	Les MOTHER	MAIDEN NAME First	Middle Last
		< 1<		
Vincent	Francis	Wall 17.	Elizabeth	Bowen
NFORMANT—NAME (T) pe or Print)		MAILING ADDRESS	(Street or R.F.D. No., City or Town	n, State, Zlp)
🖦 Virginia Wal	.1	18b. 978 Desei	rt Drive / Carson Cir	ty, <u>Nevada 8970</u>
SURIAL, CREMATION, REMOVAL, OTHE	ER (Specify) CEMET		Valton's LOCATION	City or Town State
∞ Cremation	104	The state of the s	5. J. P.	- Odtor - Massa 1-
	130.	Carson Sierra Cre	ematory 190 Carso	n City Nevada
DIRECTOR—SIGNATURE or Parada Acting as Such)			SOF FACILITY Capitol City (	
08.	1 200	09 20c Society	y 1614 N. Curry St. Ca	erson City, NV 8
2 a. To the best of my knowledge,	death occurred to the time.	date and place and	22a. On the basic of examination and/or in	
Z 2. To the best of my knowledge, due to the care(a) stated.	death cocumed to the time,	date and place and	22a. On the basic of examination and/or in at the time, dutie and place and due to	
2/a. To the best of my knowledge, due to the cause(a) stated, (Signature and Title)  DATE SIGNED (Mrs. One You	JAK K		D S (Signeture and Title) ➤	weetigation, in my opinion death occur orthe cause(s) and manner stated.
(Signature and Tribe)  DATE SIGNED (Mo., Day, Yr.	HQUR OF	DEATH	1.F _	
(Signeture and Title) DATE SIGNED (Mo., Day, Yr. 21b. 7 7 7 0 6	) HQUR OF 21c. 2	DEATH 1:30	S (Signeture and Title)  DATE SIGNED (Mo., Day, Yr.)  S 22b.	reetigation, in my opinion death occur of the cause(s) and manner stated.  HOUR OF DEATH
(Signature and Tribe)  DATE SIGNED (Mo., Day, Yr.	) HQUR OF 21c. 2	DEATH 1:30	D S (Signeture and Title) ➤	reetigation, in my opinion death occur of the cause(s) and manner stated.
(Signeture and Title) DATE SIGNED (Mo., Day, Yr. 21b. 7 7 7 0 0	) HQUR OF 21c. 2	DEATH 1:30	S (Signeture and Title)  DATE SIGNED (Mo., Day, Yr.)  S 22b.	PRONOUNCED DEAD (How)
(Signeture and Title)  DATE SIGNED (Mo., Day, Yr.  21b. 7 7 0 0  NAME OF ATTENDING PHYS  21d.	HOUR OF 21c. 2	DEATH 1:30 RTIFIER (Type or Print)	S (Signature and Tribe)  DATE SIGNED (Mo., Day, Yr.)  S 22b. PRONOUNCED DEAD (Mo., Day, Yr.)  22d. ON	reetigation, in my opinion death occur of the cause(s) and manner stated.  HOUR OF DEATH  22c.  PRONQUINCED DEAD (Hour)  22e. AT
(Signeture and Title)  DATE SIGNED (Mo., Day, Yr.  21b. 7 7 0 (Common of the Common of	HOUR OF 21c. 2 SICIAN IF OTHER THAN CEI	DEATH  1:30  RTIFIER (Type or Print)  ENDING PHYSICIAN, MEDICAL EXAM	S (Signature and Tribe)  DATE SIGNED (Mo., Day, Yr.)  DATE SIGNED (Mo., Day, Yr.)  PRONOUNCED DEAD (Mo., Day, Yr.)  22d. ON  NER, OR CORONER). (Type or Print.)  897	HOUR OF DEATH  22c. PRONOUNCED DEAD (Hour)  22e. AT  UCENSE NUMBER
(Signature and Table)  DATE SIGNED (Mo., Day, Yr.  21b. 7 7 0 6  NAME OF ATTENDING PHYS  21d.  NAME AND ADDRESS OF G	HOUR OF 21c. 2 SICIAN IF OTHER THAN CEI	DEATH 1:30 RTIFIER (Type or Print) ENDING PHYSICIAN, MEDICAL EXAMN N. Mountain St.	S (Signature and TRie)  DATE SIGNED (Mo., Day, Yr.)  PRONOUNCED DEAD (Mo., Day, Yr.)  22d. ON  NER, OR CORONER). (Type or Print)  Carson City, Nevada	HOUR OF DEATH  22c.  PRONOUNCED DEAD (Hour)  22e. AT  703  LICENSE NUMBER  23b. 9735
Signeture and Title)  DATE SIGNED (Mo., Day, Yr.  21b. 7 7 0 C  NAME OF ATTENDING PHYS  21d.  NAME AND ADDRESS OF GI  23s. Gail Kriv  EGISTFAR	HOUR OF 21c. 2 SICIAN IF OTHER THAN CEI	DEATH 1:30 RTIFIER (Type or Print) ENDING PHYSICIAN, MEDICAL EXAMN N. Mountain St.	S (Signature and Tribe)  DATE SIGNED (Mo., Day, Yr.)  DATE SIGNED (Mo., Day, Yr.)  PRONOUNCED DEAD (Mo., Day, Yr.)  22d. ON  NER, OR CORONER). (Type or Print.)  897	HOUR OF DEATH  22c.  PRONOUNCED DEAD (Hour)  22e. AT  703  LICENSE NUMBER  23b. 9735
Signeture and Title)  DATE SIGNED (Mo., Day, Yr.  21b. 7 7 0 0  NAME OF ATTENDING PHYS  21d.  NAME AND ADDRESS OF CL  23a. Gail Kriv  EGISTRAR	HOUR OF 21c. 2 SICIAN IF OTHER THAN CEI	DEATH 1:30 RTIFIER (Type or Print) ENDING PHYSICIAN, MEDICAL EXAMN N. Mountain St.	S (Signature and Title)  DATE SIGNED (Mo., Day, Yr.)  22b.  PRONOUNCED DEAD (Mo., Day, Yr.)  22d ON  NER, OR CORONER). (Type or Print)  Carson City, Nevada  BY REGISTRAR (Mo., Day, Yr.)  DEATH DUE TO	HOUR OF DEATH  22c.  PRONOUNCED DEAD (Hour)  22e. AT  703  LICENSE NUMBER  23b. 9735
Signature and Title)  A Company of the Company of t	HOUR OF 21c. 2 SICIAN IF OTHER THAN CEI	DEATH  1:30  RITIFIER (Type or Print)  ENDING PHYSICIAN, MEDICAL EXAM  N. Mountain St.  DATE RECEIVED 1  24b. JULY	S (Signature and Title)  DATE SIGNED (Mo., Day, Yr.)  22b.  PRONOUNCED DEAD (Mo., Day, Yr.)  22d ON  NER, OR CORONER). (Type or Print)  Carson City, Nevada  BY REGISTRAR (Mo., Day, Yr.)  DEATH DUE TO	HOUR OF DEATH  22c. PRONOUNCED DEAD (How)  22e. AT  703 LICENSE NUMBER  23b. 9735  COMMUNICABLE DISEASE
Signature and This) DATE SIGNED (Mo., Day, Yr.  21b. 7 7 0 0 NAME OF ATTENDING PHYS 21d. NAME AND ADDRESS OF CI 25a. Gail Kriv EGISTRAR NA. (Signature) NAME CAUSE (ENTER CI	HOUR OF 216. 2 SCIAN IF OTHER THAN CEI ERTIFIER (PHYSICIAN, ATT	DEATH  1:30  RITIFIER (Type or Print)  ENDING PHYSICIAN, MEDICAL EXAM  N. Mountain St.  DATE RECEIVED 1  24b. JULY	S (Signature and Title)  DATE SIGNED (Mo., Day, Yr.)  22b.  PRONOUNCED DEAD (Mo., Day, Yr.)  22d ON  NER, OR CORONER). (Type or Print)  Carson City, Nevada  BY REGISTRAR (Mo., Day, Yr.)  DEATH DUE TO	PRONOUNCED DEAD (How)  22c. PRONOUNCED DEAD (How)  22c. AT  703 LICENSE NUMBER  23b. 9735  COMMUNICABLE DISEASE  NOTE:
(Signature and Title)  DATE SIGNED (Mo., Day, Yr.  21b. 7 7 0 6  NAME OF ATTENDING PHYS  21d.  NAME AND ADDRESS OF C.  23a. Gail Kriv  EGISTRAR  Ma. (Signature)  A. (Signature)  A. (Signature)  A. (Signature)  A. (Signature)  A. (Signature)  A. (Signature)	PHOUR OF 21c. 2 2 SICIAN IF OTHER THAN CEI	DEATH  1:30  RITIFIER (Type or Print)  ENDING PHYSICIAN, MEDICAL EXAM  N. Mountain St.  DATE RECEIVED 1  24b. JULY	S (Signature and Title)  DATE SIGNED (Mo., Day, Yr.)  22b.  PRONOUNCED DEAD (Mo., Day, Yr.)  22d ON  NER, OR CORONER). (Type or Print)  Carson City, Nevada  BY REGISTRAR (Mo., Day, Yr.)  DEATH DUE TO	PRONOUNCED DEAD (How)  22c. AT  703 LICENSE NUMBER  23b. 9735  COMMUNICABLE DISEASE  NOSE]
Signedure and This) DATE SIGNED (Mo., Day, Yr.  21b. 7 7 0 0  NAME OF ATTENDING PHYS  21d. NAME AND ADDRESS OF CI  25d. Gail Kriv  EGISTRAR  NA. (Signedure)  NAME CONSTRUCTOR  OUE TO, OR AS A CONSTRUCTOR  OUE TO, OR AS A CONSTRUCTOR  DUE TO, OR AS A CONSTRUCTOR  OUE TO, OUE TO, OR AS A CONSTRUCTOR  OUE TO, OUE TO, OR AS A CONSTRUCTOR	PHOUR OF 21c. 2 2 SICIAN IF OTHER THAN CEI ERTIFIER (PHYSICIAN, ATT) (21) M.D. 1001	DEATH  1:30  RTIFIER (Type or Print)  ENDING PHYSICIAN, MEDICAL EXAMP  N. MOUNTAIN St.  DATE RECEIVED  24b. JULY  FOR (et. (b), AND (c).)	S (Signature and Title)  DATE SIGNED (Mo., Day, Yr.)  22b.  PRONOUNCED DEAD (Mo., Day, Yr.)  22d ON  NER, OR CORONER). (Type or Print)  Carson City, Nevada  BY REGISTRAR (Mo., Day, Yr.)  DEATH DUE TO	PRONOUNCED DEAD (How)  22c. PRONOUNCED DEAD (How)  22c. AT  703 LICENSE NUMBER  23b. 9735  COMMUNICABLE DISEASE  NOTE:
(Signedure and Title)  DATE SIGNED (Mo., Day, Yr.  21b. 7 7 0 0  NAME OF ATTENDING PHYS  21d.  NAME AND ADDRESS OF CI  25d. Gail Kriv  EGISTRAR  NA. (Signedure)  DUE TO, OR AS A CONS  (b)  (a)  (b)  (c)  (d)  (d)  (d)  (d)  (d)  (d)  (e)  (e	HOUR OF 21c. 2 SICIAN IF OTHER THAN CEI  ERTIFIER (PHYSICIAN, ATT  (21) M.D. 1001  WILLY ONE CAUSE PER LIME  EQUENCE OF:  (2) (M. M. O.)	DEATH  1:30 RITHER (Type or Para)  ENDING PHYSICIAN, MEDICAL EXAMO  N. MOUNTAIN St.  DATE RECEIVED  24b. U/U  FOR (et. (b), AND (c).)	S (Signature and Title)  DATE SIGNED (Mo., Day, Yr.)  22b.  PRONOUNCED DEAD (Mo., Day, Yr.)  22d. ON  NER, OR CORONER). (Type or Print)  Carson City, Nevada  BY REGISTRAR (Mo., Day, Yr.)  DEATH DUE TO	PRONOUNCED DEAD (How)  22c. AT  703 LICENSE NUMBER  23b. 9735  COMMUNICABLE DISEASE  NOSE]
(Signature and Title) DATE SIGNED (Mo., Day, Yr.  21b. 7 7 0 0  12b. 7 7 0 0  NAME OF ATTENDING PHYS 21d.  NAME AND ADDRESS OF CL  23a. Gail Kriv EGISTRAR  Na. (Signature)  I. HAMAEDIATE CAUSE (ENTER CL  ART (a) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HOUR OF 21c. 2 SICIAN IF OTHER THAN CEI  ERTIFIER (PHYSICIAN, ATT  (21) M.D. 1001  WILLY ONE CAUSE PER LIME  EQUENCE OF:  (2) (M. M. O.)	DEATH  1:30  RTIFIER (Type or Print)  ENDING PHYSICIAN, MEDICAL EXAMP  N. MOUNTAIN St.  DATE RECEIVED  24b. JULY  FOR (et. (b), AND (c).)	S (Signature and Title)  DATE SIGNED (Mo., Day, Yr.)  22b.  PRONOUNCED DEAD (Mo., Day, Yr.)  22d. ON  NER, OR CORONER). (Type or Print)  Carson City, Nevada  BY REGISTRAR (Mo., Day, Yr.)  DEATH DUE TO	PRONOUNCED DEAD (How)  22c. AT  703 LICENSE NUMBER  23b. 9735  COMMUNICABLE DISEASE  NOSE]
(Signature and This) DATE SIGNED (Mo., Day, Yr.  21b. 7 7 0 C  NAME OF ATTENDING PHYS  21d.  NAME AND ADDRESS OF CI  28a. Gail Kriv  EGISTRAR  A. (Signature)  I HAMAGDATE CAUSE (ENTER CI  DUE TO, OR AS A CONS	PHOUR OF 21c. 2 SICIAN IF OTHER THAN CEI ERTHFIER (PHYSICIAN, ATT ATT M.D. 1001  WILLY ONE CAUSE PER LIME EQUENCE OF:	DEATH  1:30  RTIFIER (Type or Print)  ENDING PHYSICIAN, MEDICAL EXAMP  N. MOUNTAIN St.  DATE RECEIVED  24b. JULY  FOR (et. (b), AND (c).)	S (Signature and Title)  DATE SIGNED (Mo., Day, Yr.)  22b.  PRONOUNCED DEAD (Mo., Day, Yr.)  22d. ON  NER, OR CORONER). (Type or Print)  Carson City, Nevada  BY REGISTRAR (Mo., Day, Yr.)  DEATH DUE TO	PRONOUNCED DEAD (How)  226. AT  7 0 3  LICENSE NUMBER  236. 9 7 3 5  COMMUNICABLE DISEASE  NCET  Interval between onset and of
(Signature and Title)  DATE SIGNED (Mo., Day, Yr.  21b. 7 7 0 0  NAME OF ATTENDING PHYS  21d.  NAME AND ADDRESS OF CI  23a. Gail Kriv  EGISTPAR  AB. (Signature)  S. HAMSDIATE CAUSE (ENTER CI  DUE TO, OR AS A CONS  (c)  OUE TO, OR AS A CONS  (c)	HOUR OF 21c. 2  SECIAN IF OTHER THAN CEI  ERTIFIER (PHYSICIAN, ATT  AN M.D. 1001  WALY ONE CAUSE PER LIME  EQUENCE OF:  DOWN YOUR  EQUENCE OF:  CONTROL ON CONTROL  EQUENCE OF:	DEATH 11:30 RITIFIER (Type or Print)  ENDING PHYSICIAN, MEDICAL EXAMO  N. MOUNTAIN St.  DATE RECEIVED ( 24b. July  FOR (e), (b), AND (c),)  NRIVE  ATY Arrest	S (Signature and Title)  DATE SIGNED (Ma., Day, Yr.)  22b. PRONOUNCED DEAD (Ma., Day, Yr.)  22d. ON  NER, OR CORONER). (Type or Print.)  REAT SON City, Nevada  BY REGISTRAF (Ma., Day, Yr.)  DEATH DUE TO:  3 ) DOE 24c. YES	PRONOUNCED DEAD (How)  22c. AT  703 LICENSE NUMBER  23b. 9735  COMMUNICABLE DISEASE  NOTE:  Interval between onset and of inte
(Signature and Title)  DATE SIGNED (Mo., Day, Yr.  21b. 7 7 0 0  NAME OF ATTENDED PHYS  21d.  NAME AND ADDRESS OF CI  23a. Gail Kriv  EGISTRAR  NA. (Signature)  DUE TO, OR AS A CONS  (c)  (d)  OUE TO, OR AS A CONS  (c)	HOUR OF 21c. 2  SECIAN IF OTHER THAN CEI  ERTIFIER (PHYSICIAN, ATT  AN M.D. 1001  WALY ONE CAUSE PER LIME  EQUENCE OF:  DOWN YOUR  EQUENCE OF:  CONTROL ON CONTROL  EQUENCE OF:	DEATH  1:30  RTIFIER (Type or Print)  ENDING PHYSICIAN, MEDICAL EXAMP  N. MOUNTAIN St.  DATE RECEIVED  24b. JULY  FOR (et. (b), AND (c).)	S (Signature and Title)  DATE SIGNED (Mo., Day, Yr.)  22b.  PRONOUNCED DEAD (Mo., Day, Yr.)  22d. ON  NER, OR CORONER). (Type or Print)  REAT SON City, Nevada  BY REGISTRAR (Mo., Day, Yr.)  DEATH DUE TO:  3	PRONOUNCED DEAD (How)  22c. AT  703 LICENSE NUMBER  23b. 9735  COMMUNICABLE DISEASE  NOSE]  Interval between onset and of inte
(Signature and Table)  DATE SIGNED (Mo., Day, Yr.  21b. 7 7 0 C  21b. 7 7 0 C  AME OF ATTENDING PHYS  21d.  NAME AND ADDRESS OF CI  28a. Ga.11 Kr1v  EGISTRAR  MA. (Signature)  DUE TO, OR AS A CONS  DUE TO, OR AS A CONS  CO  DUE TO, OR AS A CONS  OTHER SIGNIFICANT CONDI	HOUR OF 21c. 22 SICHAN IF OTHER THAN CEINTHER (PHYSICIAN, ATT)  ATT M.D. 1001  WILLY ONE CAUSE PER LIME  EQUENCE OF:  ODU MON  EQUENCE OF:  ODU MON  EQUENCE OF:	DEATH  11:30 RITIFIER (Type or Print)  ENDING PHYSICIAN, MEDICAL EXAMIN  N. MOUNTAIN St.  DATE RECEIVED  24b. JULY  FOR (a), (b), AND (c).)  NRIVE  ATTEMPTOR (a) to death but not resulting in the under	S (Signature and Title)  DATE SIGNED (Mo., Day, Yr.)  22b.  PRONOUNCED DEAD (Mo., Day, Yr.)  22d. ON  NER, OR CORONER). (Type or Print)  REAT SON City, Nevada  BY REGISTRAF (Mo., Day, Yr.)  DEATH DUE TO:  3	PRONOUNCED DEAD (How)  22c. AT  703 LICENSE NUMBER  23b. 9735  COMMUNICABLE DISEASE  NOTE:  Interval between onset and of inte
(Signature and Table)  DATE SIGNED (Mo., Day, Yr.  21b. 7 7 0 C  21b. 7 7 0 C  AME OF ATTENDING PHYS  21d.  NAME AND ADDRESS OF CI  28a. Ga.11 Kr1v  EGISTRAR  MA. (Signature)  DUE TO, OR AS A CONS  DUE TO, OR AS A CONS  CO  DUE TO, OR AS A CONS  OTHER SIGNIFICANT CONDI	HOUR OF 21c. 22c. 22c. 22c. 22c. 22c. 22c. 22c.	DEATH  11:30 RITIFIER (Type or Print)  ENDING PHYSICIAN, MEDICAL EXAMIN  N. MOUNTAIN St.  DATE RECEIVED  24b. JULY  FOR (et. (D), AND (G).)  RIVE  ATTEMPT ATTEMPT OF THE LINE	S (Signature and Title)  DATE SIGNED (Mo., Day, Yr.)  22b.  PRONOUNCED DEAD (Mo., Day, Yr.)  22d. ON  NER, OR CORONER). (Type or Print)  REAT SON City, Nevada  BY REGISTRAR (Mo., Day, Yr.)  DEATH DUE TO:  3	PRONOUNCED DEAD (How)  22c. AT  703 LICENSE NUMBER  23b. 9735  COMMUNICABLE DISEASE  NOSE]  Interval between onset and of inte
(Signelure and Tele)  DATE SIGNED (Mo., Day, Yr.  21b. 7 7 0 C  NAME OF ATTENDING PHYS  21d.  NAME AND ADDRESS OF CI  25a. Gail Kriv  EGISTRAR  NA. (Signelure)  DUE TO, OR AS A CONS  (c)  DUE TO, OR AS A CONS  (d)  DUE TO, OR AS A CONS  (T)  DUE TO, OR AS A CONS  (C)  DUE TO, OR AS A CONS  (D)  DUE TO, OR AS A CONS	HOUR OF 216. 2 SICIAN IF OTHER THAN CEI ERTHER (PHYSICIAN, ATT ATT M.D. 1001  WALY ONE CAUSE PER LIME EQUENCE OF: DOWN YYOU EQUENCE OF: COF INJURY (Mo., Day, YY) H	DEATH  1:30  RITIFIER (Type or Print)  ENDING PHYSICIAN, MEDICAL EXAMIN  N. MOUNTAIN St.  DATE RECEIVED  24b. U/U  FOR (et. (b), AND (c).)  NRIVE  OUR OF INJURY  DESCRIBE I	S (Signature and Title)  DATE SIGNED (Mo., Day, Yr.)  22b.  PRONOUNCED DEAD (Mo., Day, Yr.)  22d. ON  NER, OR CORONER). (Type or Print)  REAT SON City, Nevada  BY REGISTRAF (Mo., Day, Yr.)  DEATH DUE TO:  3	PRONOUNCED DEAD (How)  22c. AT  703 LICENSE NUMBER  23b. 9735  COMMUNICABLE DISEASE  NOSE]  Interval between onset and of inte
(Signature and Table)  DATE SIGNED (Mo., Day, Yr.  21b. 7 7 0 0  NAME OF ATTENDING PHYS  21d.  NAME AND ADDRESS OF CI  23a. Gail Kriv  EGISTRAR  As. (Signature)  DUE TO, OR AS A CONS  (c)  DUE TO, OR AS A CONS  (c)  DUE TO, OR AS A CONS  (d)  CONTROL  OTHER SIGNIFICANT CONDITION  OTHER SIGNIFICANT CONDITI	HOUR OF 21c. 2 SICIAN IF OTHER THAN CEI  ERTIFIER (PHYSICIAN, ATT  CATA M.D. 1001  WILLY ONE CAUSE PER LIME  EQUENCE OF:  COLUNIONS—Conditions contribut  OF INJURY (Mo., Day, Yr.) H	DEATH  11:30  RITIFIER (Type or Print)  ENDING PHYSICIAN, MEDICAL EXAMIN  N. MOUNTAIN St.  DATE RECEIVED  24b. JULY  FOR (et. (b), AND (c).)  NRIVE  Arest  ing to death but not resulting in the under  OUR OF INJURY  DESCRIBE IN  28c. M. 28d.	ATTENDED ON THE SIGNED (Mo., Day, Yr.)  22b.  PRONOUNCED DEAD (Mo., Day, Yr.)  22d. ON  NER, OR CORONER). (Type or Print)  REY REGISTRAR (Mo., Day, Yr.)  DEATH DUE TO:  3 2 20c.  YES:  Authors cause given in Part 1. AUTOPSY  26. NO  COMMINSURY OCCURRED	PRONOUNCED DEAD (How)  226. AT  703  LICENSE NUMBER  236. 9735  COMMUNICABLE DISEASE  NOSE  Interval between onset and of the process and the process an
(Signature and This) DATE SIGNED (Mo., Day, Yr.  21b. 7 7 0 0  NAME OF ATTENDING PHYS  21d.  NAME AND ADDRESS OF CL  23a. Ga.11 Kriv  EGISTRAR  B. (Signature)  DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  DUE TO, OR AS A CONS  OTHER SIGNIFICANT CONDITION  OTHER SIGNIF	HOUR OF 216. 2 SICIAN IF OTHER THAN CEI ERTHER (PHYSICIAN, ATT ATT M.D. 1001  WALY ONE CAUSE PER LIME EQUENCE OF: DOWN YYOU EQUENCE OF: COF INJURY (Mo., Day, YY) H	DEATH  II: 30  RITIFIER (Type or Print)  ENDING PHYSICIAN, MEDICAL EXAMINATION OF INJUST OF PRINT OF P	ATTENDED ON THE SIGNED (Mo., Day, Yr.)  22b.  PRONOUNCED DEAD (Mo., Day, Yr.)  22d. ON  NER, OR CORONER). (Type or Print)  REY REGISTRAR (Mo., Day, Yr.)  DEATH DUE TO:  3 2 20c.  YES:  Authors cause given in Part 1. AUTOPSY  26. NO  COMMINSURY OCCURRED	PRONOUNCED DEAD (How)  22c. AT  703 LICENSE NUMBER  23b. 9735  COMMUNICABLE DISEASE  NOSE]  Interval between onset and of inte
CC., SUICIDE, HOM., UNDET., DATE  (Signedure and This)  DATE SIGNED (Mo., Day, Yr.  21b. 7 7 0 0  NAME OF ATTENDING PHYS  21d.  NAME AND ADDRESS OF CI  23d. Ga.11 Kr.1v  EGISTRAR  NA. (Signature)  DUE TO, OR AS A CONS  (c)  DUE TO, OR AS A CONS  (d)  CC., SUICIDE, HOM., UNDET., DATE  R PENDING INVEST.  226.	HOUR OF 21c. 2 SICIAN IF OTHER THAN CEI  ERTIFIER (PHYSICIAN, ATT  CATA M.D. 1001  WILLY ONE CAUSE PER LIME  EQUENCE OF:  COLUNIONS—Conditions contribut  OF INJURY (Mo., Day, Yr.) H	DEATH  11:30  RITIFIER (Type or Print)  ENDING PHYSICIAN, MEDICAL EXAMIN  N. MOUNTAIN St.  DATE RECEIVED  24b. JULY  FOR (et. (b), AND (c).)  NRIVE  Arest  ing to death but not resulting in the under  OUR OF INJURY  DESCRIBE IN  28c. M. 28d.	ATTENDED ON THE SIGNED (Mo., Day, Yr.)  22b.  PRONOUNCED DEAD (Mo., Day, Yr.)  22d. ON  NER, OR CORONER). (Type or Print)  REY REGISTRAR (Mo., Day, Yr.)  DEATH DUE TO:  3 2 20c.  YES:  Authors cause given in Part 1. AUTOPSY  26. NO  COMMINSURY OCCURRED	PRONOUNCED DEAD (How)  226. AT  703  LICENSE NUMBER  236. 9735  COMMUNICABLE DISEASE  NOSE  Interval between onset and of the process and the process an
(Signature and This)  DATE BIGNED (Mo., Day, Yr.  21b. 7 7 0 0  NAME OF ATTENDING PHYS  21d.  NAME AND ADDRESS OF CL  25a. Ga 11 Kr1v  GISTRAR  A. (Signature)  DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  DUE TO, OR AS A CONS  (d)  OTHER SIGNIFICANT CONDITION  OTHER S	HOUR OF 21c. 2 SICIAN IF OTHER THAN CEI  ERTIFIER (PHYSICIAN, ATT  CATA M.D. 1001  WILLY ONE CAUSE PER LIME  EQUENCE OF:  COLUNIONS—Conditions contribut  OF INJURY (Mo., Day, Yr.) H	DEATH  II: 30  RITIFIER (Type or Print)  ENDING PHYSICIAN, MEDICAL EXAMINATION OF INJUST OF PRINT OF P	STREET ON R.F.D. No.	PRONOUNCED DEAD (How)  22c. AT  703 LICENSE NUMBER  23b. 9735  COMMUNICABLE DISEASE  NOE]  Interval between onset and of interval between onset and of communication of the commu
(Signature and This) DATE BIGNED (Mo., Day, Yr. 21b. 7 7 0 C 21c. 10 C 21d. NAME OF ATTENDING PHYS 21d. NAME AND ADDRESS OF CI 28a. Ga 11 Kriv GISTRAR  A. (Signature)  DUE TO, OR AS A CONS  (c) DUE TO, OR AS A CONS  (d) DUE TO, OR AS A CONS  (c) DUE TO, OR AS A CONS  (d) DUE TO, OR AS A CONS  (e) DUE TO, OR AS A CONS  (c) DUE TO, OR AS A CONS  (d) DUE TO, OR AS A CONS  (e) DUE TO, OR AS A CONS  (f) DUE TO, OR AS A CONS  (g) DUE TO, OR AS A CONS  (h) DUE TO, OR AS A CONS  (c) DUE TO, OR AS A CONS  (d) DUE TO, OR AS A CONS  (e) DUE TO, OR AS A CONS  (f) DUE TO, OR AS A CONS  (g) DUE TO, OR AS A CONS  (h) DUE TO, OR AS A CONS  (h) DUE TO, OR AS A CONS  (c) DUE TO, OR AS A CONS  (d) DUE TO, OR AS A CONS  (e) DUE TO, OR AS A CONS  (f) DUE TO, OR AS A CONS  (g) DUE TO, OR AS A CONS  (h) DUE TO	PHOUR OF 21c. 2 21c. 2 SICHAN IF OTHER THAN GET ENTITIER (PHYSICIAN, ATT 21) M.D. 1001  WILL ONE CAUSE PER LIME  EQUENCE OF:  OF INJURY (Mo., Day, Yr.) H  22  EGO FINJURY—10 home, far building, etc. (	DEATH  II: 30  RITIFIER (Type or Print)  ENDING PHYSICIAN, MEDICAL EXAMINATION OF INJUST OF PRINT OF P	STREET ON R.F.D. No.	PRONOUNCED DEAD (How)  226. AT  703  LICENSE NUMBER  236. 9735  COMMUNICABLE DISEASE  NOSE  Interval between onset and of the process and the process an

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 Viging Ports.

DATE ISSUED:

DATE ISSUED:

124385

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

STATE REGISTRAR

Page: