

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

| | | | | | | | |
|--|--|---|--|--|--|---|--|
| LOCAL FILE NUMBER | | DECEASED—NAME | | DATE OF DEATH (Month, Day, Year) | | STATE FILE NUMBER | |
| 1. Esther | | ROBERTSON | | 2. August 8, 2006 | | 3a. Douglas | |
| 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/Emer. Rm. Inpatient (Specify) | | SEX | |
| 3b. Minden | | 3c. 1798 Lantana Dr. | | 3e. | | 4. Female | |
| 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) | | DATE OF BIRTH (Mo., Day, Yr.) | |
| 5. White | | 6. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 7a. 84 | | 8. March 23, 1922 | |
| 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. South Dakota | | 9b. U.S.A. | | 10. 12 Years | | 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 | | 12. Charles Robertson | |
| 13. 8903 | | 14a. Homemaker | | 14b. Own Home | | | |
| RESIDENCE—STATE | | CITY, TOWN, OR LOCATION | | STREET AND NUMBER | | INSIDE CITY LIMITS (Specify Yes or No) | |
| 15a. Nevada | | 15b. Douglas | | 15c. Minden | | 15d. 1798 Lantana Dr. | |
| 15e. Yes | | | | | | | |
| FATHER—NAME | | MOTHER—MAIDEN NAME | | | | | |
| 16. John | | 17. Elizabeth | | | | | |
| 16. John | | 16. Ahon | | 17. Elizabeth | | 17. Tuohima | |
| INFORMANT—NAME (Type or Print) | | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) | | | | | |
| 18a. Charles Robertson - Husband | | 18b. P.O. Box 2286, Minden, Nevada 89423 | | | | | |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify) | | CEMETERY OR CREMATORY—NAME | | LOCATION—City or Town State | | | |
| 19a. Cremation | | 19b. FitzHenry's Crematory | | 19c. Carson City, Nevada | | | |
| FUNERAL DIRECTOR—SIGNATURE (Or Person Acting As Such) | | FUNERAL DIRECTOR LICENSE NUMBER | | NAME AND ADDRESS OF FACILITY | | | |
| 20a. <i>[Signature]</i> | | 20b. 217 | | 20c. Home, 1380 Hwy 395, Gardnerville, NV 89410 | | FitzHenry's Carson Valley Funeral | |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. | | 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) <i>[Signature]</i> | | (Signature and Title) <i>[Signature]</i> | | | | | |
| DATE SIGNED (Mo., Day, Yr.) 8/9/06 | | HOUR OF DEATH 0830 | | DATE SIGNED (Mo., Day, Yr.) | | HOUR OF DEATH | |
| 21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22b. PRONOUNCED DEAD (Mo., Day, Yr.) | | 22c. PRONOUNCED DEAD (Hour) | | | |
| 21d. | | 22d. ON | | 22e. AT | | | |
| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) | | LICENSE NUMBER | | | | | |
| 23a. Ralph Herbig M.D., 1540 Hwy 395, #E, Gardnerville, NV 89410 | | 23b. 984 | | | | | |
| REGISTRAR | | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) | | DEATH DUE TO COMMUNICABLE DISEASE | | | |
| 24a. (Signature) <i>[Signature]</i> | | 24b. August 11, 2006 | | 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) | | | | Interval between onset and death | | | |
| PART I (a) Aspiration pneumonia | | | | days | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | | | |
| (b) Alzheimer's dementia | | | | years | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | | | |
| (c) | | | | | | | |
| PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. | | AUTOPSY (Specify Yes or No) | | 26. No | | 27. No | |
| ACC., SUICIDE, HOMICIDE, UNDETERMINED, OR PENDING INVEST. (Specify) | | DATE OF INJURY (Mo., Day, Yr.) | | HOUR OF INJURY | | DESCRIBE HOW INJURY OCCURRED | |
| 28a. | | 28b. | | 28c. M | | 28d. | |
| 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. | | | |

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

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

PARENTS

POSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH

USE OF DEATH

STATE REGISTRAR

No. 341418



BK- 0307
PG- 3502

0696870 Page: 2 of 3 03/12/2007

CERTIFIED COPY OF VITAL RECORDS

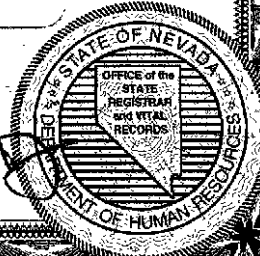
131580

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: AUG 11 2006

[Signature]
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

EXHIBIT "A"

LEGAL DESCRIPTION

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

Situate in the Southwest 1/4 of the Southwest 1/4 of Section 33, Township 13 North, Range 20 East, M.D.B. & M., more particularly described as follows:

Commencing at a point on the Northeasterly side of Mission Street which bears North 74°59' East, a distance of 289.07 feet from the Town Monument of the Town of Gardnerville; thence North 40°25' West along said Northeasterly line of Mission Street a distance of 105.8 feet to the TRUE POINT OF BEGINNING, said point being further described as the most Westerly corner of the Methodist Church parcel, as conveyed to Victor D. Pedrojetti et ux, by deed recorded July 29, 1954 in Book B-1 of Deeds, at Page 152, Douglas County, Nevada, records; thence continuing along the Northwesterly line of Mission Street a distance of 82.5 feet to the most Southerly corner of the Hellwinkel parcel of land described in quitclaim deed recorded in Book 389, Page 3434 as Document No. 198883, Official Records; thence Northeasterly at right angles along the Southeasterly boundary of the Hellwinkel parcel a distance of 200 feet to the most Easterly corner of said Hellwinkel parcel; thence Southeasterly at right angles a distance of 82.5 feet; thence Southwesterly at right angles along the Northeast boundary of the Pedrojetti parcel a distance of 200 feet to the POINT OF BEGINNING.

Assessor's Parcel No. 1320-33-402-054

"IN COMPLIANCE WITH NEVADA REVISED STATUTE 111.312, THE HEREIN ABOVE LEGAL DESCRIPTION WAS TAKEN FROM INSTRUMENT RECORDED JANUARY 26, 2000, AS FILE NO. 485067, RECORDED IN THE OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA."

This document is recorded as an ACCOMMODATION ONLY and without liability for this consideration therefore, or as to the validity or sufficiency of said instrument, or for the effect of such recording on the title of the property involved.

