

STATE OF NEVADA

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

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING NO COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEASED—NAME First Middle Last Linda Kay FAUGHT		2. DATE OF DEATH (Month, Day, Year) June 4, 1993	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 2851 Tamara Ct.	
5. RACE—(e.g., White, Black, American Indian, etc) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	
7a. AGE—Last Birthday (Years) 45		7b. UNDER 1 YEAR MOS : DAYS	
7c. UNDER 1 DAY HOURS : MINS		8. DATE OF BIRTH (Mo., Day, Yr.) Jan. 13, 1948	
9a. STATE OF BIRTH (If not U.S.A., name country) North Dakota		9b. CITIZEN OF WHAT COUNTRY USA	
10. Decedent's Education. Specify highest grade completed. 13		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
12. SURVIVING SPOUSE (If wife, give maiden name) Larry Faught		13. SOCIAL SECURITY NUMBER 1858	
14a. OCCUPATION (Give kind of work done during most of Working Life, Even if Retired) Recreation Coordinator		14b. KIND OF BUSINESS OR INDUSTRY Douglas County	
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas	
15c. CITY, TOWN, OR LOCATION Minden		15d. STREET AND NUMBER 2851 Tamara Ct.	
15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER—NAME First Middle Last Valentine Hager	
17. MOTHER—MAIDEN NAME First Middle Last Lois Jorgensen		18a. INFORMANT—NAME (Type or Print) Larry Faught	
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 2964 Minden, Nevada 89423		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	
19b. CEMETERY OR CREMATORY—NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden, Nevada	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Paul D. Raiter</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 36	
20c. NAME AND ADDRESS OF FACILITY FitzHenry's Funeral Home-Crematory 833 North Edmonds Drive Carson City, Nevada 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) <i>Joseph Heflin M.D.</i>	
21b. DATE SIGNED (Mo., Day, Yr.) June 7, 1993		21c. HOUR OF DEATH 2200	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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>Joseph Heflin M.D.</i>	
22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
22d. PRONOUNCED DEAD (Mo., Day, Yr.)		22e. PRONOUNCED DEAD (Hour)	
22d. ON		22e. AT	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Joseph Heflin M.D. 1532 Highway 395 Gardnerville, NV 89410		23b. LICENSE NUMBER #5873	
24a. REGISTRAR <i>Ann Wilson</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) June 7, 1993	
24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) sinus cancer	
PART I (a) DUE TO, OR AS A CONSEQUENCE OF:		PART II (b) DUE TO, OR AS A CONSEQUENCE OF:	
PART I (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	
28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)	
28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	



This is to certify that the above is a true and correct copy of the certificate on file in this office.
STATE REGISTRAR
Date Issued: **JUN 07 1993**

Gyonne Sylva
Deputy Registrar

No. 051200



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.

EXHIBIT "A"

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

Parcel 11, as set forth on certain Land Division Map for Nevis Industries, Inc. #3, a Redivision of Parcels 1,2,3,4,5,6, of Land Division Map for H.F. DANGBERG LIVESTOCK CO., No.2, Portions of Sections 20, 28, 29, 30, 31, 32, and 33, T. 14 N., R. 20 E., M.D. B. & M., Douglas County, Nevada.

APN: 1420-30-002-001 (old APN: 21-290-26)

