RECORDING REQUESTED BY:

CHRISTINE A PAONESSA

WHEN RECORDED MAIL TO:

CHRISTINE A PAONESSA 3764 BLACK FEATHER TRAIL CASTLE ROCK CO 80104 Doc Number: 0830644

09/16/2013 02:57 PM OFFICIAL RECORDS Requested By KINGSBURY CROSSING

DOUGLAS COUNTY RECORDERS Karen Ellison - Recorder

Page: 10f 3

Fee: \$ 16.00

Bk: 0913 Pg: 3197

Deputy sd

AFFIDAVIT OF DEATH OF JOINT TENANT

Assessor Parcel Number:

1318-26-01-006

State of Colorado

SS

County of Douglas

I Christine A Paonessa, affiant of legal age, being first duly sworn, deposes and says: That John A Paonessa, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as named as one of the parties in that certain Grant Deed recorded August 28, 1991 as Document #1991-259005 and executed to John A Paonessa and Christine A Paonessa in the official records of Douglas County, Nevada, covering the following described property situated in the said County, state of California:

The land referred to herein is situated in the State of Nevada County of Douglas, City of Stateline and is described as follows:

AN UNDIVIDED ONE THREE THOUSAND TWO HUNDRED and THIRTEENTH INTEREST 1/3213) as tenant in common of that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, being a portion of the North ½ of the Northwest ¼ of Section 26, Township 13 North, Range 18 East, M.D.B.&M. described as follows:

Parcel 3, as shown on that amended Parcel Map for John E. Michelsen and Walter Cox recorded February 3, 1981, in Book 281 of Official Records, at page 172, Douglas County, Nevada, as document No. 53178, said map being an amended map of Parcels 3 and 4 as shown on that certain map for John E. Michelsen and Walter Cox, recorded February 10, 1978, in Book 278 of Official Records, at page 591, Douglas County, Nevada, as Document No. 17578.

Excepting from the real property the exclusive right to use and occupy all of the Dwelling Units and Units as defined in the "Declaration of Timeshare Use" and subsequent amendments thereto as hereinafter referred to.

Also excepting from the real property and reserving to grantor, its successors and assigns, all those certain easements referred to in paragraphs 2.5, 2.6 and 2.7 of said Declaration of Timeshare Use and amendments thereto together with the right to grant said easements to others.

Together with the exclusive right to use and occupy a "Unit" as defined in the Declaration of Timeshare Use recorded February 16, 1983, in Book 283 at Page 1341 as Document No. 76233 of Official Records of the County of Douglas, State of Nevada and amendment to Declaration of Timeshare Use recorded April 20, 1983 in Book 483 at Page 1021, Official Records of Douglas County, Nevada as Document No.



78917, and second amendment to Declaration of Timeshare Use recorded July 20, 1983 in Book 783 of Official Records at Page 1688, Douglas County, Nevada as Document No 84425 and third amendment to Declaration of Timeshare Use recorded October 14, 1983 in Book 1083 at Page 2572, Official Records of Douglas County, Nevada, as Document No. 89535, ("Declaration"), during a "Use Period", within the <u>HIGH</u> season within the "Owner's Use Year", as defined in the Declaration, together with a nonexclusive right to use the common areas as defined in the Declaration.

Subject to all covenants, conditions, restrictions, limitations, easements, rights-of-way of record.

These statements are true and correct based upon the personal knowledge of affiant.

Sworn to and executed this 3rd day of September 2013

CHRISTINE A PAONESSA 3764 BLACK FEATHER TRAIL CASTLE ROCK CO 80104

Subscribed and Sworn to before me on this 30 day of September, 203 by

Christian Pauressa personally known to me or proved to me on the basis of satisfactory

evidence to be the person(s) who appeared before me.

Signature

Notary Public Commissioned for said County and State

HANNAH MOORE
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20124054473
MY COMMISSION EXPIRES 8/20/2016



STATE OF COLORADO

COLORADO DEPARTMENT: OF PUBLIC HEALTH AND ENVIRONMENT HOLD TO LIGHT TO VIEW WATERMARK



BK · Ø9 13 PG · 3 199 9/ 16/20 13

*AMENDED NOV. 6, 2001 .

#9a-c & 33f per mort.tec.gmj

STATE OF COLORADO
CERTIFICATE OF DEATH

STATE FILE NUMBER

2001018045

DECEDENT	John Anthony Paones		,	S SEX 3 DAT	A OLDAD Main Come Agont
ENERGIA DE (VI)				Male Aug	ust 12, 2001
		(Years) Re UNCER YEAR SA UPOS	M 1 DAY . & DATE OF BA	TH 7 BIR	THE ACE (City and State or Fernian
	2847 60		» Aŭcust 1	i 1940 Uti	ca. New York
		CZ OF GEATH (Check only other - "	N W N	40 - A. C. Taller, March 1914	LINE A MOOT LV LOS
•	Ares and	Idealient "1 FRidulament 3 Post	D Nurswig Home 'O Re	Sidence M Other (Specify)	*Highway
Λ (St. FACILITY NAME tit not institution, give	Street and numbertons	ALCITY TOWN OR LOCATE	NOF OF THE	94 COUNTY OF BEATH
1 " "	US Highway 50		ABOUT TOWN OR OCCUPANT	107 43 1994	San Juan
	On DECEDENTS USUAL OCCUPATION (Governors) and more store demand most poly the referred.	10% WHID OF BUSINESSANDUSTE	Y HAPP	AL STATUS - Married, 12	SPOUSE(II wite, give maiden name)
,	1.6		N. Section	Married Widsheld.	
	Manager/ Sales 🔬 🖇	Telecomunication	Marr:	ed.« Ch	ristine Wajda 🛴
•	THE RESIDENCE STATE TON COUNTY	126 CITY TOWN OF LOCATIO		ET AND NUMBER	
	Colorado Dougla:	s. Cestle Rock		Oakwood Cane	1.8
	1CH THENDE 131, ZIP COOK	14. WAS DECEDENT OF HISPANIC ORIGINS	114 SAFE America	man Lik Decement	N POLICE TION C.
	٠ . ١	Mexican, Puerio Ricar, etc.)	The second second	grade compa to through /	N EDUCATION (Specify only righest sheet Elementary or secondary)
-	80104	NO O Yes	White		
*	17. FATHER-MAME (First, Middle, Last)	A THE MOTHER HAME TOUR, MIS	With Le	17+	
PARENTS	Anthony Paonessa	Rose DeManda	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	204 METHOD OF DISPOSITION	20h St 408 OF OWNERSON		Christine Pao	
DISPOSITION	☐ Burnal Caramation ☐ Remove from S	other place)	William or committees, crematory.	20L LOCATION CHY OF	Town, State
DISTOSTICIO	Q Bonston Q Other (Special	4 3 3 1 3 2 2 2 2	The state of the s		•
	Ten Dichletting Of Stangage more age	Valley Lawn Cre		· Montrose, C	colorado
· · · · · · · · · · · · · · · · · · ·	21a. SIGNATURE OF FUNEHAL DIRECTOR		NAME AND ADDRESS OF FAI	A 10	
			mtrose Valley		•
	Legina & Jai	JAN 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15 South 2nd St	. Montrose, C	io. zie 81401
	228. REDISTRING SKINATURE	3 . 4		(Mignets, Day, Years)	
	DOUBLES I	Ticks "		23-01	
1.	23 TIME OF SEATH SALURTS PE	CANCELLO CELLO		WAS CONONER NOTIFIED?	<u> </u>
		Bay & Year	2 1 Hour a	Yes of Mal	74.
′ 1	UNKNOWN August	12. £ 2001	8 6 % "" 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes	
,		12, 2001	2 3 "	Yes	<u> </u>
, " , "	TO SE COMPLETED	CHLY BY CERTIFYING PHYSICIAN		Yes	OHER
	TO the Dest of my Showledge, death occurrence the cause(s) and member as stated.			Yes	HONER In stry opinion death occurred at the of manner as stated.
'ceāī)ena	TO SE COMPLETED 28. To the best of my knowledge, death occitive couse(s) and menhar as stated. Sensore	CHLY BY CERTIFYING PHYSICIAN		Yes	ONES ON thy opinion death occurred at the
*ceāт) e пъв 1	TO the Dest of my Showledge, death occurrence the cause(s) and member as stated.	CHLY BY CERTIFYING PHYSICIAN	27 On the basis of ex- time, dule and §ta	Yes	OMER. Or any opinion death occurred at the high manner se stated.
СЕЙТЕПТЯ 1	TO SE COMPLETED 28. To the best of my knowledge, death occitive couse(s) and menhar as stated. Sensore	CHLY BY CERTIFYING PHYSICIAN	27 On the basis of each time, date and gra-	Yes O es completes sy committed and one committ	IOMES. We confident destit occurred at the red manner se stated.
- CEATIFIER 1 2	28. Yo the best of my knowledge, death occibre clusted and menner as stated. Seamont Seamon (Month, Day, Year)	ONLY BY CERTIFY HOLD SYSTEM AND GREEK AND GREE	27 On the basis of each time, date and gra-	Yes O es completes sy comments and the comments of the commen	OMER Of the position destit occurred at the of manner as stated.
**************************************	28. Yo the best of my knowledge, death occities clusted and menner as stated. Seananne 20. OATE SIGNED (MONIA DAY, Year; 30. NAME, TITLE AND MAKING ADDRESS (ONLY BY CERTIFY HOLD SYSTEM AND USED AN	27 On the base of ending forms, date and place and place and place and place are also also and place are also also and place are also and place are also and place are also are also are also and place are also are als	Yes o as completes by complete strong and completes strong and st	of Reynolision death occurred at the
**************************************	28. Yo the best of my knowledge, death occities clusted and menner as stated. Seananne 20. OATE SIGNED (MONIA DAY, Year; 30. NAME, TITLE AND MAKING ADDRESS (ONLY BY CERTIFY HOLD SYSTEM AND USED AN	27 On the base of ending forms, date and place and place and place and place are also as a second sec	Yes o as completes by complete strong and completes strong and st	of Reynolision death occurred at the
**************************************	28. Yo the best of my knowledge, death occities clusted and menner as stated. Seananne 20. OATE SIGNED (MONIA DAY, Year; 30. NAME, TITLE AND MAKING ADDRESS (ONLY BY CERTIFY HOLD SYSTEM AND GREEK AND GREE	27 On the base of ending forms, date and place and place and place and place are also as a second sec	Yes o as completes by complete strong and completes strong and st	of Reynolision death occurred at the
consister 1	28. To the best of my knowledge, desire occibed the circled and mental as tisted. Season 28. OATE SIGNED (MONIA DAY, Year) 28. OATE SIGNED (MONIA DAY, Year) 30. NAME, TITLE AND MAKING ADDRESS (JOHN JECOBS, COTOTION 31. NAME OF ATTENDING PHYSICIAN IF O	ONLY BY CERTIFICHE OFFICE AND COMPTENDED AND COMPTE	27 On the base of ending forms, date and place and place and place and place are also as a second sec	Yes o as completes by complete strong and completes strong and st	of Reynolision death occurred at the
CERTIFIER 1	28. Yo the best of my knowledge, death occiling country and mention as stated. Separative 29. OATE SIGNED (MONIA DRY, Year): 20. NAME, TITLE AND MAKING ADDRESS IN JOHN JECOTOME 31. NAME OF ATTENDING PHYSICIAN IF O. 22. MANNER OF DRATH 320. D.	ONLY BY CERTIFICHE OFFICE AND CARE TO SEE AND CARE THE THAN THE THAN CERTIFIER (TYPE/Pring)	27 On the bases of the form of the form of the form of the series of the form	Yes o as completes by complete strong and completes strong and st	of Reynolision death occurred at the
CERTIFIER 1	28. Yo the best of my knowledge, death occities county and menner as stated. S-services 23. DATE SIGNED (MONIA DAY, Year: 30. NAME, TITLE AND MAKING ADDRESS I JOHN Jacobs, Cotone 11. NAME OF ATTENDING PHYSICIAN IF O	ORLY BY CERTIFICHE OF STEEL, and day to the common of the	27 On the basis of ending date and the signature of the s	Yes o es completes or col respectively of the charge of	of Reynolision death occurred at the
CERTIFIER 1 2 3 4 5	28. To the best of my knowledge, death occ the couledly and mental as tasted. Seaware 28. OATE SIGNED (MONIA DAY, Year) 28. OATE SIGNED (MONIA DAY, Year) 30. NAME, TITLE AND MAKLING ADDRESS I JOHN Jacobs, Cototte 31. NAME of ATTENDING PHYSICIAN IF O 22. MANNER OF DEATH C Newtral Physician 20. Achdera III.	ONLY BY CERTIFICHED CONTROL AND CONTROL AN	27 On the basis of the first of the state and gas signature 29. DATE SKINED AND THE SKINED AND T	Yes o as completes or complete	of Reynolision death occurred at the
**CERTIFIER 1	28. Yo the best of my knowledge, death occitive quiceful and menner as stated. Separative 22. DATE SIGNED (MONIA DAY, Year: 30. NAME, TITLE AND MAKING ADDRESS I JOHN Jacobs, Cotone 11. NAME OF ATTENDING PHYSICIAN IF O	ONLY BY CERTIFICHED STRUCTURE AND USE	27 On the basis of ending did and the signature of the si	o es completes su con complete su con con complete su con complete su con complete su con con complete su con	And restriction destits occurred at the distinct restriction of manner se stated.
CERTICIEN 1 2 3 4 5	28. Yo the best of my knowledge, death occitive quiceful and menner as stated. Separative 22. DATE SIGNED (MONIA DAY, Year: 30. NAME, TITLE AND MAKING ADDRESS I JOHN Jacobs, Cotone 11. NAME OF ATTENDING PHYSICIAN IF O	ONLY BY GENTEPVING STETCHAN UNITED STATE USE, date and piece, and date to the total state of total state o	27 On the basis of ending did and the signature of the si	o es completes su con complete su con con complete su con complete su con complete su con con complete su con	And restriction destits occurred at the distinct restriction of manner se stated.
1	28. Yo the best of my knowledge, death occiling country of the cou	ONLY BY CERTIFICH OF CHITICIAN Under at the dash, date and please, and days to the dash, date and please, and days to the dash of the das	27 On the basis of	o es completes er colores en complete en c	of narrows stated. y) zir 81433
· · · ·	28. Yo the best of my knowledge, death occ the clusted and menhar as stated. Separative 22. OATE SIGNED (MONIA DAY, Year) 28. OATE SIGNED (MONIA DAY, Year) 29. OATE SIGNED (MONIA DAY, Year) 30. It AME, TITLE AND MAK, ING ADDRESS IN AME OF ATTENDING PHYSICIAN IF O DAY, Year 11. NAME OF ATTENDING PHYSICIAN IF O DAY, Year 12. MAANNER OF DEATH 13. NAME OF ATTENDING DAY, Year 14. Name OF DEATH 15. DEATH OF DEATH 16. Sunde DAY, Year 17. DEATH OF DEATH 18. DEATH OF DEATH 20. DEATH OF DEATH 21. DEATH OF DEATH 22. MANNER OF DEATH 23. DEATH OF DEATH 24. DEATH OF DEATH 25. DEATH OF DEATH 26. DEATH OF DEATH OF DEATH 27. DEATH OF DEATH OF DEATH 28. DEATH OF DEAT	ONLY BY CERTIFICHED CONTINUENT OF CERTIFIER/CORONER (Pype/Print) X PO. BOX 239 SILVEY THER THAN CERTIFIER (Pype/Print) THE THAN CERTIFIER (Pype/Pipe	27 On the basis of	o es completes er colores en complete en c	y) zir 81433
CAUSE OF OPENHAL	28. Yo the best of my knowledge, death occ the clusted and menhar as stated. Separative 22. OATE SIGNED (MONIA DAY, Year) 28. OATE SIGNED (MONIA DAY, Year) 29. OATE SIGNED (MONIA DAY, Year) 30. It AME, TITLE AND MAK, ING ADDRESS IN AME OF ATTENDING PHYSICIAN IF O DAY, Year 11. NAME OF ATTENDING PHYSICIAN IF O DAY, Year 12. MAANNER OF DEATH 13. NAME OF ATTENDING DAY, Year 14. Name OF DEATH 15. DEATH OF DEATH 16. Sunde DAY, Year 17. DEATH OF DEATH 18. DEATH OF DEATH 20. DEATH OF DEATH 21. DEATH OF DEATH 22. MANNER OF DEATH 23. DEATH OF DEATH 24. DEATH OF DEATH 25. DEATH OF DEATH 26. DEATH OF DEATH OF DEATH 27. DEATH OF DEATH OF DEATH 28. DEATH OF DEAT	ONLY BY CERTIFICHED CONTINUENT OF CERTIFIER/CORONER (Pype/Print) X PO. BOX 239 SILVEY THER THAN CERTIFIER (Pype/Print) THE THAN CERTIFIER (Pype/Pipe	27 On the basis of	o es completes er colores en complete en c	y) zir 81433 (effunder Ct., County, State) 11 (co.) (effunder Ct., County, State) 2 (co.) (effunder Ct., County, State) 3 (co.) (effunder Ct., County, State) 3 (co.) (effunder Ct., County, State) 4 (co.) (effunder Ct., County, State) 6 (co.)
2	28. Yo the best of my knowledge, death occ the counsel and menner as stated. Seanance 29. OATE SIGNED (MONIA DAY, Year): 20. DATE SIGNED (MONIA DAY, Year): 30. NAME, TITLE AND MARLING ADDRESS I JOHN JECOBE, COTOTION 31. NAME, TITLE AND MARLING ADDRESS I JOHN JECOBE, COTOTION 32. MANNER OF DEATH 334. NAME OF ATTENDING PHYSICIAN IF O 14. Manner 15. MANNER OF DEATH 16. MANNER OF DEATH 17. MANNER OF DEATH 18. MILLION CONDITIONS CONDIT	ONLY BY GENTEPVING CHTCHAM UNITED AT THE UNA, GAID AND CHICA. AND CHICA. OF CENTIFIER/CORONER (Type/Pring) K. P.O. BOX 239 Silvert THER THAN CENTIFIER (Type/Pring) ATE OF UNLIFE AT THE COPY AND CHICAGO OF HULLWAYAN NOWN. SUMMERS, SECOND OF THE CHICAGO OF THE UNITED AND COLUMN FALL OF AND CHICAGO OF THE UNITED AND COLUMN FALL OF AND CHICAGO OF THE UNITED AND COLUMN FALL OF AND CHICAGO OF THE UNITED AND COLUMN FALL OF THE UNITED AND CHICAGO	27 On the basis of	o es completes er colores en complete en c	y) zir 81433
2	28. Yo the best of my knowledge, death occ the counsel and menner as stated. Seanance 29. OATE SIGNED (MONIA DAY, Year): 20. DATE SIGNED (MONIA DAY, Year): 30. NAME, TITLE AND MARLING ADDRESS I JOHN JECOBE, COTOTION 31. NAME, TITLE AND MARLING ADDRESS I JOHN JECOBE, COTOTION 32. MANNER OF DEATH 334. NAME OF ATTENDING PHYSICIAN IF O 14. Manner 15. MANNER OF DEATH 16. MANNER OF DEATH 17. MANNER OF DEATH 18. MILLION CONDITIONS CONDIT	ONLY BY GENTEPVING CHTCHAM UNITED AT THE UNA, GAID AND CHICA. AND CHICA. OF CENTIFIER/CORONER (Type/Pring) K. P.O. BOX 239 Silvert THER THAN CENTIFIER (Type/Pring) ATE OF UNLIFE AT THE COPY AND CHICAGO OF HULLWAYAN NOWN. SUMMERS, SECOND OF THE CHICAGO OF THE UNITED AND COLUMN FALL OF AND CHICAGO OF THE UNITED AND COLUMN FALL OF AND CHICAGO OF THE UNITED AND COLUMN FALL OF AND CHICAGO OF THE UNITED AND COLUMN FALL OF THE UNITED AND CHICAGO	27 On the basis of	o es completes er colores en complete en c	y) zir 81433 (effunder Ct., County, State) 11 (co.) (effunder Ct., County, State) 2 (co.) (effunder Ct., County, State) 3 (co.) (effunder Ct., County, State) 3 (co.) (effunder Ct., County, State) 4 (co.) (effunder Ct., County, State) 6 (co.)
2	28. Yo the best of my knowledge, death occ the counsel and mental as stated. Season 22.	ONLY BY CERTIFICHED CONTINUENT OF CERTIFIER/CORONER (Pype/Print) X PO. BOX 239 SILVEY THER THAN CERTIFIER (Pype/Print) THE THAN CERTIFIER (Pype/Pipe	27 On the basis of	Yes o es completes or con mento sed completes or con mento sed	(e / Number, City, County, State) (e / Number, City, County, State) (for the county, State) (
2	28. Yo the best of my knowledge, death occ the circled and menner as stated. Separative 22. OATE SIGNED (MONIA DRY, Year): 29. OATE SIGNED (MONIA DRY, Year): 20. NAME, TITLE AND MAK, ING ADDRESS I. JOHN JG CODB., COTOTION JOHN JG CODB., COTOTION 13. NAME OF ATTENDING PHYSICIAN IF O. 22. MANNER OF DEATH Deviced Death Separation of the company	ONLY BY GENTY-WHO CHTTNCHAM UNDER THE UNA, CASE AND PRICE AND CHEEN OF CENTIFIEM CORONER (Pypur Print) K. P.O. BOY 239 Silvers THEN THAN CENTIFIER (Pypur Print) ATE OF HALLING AND THEO WILLIAM ATE OF HALLING AND THEO ONE CALLER FOR INTERIOR OF AND FALL CONSCIUME FOR INTERI	27 On the basis of ending, date and the signature of the	o es completes er colores en complete en c	(e fumber. City, County, State) 12 19 1 State
2	28. To the best of my knowledge, death occ the colueted and menute as tasted. Seaware 28. OATE SIGNED (MONIX DAY, Year) 28. OATE SIGNED (MONIX DAY, Year) 28. OATE SIGNED (MONIX DAY, Year) 29. NAME, TITLE AND MAKLING ADDRESS I JOHN Jacobs. COTOTION 30. NAME, TITLE AND MAKLING ADDRESS I JOHN Jacobs. COTOTION 31. NAME OF ATTENDING PHYSICIAN IF O 22. MANNER OF DEATH 23. MANNER OF DEATH 24. DOLOG DEATH 25. DOLOG DEATH 26. DOLOG DEATH 27. DOLOG DEATH 28. MANNER OF DEATH 29. MONITOR ON THE TOTO RASA AND THE TOTO RASA T	OTEXT BY CERTIFICIAN OTHER THAN CERTIFIER (Type/Print) ATE OF DAMPY AND DOX 239 S11Vert THER THAN CERTIFIER (Type/Print) ATE OF DAMPY MADRY AND DOX 239 S11Vert THER THAN CERTIFIER (Type/Print) ATE OF DAMPY MADRY AND DOX DOX DOX DOX DOX DOX DOX DOX DOX DO	27 On the basis of end find, date and the service of the service o	Yes o es completes or complete property of the character	(of further, Chy, County, State) (of further, Chy, Chy, Chy, Chy, Chy, Chy, Chy, Chy
2	28. Yo the best of my knowledge, death occ the circled and menner as stated. Separative 22. OATE SIGNED (MONIA DRY, Year): 29. OATE SIGNED (MONIA DRY, Year): 20. NAME, TITLE AND MAK, ING ADDRESS I. JOHN JG CODB., COTOTION JOHN JG CODB., COTOTION 13. NAME OF ATTENDING PHYSICIAN IF O. 22. MANNER OF DEATH Deviced Death Separation of the company	OTEXT BY CERTIFICIAN OTHER THAN CERTIFIER (Type/Print) ATE OF DAMPY AND DOX 239 S11Vert THER THAN CERTIFIER (Type/Print) ATE OF DAMPY MADRY AND DOX 239 S11Vert THER THAN CERTIFIER (Type/Print) ATE OF DAMPY MADRY AND DOX DOX DOX DOX DOX DOX DOX DOX DOX DO	27 On the basis of end find, date and the service of the service o	Yes Desconplated by con- mental by con- accident	(of further, Chy, County, State) (of further, Chy, Chy, Chy, Chy, Chy, Chy, Chy, Chy
2	28. To the best of my knowledge, death occ the colueted and menute as tasted. Seaware 28. OATE SIGNED (MONIX DAY, Year) 28. OATE SIGNED (MONIX DAY, Year) 28. OATE SIGNED (MONIX DAY, Year) 29. NAME, TITLE AND MAKLING ADDRESS I JOHN Jacobs. COTOTION 30. NAME, TITLE AND MAKLING ADDRESS I JOHN Jacobs. COTOTION 31. NAME OF ATTENDING PHYSICIAN IF O 22. MANNER OF DEATH 23. MANNER OF DEATH 24. DOLOG DEATH 25. DOLOG DEATH 26. DOLOG DEATH 27. DOLOG DEATH 28. MANNER OF DEATH 29. MONITOR ON THE TOTO RASA AND THE TOTO RASA T	OTEXT BY CERTIFICIAN OTHER THAN CERTIFIER (Type/Print) ATE OF DAMPY AND DOX 239 S11Vert THER THAN CERTIFIER (Type/Print) ATE OF DAMPY MADRY AND DOX 239 S11Vert THER THAN CERTIFIER (Type/Print) ATE OF DAMPY MADRY AND DOX DOX DOX DOX DOX DOX DOX DOX DOX DO	27 On the basis of end find, date and the service of the service o	Yes Desconplated by con- mental by con- accident	y 2 21433 19 fumber Ctv, Courty, Stales 11 further Ctv, Courty, Stales 11 further Ctv, Courty, Stales 12 further Ctv, Courty, Stales 13 199 10 stone litterator between coset 11 and death 2 further between coset 2 further between coset 2 further between coset 3 further between coset 4 further between coset 5 further between coset 6 further

DATE ISSUED:

JUL J 1 2013

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

Ronald 5. Hyman

RONALD S. HYMÂN STATE REGISTRAR



0 1 0 4 7 3 2

× REV 01/07