APN: 1420-07-818-036 RECORDING REQUESTED BY: Western Title Company

AND WHEN RECORDED MAIL TO:

Laurel E. Arett Thomas P. Kruse 240 Bisby Reno, NV 89512 DOC # 828123 07/31/2013 12:59PM Deputy: GB OFFICIAL RECORD Requested By: eTRCO, LLC

Douglas County - NV Karen Ellison - Recorder

Page: 1 of 3 Fee: \$16.00 BK-713 PG-8100 RPTT: 0.00



SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF TRUSTEE

STATE OF

COUNTY OF

) SS.

Laurel E. Arett and Thomas P. Kruse, Successor Trustees of legal age, being first duly sworn, deposes and says:

Ronald A. Kruse is the decedent mentioned in the attached certified copy of Certificate of Death, as Ronald A. Kruse, Co-Trustee of the Kruse Family Trust dated June 20, 2002 is the same person named as Trustee in that certain Declaration of Trust, executed by Ronald A. Kruse and Elaine C. Kruse, Co-Trustees of The Kruse Family trust dated June 20, 2002, Grantee.

At the time of decedent's death, decedent was the owner, of certain real property acquired by a deed, Ronald A. Kruse and Elaine C. Kruse, Grantor, Grants to Ronald A. Kruse and Elaine C. Kruse, Co-Trustees of The Kruse Family trust dated June 20, 2002, Grantee recorded on June 25, 2002, as Book 0602, at Page 08194 of Instrument No. 0545535 in Official Records of Douglas County, Nevada, describing the following real property:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 10, in Block B, as shown on the map of IMPALA MOBILE HOME ESTATES UNIT NO. 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada on April 7, 1982, in Book 482, Page 366, as Document No. 66654.

Assessor's Parcel Number(s): 1420-07-818-036

Commonly known as: 977 Lehigh Circle, Carson City, NV 89705

PG-8101 828123 Page: 2 of 3 07/31/2013

I am the Successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated 25 JUL 13

Kruse Family Trust dated June 20, 2002

el E. Arett, Successor Trustee

Thomas P. Kruse, Successor Trustee

STATE OF

COUNTY OF This instrument was acknowledged before me on

By Laurel E. Arett and Thomas P. Kruse

Notary Public

TRACIE. ADAMS



BK 713 PG-8102 828123 Page: 3 of 3 07/31/2013

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS

The DECEASED-NAME (FIRST, MIDDLELAST SUFFIX) Ronald A		- Zerrial Kemidariya		EAIH ""	, STATE	ZUZ I UOZ
SECTIVE TOWN, OR LOCATION OF DEATH SE HOSPITAL OR OTHER RISTITUTION, Namely not either, give after in Indicate DOL OPPETITUTE (IN Institute of number) (Institute of the part of number) (Institute of numbe	14 DECEASED NAME (FIRST, MIDDLE, LA	ST,SUFFIX)		2 DATE OF		
Carson City and number) 977 Lehigh Circle Impatinics/Specify Horne Horne Flora Control (Specify) Flora Control (S					mber 27, 2012	Douglas
Secondary Seco		and number)		not either, give street 3e. Inp	atient(Specify)	d indiff walle diller item
Spacify No. No. Haspeinic South Hage No. No. Haspeinic South Hage No. Haspeinic South Hage No.				-Last 7b, UNDER		
Institutions United States 12 DVORCEO/Specify) Middowed minden/name 13. SOCIAL SECURITY NUMBER 14e USUAL OCCUPATION (Sew End of Works Done During Most* 14b, KIND OF BUSINESS OR INDUSTRY 15a, RESIDENCE - STATE 15e COUNTY 15e, CITY, TOWN OR LOCATION 15e4 STREET AND NUMBER 15e, INDUSTRY 15a, RESIDENCE - STATE 15e COUNTY 15e, CITY, TOWN OR LOCATION 15e4 STREET AND NUMBER 15e, INDUSTRY 15a, INFORMANT - NAME (First Middle Last Suffic) 17, MOTHER/PARENT - NAME (First Middle Last Suffic) 15a, INFORMANT - NAME (First Middle Last Suffic) 17, MOTHER/PARENT - NAME (First Middle Last Suffic) 15a, INFORMANT - NAME (First Middle Last Suffic) 17, MOTHER/PARENT - NAME (First Middle Last Suffic) 15a, INFORMANT - NAME (First Middle Last Suffic) 17, MOTHER/PARENT - NAME (First Middle Last Suffic) 15a, INFORMANT - NAME (First Middle Last Suffic) 17, MOTHER/PARENT - NAME (First Middle Last Suffic) 15a, INFORMANT - NAME (First Middle Last Suffic) 17, MOTHER/PARENT - NAME (First Middle Last Suffic) 16a, INMILES 17, MOTHER/PARENT - NAME (First Middle Last Suffic) 16a, INMILES 16a, INMILE	(Specify)	No - Non-Hispa	inic birthday	(Years) MOS 1	HOURS MIN	April 01, 1936
15a, RESIDENCE - STATE 15b. COUNTY 15c. CITY, TOWN OR LOCATION 15d. STREET AND NUMBER 15d. NAME AND ADDRESS 15d. FATHER/PARENT - NAME (First Middle Last Suffice) 17d. MOTHER/PARENT - N	nama country) Illinois	United States	12 DIV	ORCED (Specify) Widow	ed maide	n name)
Nevada Douglas Carson City 977 Lehigh Circle Lutra's region of the Carson City 1, MOTHER/PARENT - NAME (First Middle Last Suffix) Alvin KRUSE 1, MOTHER/PARENT - NAME (First Middle Last Suffix) (Lillian: MILLER Last S	6940 of	Working Life, Even if Retire	laster Chief Pay Off	ficer	U.S.Navy	Forces? Y
18. FATHERPARENT - NAME (First Middle Last Suffix) AIVIN KRUSE 18a. INFORMANT - NAME (First Middle Last Suffix) AIVIN KRUSE 18a. INFORMANT - NAME (First Middle Last Suffix) Laurel E ARETT 18a. BURIAL CREMATION, REMOVAL, OTHER (Spedify) 19b. CEMETERY OR GREMATORY - NAME Playments Cremation 20a. FUNERAL DIRECTOR - SIGNATURE (OF Person Acting as Such) 20a. FUNERAL DIRECTOR - SIGNATURE (OF Person Acting as Such) 20a. FUNERAL DIRECTOR - SIGNATURE (OF Person Acting as Such) 20b. FUNERAL DIRECTOR - SIGNATURE AUTHENTICATED 21c NAME AND ADDRESS 22a. DATE SIGNED (MorDayry) 22a. To This best of reasonination and/or investigation, in my opinion death on the cause(a) stated. (Signature & Title) 22b. DATE SIGNED (MorDayry) 22c. HOUR OF DEATH 22b. DATE SIGNED (MorDayry) 22c. HOUR OF DEATH 22c. NAME AND ADDRESS OF CENTIFIER (PHYSICIAN ATTENDING PHYSICIAN MEDICAL EXAMINER, OR CORONER) (Type or Print) 22c. NAME AND ADDRESS OF CENTIFIER (PHYSICIAN ATTENDING PHYSICIAN MEDICAL EXAMINER, OR CORONER) (Type or Print) 22c. NAME AND ADDRESS OF CENTIFIER (PHYSICIAN ATTENDING PHYSICIAN MEDICAL EXAMINER, OR CORONER) (Type or Print) 22c. NAME AND ADDRESS OF CENTIFIER (PHYSICIAN ATTENDING PHYSICIAN MEDICAL EXAMINER, OR CORONER) (Type or Print) 22c. HOUR OF DEATH 22d. DATE RECEIVED BY REGISTRAR						LIMITS (Specif
Tisa, INFORMANT- NAME (Type or Print) Laurie E ARETT 188. MAILING ADDRESS (Sizest or R.F.D. No. City or Town, Slate, Zip) 2324 AROMEO Drive Minden, Nevada 89423 189. MAILING ADDRESS (Sizest or R.F.D. No. City or Town State Control or Committee Control or Control or Committee Control or C	16, FATHER/PARENT - NAME (First Middle	Last Suffix)		,	VIE (First Middle Lest	
TISAL BURNAL, CREMATION, REMOVAL, OTHER (Specify) 196. CEMETERY OR CREMATORY - NAME Cremation Cremation Transport of Parson Adding as Such) 20a. FUNERAL DIRECTOR - SIGNATURE (or Person Adding as Such) JAMES 3MOLENSKI JAMES	18a. INFORMANT- NAME (Type or Print)	18b	MAILING ADDRESS		or Town, State, Zip)	
Cremation Cremation Cremation Cremation Crematory Cason City Nevada 8970 20a. FUNERAL DIRECTOR: SIGNATURE (Or Person Adding as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED CRECTOR LICENSE SIGNATURE AUTHENTICATED TRADE CALL: NAME AND ADDRESS STEPHEN HAROLD BLOOMFIELD M.D. C. STEPHEN HAROLD BLOOMFIELD M.D. STEPHEN HAROLD BLOOMFIELD M.D. C. STEPHEN HAROLD BLOOMFIELD M.D. STEPHEN HAROLD BLOOMFIELD M.D. STEPHEN HAROLD BLOOMFIELD M.D. C. STEPHEN HAROLD BLOOMFIELD M.D. STEPHEN HAROLD BLOOMFIELD M.D. STEPHEN HAROLD BLOOMFIELD M.D. STEPHEN HAROLD BLOOMFIELD M.D. C. STEPHEN HAROLD BLOOMFIELD M.D. STEPHEN HAROLD BLOOMFIELD M.D. C. STEPHEN HAROLD BLOOMFIELD M.D. STEPHEN HAROLD M.	The state of the the make the type of the				F1 3371	
JAMES SMOLENSKI SIGNATURE AUTHENTICATED 217 3945 Feinview Dr. Carson City. NV. 89701 LL. TRADECALL : NAME AND ADDRESS 218. To The bast of my knowledge, death occurred at the time, date and place and due to the cause(e) stated. (Signature & Title) SIGNATURE AUTHENTICATED 3945 Feinview Dr. Carson City. NV. 89701 LL. TRADECALL : NAME AND ADDRESS 218. To The bast of my knowledge, death occurred at the time, date and place and due to the cause(e) stated. (Signature & Title) SIGNATURE AUTHENTICATED 395		HER (Specify) 196, CEMETER				-
SIGNATURE AUTHENTICATED 217 3945 Feliview Dr. Carson City. NV. 89701 TRADE CALL - NAME AND ADDRESS 2 21a. To this best of my knowledge, death occurred at this time, data and place and to the cause(s) stated. (Signature & Title) 3 2 21a. To this best of my knowledge, death occurred at this time, data and place and to the cause(s) stated. (Signature & Title) 3 2 21a. DATE SIGNED (Mo/Dey/Yr) 2 21b. DATE SIGNED (Mo/Dey/Yr) 2 21b. DATE SIGNED (Mo/Dey/Yr) 2 21b. DATE SIGNED (Mo/Dey/Yr) 2 21c. HOUR OF DEATH 3 2 21d. NAME OF ATTENDING PHYSICIAN FOR THAN CERTIFIER 3 2 21d. NAME OF ATTENDING PHYSICIAN ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 2 3a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 2 3a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 2 3a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 2 3a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 2 3a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 2 3a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 2 3a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 2 3a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 2 3a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) 3 4b. DATE RECEIVED, BY REGISTRAR 2 4c. DEATH DUE TO COMMUNICABLE 3 4b. DATE RECEIVED, BY REGISTRAR 2 4c. DEATH DUE TO COMMUNICABLE 3 4b. DATE RECEIVED, BY REGISTRAR 2 4c. DEATH DUE TO COMMUNICABLE 3 4b. DATE RECEIVED, BY REGISTRAR 2 4c. DEATH DUE TO COMMUNICABLE 3 4b. DATE RECEIVED, BY REGISTRAR 2 4c. DEATH DUE TO COMMUNICABLE				20c NAME AND ADD		
TRADE CALL - NAME AND ADDRESS S 2 21a. To The best of my knowledge, death occurred at the time, date and place and due to the cause(is stated. (Signature a Title) and place and due to the cause(is) stated. (Signature a		- Marie - Marie - Marie		30	N 45.0 0.00	and the state of t
21a. To the best of my knowledge, death occurred at the time, date and place and the to the cause(s) stated. (Signature a Title) STEPHEN HAROLD BLOOMFIELD M.D. STEPHEN HAROLD BLOOMFIELD M.		HENTICATED		OAR CALLOR ST	TO FEILVIEW Dt Calsoi	man zon zon zuen zuen.
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Stephen Harold Bloomfield M.D. 1575 Delucchi Lane St 214 Rend, MV 89502 24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED NICOLE SHORE SIGNATURE AUTHENTICATED AND DESCRIPTION (Mor/Day/Yr) January 09, 2013 Atherosclerotic Cardiovascular Disease OUE TO, OR AS A CONSEQUENCE OF: Hypertension DUE TO, OR AS A CONSEQUENCE OF: Adult Failure to Thrive PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resolding in the underlying cause given in Part 1. 25a. LICENSE NUMBER 3741 24b. DATE RECEIVED BY REGISTRAR ACC. SUICIDE HOM, UNDET 25a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER, OR CORONER) NO X Interval between onset of the underlying cause given in Part 1. 25b. LICENSE NUMBER 3741 24c. DEATH DUE TO COMMUNICABLE YES NO X Interval between onset of the underlying cause given in Part 1. 26c. Decubitus Ulcer Buttock Due TO, OR AS A CONSEQUENCE OF: Adult Failure to Thrive PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resolding in the underlying cause given in Part 1. 25a. ACC. SUICIDE HOM, UNDET 25a. DATE OF INJURY (ModDay/Yr) 25b. HOUR OF INJURY 25c. HOUR OF INJURY 25c. HOUR OF INJURY 25d. DESCRIBE HOW NUJLEY OCCURNED 25d. LICENSE NUMBER 3741 24b. DATE RECEIVED BY REGISTRAR 24c. DEATH DUE TO COMMUNICABLE 16c. DATE OF INJURY 17c. DAT	S Z January 02, 2013 21d NAME OF ATTENDING PHYSIC	11:3	3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			
AR 24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 09, 2013 YES NO Atherosclerotic Cardiovascular Disease OUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: Adult Failure to Thrive PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 25a. ACC., SUICIDE, HOM, UNDET 25b. DATE OF INJURY AT WORK (Specify, 28f. PLACE OF INJURY At home, farm, street, factory, office) 24c. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 09, 2013 YES NO Interval between onset and interval	239, NAME AND ADDRESS OF CERTIFIER					
SIGNATURE AUTHENTICATED 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Atherosclerotic Cardiovascular Disease OUE TO, OR AS A CONSEQUENCE OF: Hypertension DUE TO, OR AS A CONSEQUENCE OF: Decubitus Ulcer Buttock (d) PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in this underlying cause given in Part 1. 26. AUTOPSY (Specify Yes or No) PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in this underlying cause given in Part 1. 28. AUTOPSY (Specify Yes or No) PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in this underlying cause given in Part 1. 28. AUTOPSY (Specify Yes or No) PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in this underlying cause given in Part 1. 28. AUTOPSY (Specify Yes or No) PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in this underlying cause given in Part 1. 28. AUTOPSY (Specify Yes or No) PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in this underlying cause given in Part 1. 28. AUTOPSY (Specify Yes or No) PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in this underlying cause given in Part 1. 28. AUTOPSY (Specify Yes or No) PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in this underlying cause given in Part 1. 28. AUTOPSY (Specify Yes or No) PART II. OTHER SIGNIFICANT CONDITIONS-CONDITIONS-CONDITIONS-CONDITIONS PART II. OTHER SIGNIFICANT CONDITIONS-CONDITIONS-CONDITIONS PART II. OTHER SIGNIFICANT CONDITIONS-CONDITIONS PART II. OTHER SIGNIFICANT CONDITIONS-CONDITIONS PART II. OTHER SIGNIFICANT CONDITIONS-CONDITIONS PART II. OTHER SIGNIFICANT CONDITIONS PART II. OTHER SIGNIFICANT CONDITION	24a RECISTRAR (Signatura)	A CONTRACTOR OF THE CONTRACTOR	24b DA	TE RECEIVED BY REGIS	TRAR 24c DEATH	DUE TO COMMUNICABLE D
Atheroscierotic Cardiovascular Disease OUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: Decubitus Ulcer Buttock OUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF: Adult Failure to Thrive PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 28. AUTOPSY (Specify Yes or No) OR PENDING INVEST: (Specify) 28. DATE OF INJURY (MorDey/Yr) 28. LOCATION STREET OR R.F.D.No. CITY OR TOWN	SIGN	15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	D Department	January 09, 2	2013 YE	
Hypertension Due to, or as a consequence of: Decubitus Ulcer Buttock Due to, or as a consequence of: Decubitus Ulcer Buttock Due to, or as a consequence of: Adult Failure to Thrive PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 26 AUTOPSY (Specify Yes or No) 28 ACC, Suicide, Hom, UNDET. 28 DATE OF INJURY (Modey/Yr) 28 DESCRIBE HOW INJURY OCCURRED 28 INJURY AT WORK (Specify 28f. PLACE OF INJURY: At home, farm, street, factory, office 28g. LOCATION STREET OR R.F.D.No. CITY OR TOWN	Atheroscierotic L	Cardiovascular Disc				
DUE TO, OR AS A CONSEQUENCE OF Decubitus Ulcer Buttock DUE TO, OR AS A CONSEQUENCE OF: Adult Failure to Thrive PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 28. AUTOPSY (Specify Yes or No) OR PENDING INVEST: (Specify 28b. DATE OF INJURY (MoDeyYY) 28c. HOUR OF INJURY 28d. DESCRIBE HOW INJURY OCCURRED 28g. INJURY AT WORK (Specify 28f. PLACE OF INJURY: At home, farm, street, factory, office 28g. LOCATION STREET OR R.F.D.No. CITY OR TOWN	Hypertension	QUENCE OF:				Interval between onset an
DUE TO, OR AS A CONSEQUENCE OF: Adult Failure to Thrive PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 28. AUTOPSY (Specify Yes or No) 28. ACC., SUICIDE, HOM., LINDET. 28. DATE OF INJURY (Mo/Deyry) 28. HOUR OF INJURY 28. LOCATION 28. LOCATION STREET OR R.F.D.No. CITY OR TOWN	Decubitus Ulcer	OUENCE OF Buttock		(4) 5. (a) III (4) (4) (40.00 ft)	100 0000 00	Interval between onset an
PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 26 AUTOPSY (Specify Yes of No) 28 AUTOPSY (Specify Yes of No) 28 ACC, SUICIDE, HOM, UNDET. (Specify Yes of No) 28 AUTOPSY (Specify Yes of No) 28 AUTOPS	DUE TO, OR AS A CONSE					Interval batween onset ar
28a, ACC., SUICIDE, HOM, UNDET. 28b. DATE OF INJURY (Mo/Deyry) 28c. HOUR OF INJURY 28d. DESCRIBE HOW INJURY OCCURATED 28a, INJURY AT WORK (Specify) 28f. PLACE OF INJURY At home, farm, street, factory, office 28g. LOCATION STREET OR R.F.D.No. CITY OR TOWN	Adult Fallure to	As to the second	death but not beaution in	the underlying cause given	in Peri 1 26 AUT	OPSY Z7 WAS CASE R
289. INJURY AT WORK (Specify 28f. PLACE OF INJURY- At home, farm, street, factory, office 28g. LOCATION STREET OR R.F.D.No. CITY OR TOWN	/ <u></u>	NS-Conditions contributing to a	dean but not resolute in		(Specify	Yes or No. TO CORONER (S
To be the control of	(d) PART II. OTHER SIGNIFICANT CONDITION 28a, ACC., SUICIDE, HOM, UNDET. 128b, DATE				(Specify	Yes or No) TO CORONER (S NO or No)
- A 1 - 1.000	PART II. OTHER SIGNIFICANT CONDITION 284. ACC., SUICIDE, HOM, UNDET. 286. DATE OR PENDING INVEST. (Specify)	OF INJURY (MADeyry) 2	Be HOUR OF INJURY 25	BIJ. DESCRIBE HOW INJURY O	(Specify	Yes of No. TO CORONER (Si No. or No.)



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:

This copy is not valid unless groups in organized border displaying date, seal and signature fuller the nice tentile the tentile tentile the nice tentile tentile

