



sole owner of the above-described property as her sole and separate property.

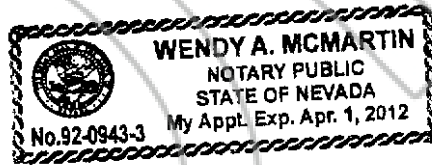
DATED this 17 day of March, 2010.

*Jean Christine St. Leger-Barter*  
JEAN CHRISTINE ST. LEGER-BARTER

STATE OF NEVADA        )  
                                  ) ss.  
CARSON CITY            )

On this 17th day of March, 2010, personally appeared before me, a Notary Public, JEAN CHRISTINE ST. LEGER-BARTER, who acknowledged that she executed the within instrument.

*Wendy A. McMarten*  
\_\_\_\_\_  
Notary Public



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**

**CERTIFICATE OF DEATH**

**2010001962**  
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) <b>Gerald ST LEGER-BARTER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 09, 2010</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE <b>White</b> (Specify)		6. DATE OF BIRTH (Mo/Day/Yr) <b>November 02, 1930</b>	
7a. AGE-Last birthday (Years) <b>79</b>		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>November 02, 1930</b>	
9a. STATE OF BIRTH (if not U.S.A. name country) <b>New York</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>16+</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE OR DOMESTIC PARTNER <b>Jean Christine MILLER</b>		13. SOCIAL SECURITY NUMBER <b>2973</b>	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Electrical Engineer</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Engineering</b>		15. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
15d. STREET AND NUMBER <b>1005 Carefree Court</b>		16. FATHER - NAME (First Middle Last Suffix) <b>Edgar Henry Stanley ST LEGER-BARTER</b>		17. MOTHER - NAME (First Middle Last Suffix) <b>Phyllis SPENCER</b>	
18a. INFORMANT - NAME (Type or Print) <b>Jean Christine ST LEGER-BARTER</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>P. O. Box 1981 Carson City, Nevada 89702</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Masonic Memorial Gardens</b>		19c. LOCATION City or Town State <b>Reno Nevada 89503</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>WILLIAM LEAHY</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>610</b>		20c. NAME AND ADDRESS OF FACILITY <b>Washoe Memorial Cremation and Burial</b> <b>5401 Longley Lane #11 Reno NV 89511</b>	
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) <b>JEFFREY BASA M.D.</b> 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) <b>February 12, 2010</b>		21c. HOUR OF DEATH <b>22:22</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) <b>Dr. Jeffrey Basa M.D. 2874 N. Carson Street, Ste 200 Carson City, NV 89706</b>				23b. LICENSE NUMBER <b>8079</b>	
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 16, 2010</b>		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))					
PART I				Interval between onset and death	
(a) <b>Atrial Fibrillation</b>				Interval between onset and death	
(b) <b>Pneumonia</b>				Interval between onset and death	
(c) <b>DUE TO, OR AS A CONSEQUENCE OF</b>				Interval between onset and death	
(d) <b>DUE TO, OR AS A CONSEQUENCE OF</b>				Interval between onset and death	
PART II				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)			
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	

STATE REGISTRAR



0761058 Page: 3 Of 3 03/29/2010

BK- 0310  
PG- 6372

VRS-Rev-20090902

315504 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: **02/16/2010**

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

*R. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

