

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2008018333
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

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

| | | | | | | |
|---|--|--|---|---|---|--|
| 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Gary Allan LOOMIS | | | 2. DATE OF DEATH (Mo/Day/Year) November 09, 2008 | | 3a. COUNTY OF DEATH Douglas | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Minden | | 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1307 Bridle Way | | 3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) | | 4. SEX Male |
| 5. RACE White (Specify) | | 6. Hispanic Origin? Specify No - Non-Hispanic | 7a. AGE-Last birthday (Years) 65 | 7b. UNDER 1 YEAR MOS DAYS | 7c. UNDER 1 DAY HOURS MINS | 8. DATE OF BIRTH (Mo/Day/Yr) August 03, 1943 |
| 9a. STATE OF BIRTH (If not U.S.A., name country) California | | 9b. CITIZEN OF WHAT COUNTRY United States | 10. EDUCATION 18 | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 12. SURVIVING SPOUSE (if wife, give maiden name) Nona VILLARREAL |
| 13. SOCIAL SECURITY NUMBER 3196 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Upper Management | | 14b. KIND OF BUSINESS OR INDUSTRY City Of Los Angeles | | Ever in US Armed Forces? No |
| 15a. RESIDENCE - STATE Nevada | 15b. COUNTY Douglas | 15c. CITY, TOWN OR LOCATION Minden | | 15d. STREET AND NUMBER 1307 Bridle Way | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes |
| 16. FATHER - NAME (First Middle Last Suffix) Merlin LOOMIS | | | 17. MOTHER - NAME (First Middle Last Suffix) Hilda MEIER | | | |
| 18a. INFORMANT - NAME (Type or Print) Nona LOOMIS | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1307 Bridle Way Minden, Nevada 89423 | | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory | | 19c. LOCATION City or Town State Carson City Nevada 89701 | | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE 217 | 20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410 | | | |
| TRADE CALL - NAME AND ADDRESS | | | | | | |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JOANNE CRUZ SIGNATURE AUTHENTICATED | | | 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) stated. (Signature & Title) | | | |
| 21b. DATE SIGNED (Mo/Day/Yr) | | 21c. HOUR OF DEATH | | 22b. DATE SIGNED (Mo/Day/Yr) | | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | | 22c. HOUR OF DEATH | | |
| | | | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) | | |
| | | | | 22e. PRONOUNCED DEAD AT (Hour) | | |
| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner JOANNE CRUZ P. O. Box 218 Minden, NV 89423 | | | | | 23b. LICENSE NUMBER 432 | |
| 24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED | | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 12, 2008 | | 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).) | | | | | Interval between onset and death | |
| PART I (a) Self inflicted gunshot wound to head | | | | | Interval between onset and death | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | Interval between onset and death | |
| (b) DUE TO, OR AS A CONSEQUENCE OF: | | | | | Interval between onset and death | |
| (c) DUE TO, OR AS A CONSEQUENCE OF: | | | | | Interval between onset and death | |
| (d) DUE TO, OR AS A CONSEQUENCE OF: | | | | | Interval between onset and death | |
| PART II | | | | | 26. AUTOPSY (Specify Yes or No) Yes | |
| | | | | | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes | |
| 28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) Suicide | 28b. DATE OF INJURY (Mo/Day/Yr) November 09, 2008 | 28c. HOUR OF INJURY 2030 | 28d. DESCRIBE HOW INJURY OCCURRED self inflicted gunshot wound to head | | | |
| 28e. INJURY AT WORK (Specify Yes or No) No | 28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Home | | 28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 1307 Bridle Way Minden Nevada | | | |

STATE REGISTRAR

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BK- 0109
PG- 3508

VRS-Rev.2008T

246620 CERTIFIED COPY OF VITAL RECORDS

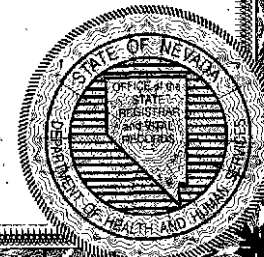
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

12/12/2008

This copy is not valid unless it bears the engraved border displaying date, seal and signature of Registrar.

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE