



**NEVADA INDIVIDUAL ACKNOWLEDGMENT**

State of Nevada }  
County of Douglas } ss.

This instrument was acknowledged before me  
on this the 10<sup>th</sup> day of Nov, 2011, by  
Day Month Year

(1) Rita Horseth (1)  
Name of Signer

(and

(2) N/A (2)  
Name of Signer



Place Notary Seal and/or Stamp Above

E. Perneau  
Signature of Notary Public

**OPTIONAL**

*Though the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

**Description of Attached Document**

Title or Type of Document: affidavit

Document Date: 11-10-11 Number of Pages: 1

Signer(s) Other Than Named Above: N/A

**RIGHT THUMBPRINT OF SIGNER #1**  
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**RIGHT THUMBPRINT OF SIGNER #2**  
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**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

2010012067  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Paul Allen GORSETH</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 11, 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>	
DECEDENT	4. SEX <b>Male</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
	7a. AGE-Last birthday (Years) <b>71</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) <b>August 14, 1938</b>		9a. STATE OF BIRTH (if not U.S.A. name country) <b>South Dakota</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
	10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Reita ROBINSON</b>	
PARENTS	13. SOCIAL SECURITY NUMBER <b>2528</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Electrician</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Electric Company</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
DISPOSITION	15d. STREET AND NUMBER <b>721 Mustang Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Arthur GORSETH</b>	
	17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Hazel WHISTLER</b>		18a. INFORMANT - NAME (Type or Print) <b>Reita GORSETH</b>		18b. MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) <b>721 Mustang Lane Gardnerville, Nevada 89410</b>	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</b>	
CERTIFIER	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>TODD PALMER CHAPMAN M.D.</b> <i>SIGNATURE AUTHENTICATED</i>		21b. DATE SIGNED (Mo/Day/Yr) <b>August 16, 2010</b>		21c. HOUR OF DEATH <b>12:29</b>	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
REGISTRAR	21e. 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>Todd Palmer Chapman M.D. 412 W John Street Carson City, NV 89701</b>		23b. LICENSE NUMBER <b>5933</b>		24a REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> <i>SIGNATURE AUTHENTICATED</i>	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 17, 2010</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))	
	25a. ACC, SUICIDE, HOM, UNDET. OR PENDING INVEST. (Specify)		25b. DATE OF INJURY (Mo/Day/Yr)		25c. HOUR OF INJURY	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25d. DESCRIBE HOW INJURY OCCURRED		25e. INJURY AT WORK (Specify Yes or No)		25f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	
	25g. LOCATION STREET OR R.F.D. No CITY OR TOWN STATE		26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	

STATE REGISTRAR

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VRS-Rev-20110104

221577 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: 02/09/2012

*Reita Whistler*  
**SIGNATURE AUTHENTICATED**

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

