

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

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

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

PARENTS

SPOUSAL

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH

CAUSE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last 1. Roberta Gail VAN ANTWERP		DATE OF DEATH (Month, Day, Year) 2. April 10, 2004	COUNTY OF DEATH 3a. Douglas
CITY, TOWN OR LOCATION OF DEATH 3b. Stateline		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 164 Pineridge Drive	IF Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e.
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.	SEX 4. Female
AGE—Last Birthday (Years) 7a. 82		UNDER 1 YEAR MOS : DAYS 7b.	UNDER 1 DAY HOURS : MINS 7c.
DATE OF BIRTH (Mo., Day, Yr.) 8. October 6, 1922		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	
STATE OF BIRTH (If not U.S.A., name country) 9a. Oklahoma		CITIZEN OF WHAT COUNTRY 9b. USA	DECEDENT'S EDUCATION. Specify highest grade completed. 10. 16
SOCIAL SECURITY NUMBER 13. ██████-0006		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Homemaker	KIND OF BUSINESS OR INDUSTRY 14b. Homemaking
RESIDENCE—STATE California		COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Stateline
FATHER—NAME First Middle Last Bert Bradway		MOTHER—MAIDEN NAME First Middle Last 17. Maria	STREET AND NUMBER 164164 Pineridge
INSIDE CITY LIMITS (Specify Yes or No) 15e. No		SURVIVING SPOUSE (If wife, give maiden name) Robert Van Antwerp	
FATHER—NAME First Middle Last Bert Bradway		MOTHER—MAIDEN NAME First Middle Last 17. Maria	
INFORMANT—NAME (Type or Print) 18a. Robert Van Antwerp		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. P.O. Box 3563 Stateline, NV 89449	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial Removal		CEMETERY OR CREMATORY—NAME 19b. Forest Lawn	LOCATION City or Town State 19c. Long Beach California
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>Samuel Lee</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 69	NAME AND ADDRESS OF FACILITY 20c. 720 Buol Lane Pahrump, Nevada 89048
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. <i>A. Miller, MD</i> (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 21b. 04/14/2004		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. <i>A. Miller, MD</i> (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 22b.	
HOUR OF DEATH 21c. 1300		HOUR OF DEATH 22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. A. Miller, M.D.		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. A. Miller, M.D. 1374 Bridle Wy Minden, NV 89423		LICENSE NUMBER 23b. 8912	
REGISTRAR 24a. (Signature) <i>Vera R. Kachand</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. April 16, 2004	DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			
PART	(a) <i>respiratory failure</i> DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death : 10 Min	
PART	(b) <i>General Debility</i> DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death : 1 Year	
PART	(c) <i>Osteoporosis</i> DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death : 1 Year	
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) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION 28g.	STREET OR R.F.D. No. CITY OR TOWN STATE

BK-0906
PG-1135
0693702



28163

STATE REGISTRAR

CERTIFIED COPY OF VITAL RECORDS

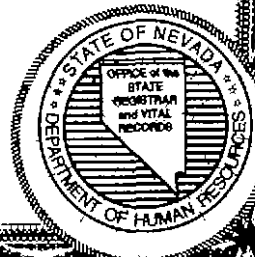
No. 244113

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

DATE ISSUED:

APR 18 2004

Marionne Sylvan
STATE REGISTRAR



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Order No.: 060201383

LEGAL DESCRIPTION

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

Lot 4, as shown on the map of PINE RIDGE SUBDIVISION, filed
in the Office of the County Recorder of Douglas County,
Nevada, on August 8, 1956, as Document No. 11664.

Assessors Parcel No. 1318-23-411-003

