



STATE OF OKLAHOMA  
**CERTIFICATE OF DEATH**

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) <b>HENRYETTA B. HOLLINS</b>		2. SEX <b>FE</b>	3. SOCIAL SECURITY NUMBER <b>9612</b>
4. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
5a. AGE - Last birthday (years) <b>72</b>	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH <b>Jan. 07, 1932</b> (Mo/Day/Yr)
7. BIRTHPLACE (City and State or Foreign Country) <b>Payne County, Oklahoma</b>			
8a. RESIDENCE - State <b>Oklahoma</b>	8b. RESIDENCE - County <b>Tulsa</b>	8c. RESIDENCE - City or Town <b>Sperry</b>	8d. RESIDENCE - Zip Code <b>74073</b>
8e. RESIDENCE - Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8f. RESIDENCE - Apartment Number <b>N/A</b>	
8g. RESIDENCE - Street and Number <b>5604 East 96th Street North</b>			
9. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married, but separated <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) <b>Alex Hollins</b>	
11. FATHER'S NAME (First, Middle, Last) <b>Henry Brown</b>		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Lula Cole</b>	
13. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the 'No' box if the decedent is not Spanish/Hispanic/Latino.) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (specify) _____		14. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input type="checkbox"/> White <input checked="" type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____	
15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death.) <input type="checkbox"/> 8 <sup>th</sup> grade or less <input type="checkbox"/> 9 <sup>th</sup> - 12 <sup>th</sup> grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) <input checked="" type="checkbox"/> Master's degree (e.g. MEd, MA, MS, MEng, MSW, MBA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, JD)			
16. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED.) <b>Educator</b>		17. KIND OF BUSINESS / INDUSTRY <b>Public Schools</b>	
18a. INFORMANT'S NAME <b>Celetta Johnson</b>		18b. RELATIONSHIP TO DECEDENT <b>Daughter</b>	18c. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>5604 E. 96th St N Tulsa Oklahoma 74073</b>
19. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (specify) _____		20. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) <b>Green Acres Memorial Gardens</b>	
21. LOCATION - City, Town and State <b>Skiatook, Oklahoma</b>		22. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY <b>Jack's Memory Chapel 801 East 36th Street North Tulsa, Oklahoma 741061900</b>	
23. SIGNATURE OF FUNERAL HOME DIRECTOR OR FAMILY MEMBER ACTING AS SUCH <i>Maureen V. Oach</i>		24. FH ESTABLISHMENT LICENSE # <b>1288 ES</b>	

25. PLACE OF DEATH (Check only one; see instructions)		IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		IF DEATH OCCURRED OTHER THAN IN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (specify) _____	
26. FACILITY NAME (If not institution, give street & number) <b>Tulsa Regional Medical Center</b>		27. CITY OR TOWN, STATE AND ZIP CODE OR LOCATION OF DEATH <b>Tulsa, Oklahoma 74127</b>		28. COUNTY OF DEATH <b>Tulsa</b>	
29. DATE OF DEATH <b>Jan 23, 2004</b> (Mo/Day/Yr)	30. TIME OF DEATH <b>0902</b>	31. WAS MEDICAL EXAMINER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
34. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>Bleeding from Zidovudine</b> Due to (or as a consequence of): a. <b>Atherosclerosis</b> Due to (or as a consequence of): b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): d. _____		Approximate interval: Onset to death <b>3 days</b>		35. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.	
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		37. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		38. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
39. DATE OF INJURY (Mo/Day/Yr)	40. TIME OF INJURY	41. PLACE OF INJURY (e.g., Decedent's home; construction site; wooded area)	42. DESCRIBE HOW INJURY OCCURRED:	43. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
44. LOCATION OF INJURY: State: _____ City or Town: _____ Zip Code: _____ Street & Number: _____ Apartment Number: _____		45. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (specify) _____			
46. CERTIFIER (Check only one): ATTENDING PHYSICIAN: <input checked="" type="checkbox"/> Physician in charge of the patient's care <input type="checkbox"/> Physician in attendance at time of death only To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> MEDICAL EXAMINER 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 of Certifier: <i>[Signature]</i>		47. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 34) <b>Dennis McClary DO 802 S. Jackson Suite #110 Tulsa, Oklahoma 74127</b>		48. LICENSE NUMBER <b>2636</b>	
49. DATE CERTIFIED <b>2-13-04</b> (Mo/Day/Yr)		51. DATE RECEIVED BY LOCAL REGISTRAR <b>FEB 17 2004</b> (Mo/Day/Yr)		52. DATE RECEIVED BY STATE REGISTRAR _____ (Mo/Day/Yr)	

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 VS 154 (1-04)  
 BK- 0211  
 PG- 3625



**State Department of Health**  
 State of Oklahoma  
 OKLAHOMA CITY, OKLAHOMA 73117

CERTIFIED COPY MUST BE  
 VALIDATED IN THREE COLORS

I hereby certify the foregoing to be a true and correct copy, original of which is on file in this office. In testimony whereof, I have hereunto subscribed my name and caused the official seal to be affixed, at Oklahoma City, Oklahoma, this date.

**February 17, 2004**

*[Signature]*  
 REGISTRAR

**EXHIBIT "A"**

(50)

A timeshare estate comprised of:

**Parcel 1: An undivided 1/51st interest in and to that certain condominium described as follows:**

(A) An undivided 1/24<sup>th</sup> interest as tenants in common, in and to the Common Area of Lot 50, Tahoe Village Unit No. 1, as designated on the Seventh Amended Map of Tahoe Village Unit No. 1, recorded on April 14, 1982, as Document No. 66828, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on Record of Survey of Boundary Line Adjustment map recorded March 4, 1985, in Book 385, Page 160, of Official Records of Douglas County, Nevada, as Document No. 114254.

(B) Unit No. 003 as shown and defined on said Seventh Amended Map of Tahoe Village, Unit No. 1.

**Parcel 2: a non-exclusive easement for ingress and egress and for use and enjoyment and incidental purposes over and on and through the Common Areas of Tahoe Village Unit No. 1, as set forth on said Ninth Amended Map of Tahoe Village, Unit No. 1, recorded on September 21, 1990, in Book 990, at Page 2906, as Document No. 235007, Official Records of Douglas County, State of Nevada.**

**Parcel 3: the exclusive right to use said condominium unit and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel 1, and Parcel 2 above during one "use week" within the "Swing use season" as said quoted terms are defined in the Declaration of Covenants, Conditions and Restrictions, recorded on December 21, 1984, in Book 1284, Page 1993, as Document No. 111558 of said Official Records, and Amended by instrument recorded March 13, 1985, in Book 385, Page 961, of Official Records, as Document No. 114670. The above described exclusive and non-exclusive rights may be applied to any available unit in the project during said "use week" in said above mentioned "use season".**

**A Portion of APN: 1319-30-519-003**