**'\** 

APN: 1318-23-410-008

**Recording Requested By:** 

Charles B. Woodman, Esq.
The Law Offices of Charles B. Woodman
548 W. Plumb Lane, Suite B
Reno, Nevada 89509

When Recorded Mail To: Mail Tax Statements to:

Lois Mathews PO Box 62003 Boulder City, Nevada 89006 Doc Number: 0832170

10/17/2013 09:53 AM OFFICIAL RECORDS

Requested By
SUSAN WHITENACK

DOUGLAS COUNTY RECORDERS Karen Ellison – Recorder

Page: 1 Of 4 Fee: \$ 17.00

Bk: 1013 Pg: 3399



Deputy: pk

## AFFIDAVIT OF DEATH OF JOINT TENANT

I, the undersigned, hereby affirms that the attached document, including any exhibits, hereby submitted for recording contains personal information as required by law (Per NRS 440.380(1)(A) and NRS 40.525(5) - Affidavit of Death)

SUSAN WHITENACK

BK . 10 13 PG : 3400 10/17/20 13

MAIL TAX STATEMENTS TO: WHEN RECORDED RETURN TO:

Lois Mathews PO Box 62003 Boulder City, Nevada 89006

APN: 1318-23-410-008

## AFFIDAVIT OF DEATH OF JOINT TENANT

Susan Whitenack, being of legal age and sound mind, being first duly sworn, deposes and says:

That Frank Douglas Mathews, identified in the attached certified copy of Certificate of Death, is the same person as Frank D. Mathews, named as Joint Tenant in that certain "Grant, Bargain, Sale Deed" (APN 1318-23-410-008) dated November 01, 2002, said Deed having been recorded on November 01, 2002, as Document No. 556549, Official Records of Douglas County, State of Nevada, and affecting the following land:

Lot 40, as shown on the map of Ponderosa Park Subdivision, filed in the Office of the County Recorder of Douglas County, Nevada, on February 25, 1970, as Document No. 47249. AP#07-162-29-0.





I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Dated this 16<sup>TH</sup> day of October, 2013.

Susan Whitenack

## ACKNOWLEDGMENT

STATE OF NEVADA

) :ss. )

COUNTY OF WASHOE

On the 16<sup>TH</sup> day of October, 2013, personally appeared before me, a Notary Public, the persons known by me or proved by competent evidence to be Susan Whitenack, who acknowledged to me that she executed the foregoing AFFIDAVIT OF DEATH OF JOINT TENANT and that she did so freely, voluntarily and for the uses and purposes therein described.

Notary Public in and for said

County and State

MELISSA A. DAVIS Notary Public - State of Nevada

Notary Public - State of Nevada Appointment Recorded in Washoe County No: 12-7095-2 - Expires February 17, 2016

## STATE OF NEVADA—DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH—VITAL STATISTICS

TYPE OR	<u>+</u> 2- 11.00€			IFICATE (	F DEATH			011959	
PRINT IN	1a DECEASED-NAME (FIRST,)	(IDDLE, LAST, SUFFIX)				2 DATE OF DEATH (N	/lo/Day/Year)	3a. COUNTY OF DEA	NF 🚍 🗐
PERMANENT	Frank Douglas	=	MA MA	THEWS		July 19, 2	013	Clark	
BLACK INK	35 CITY, TOWN, OR LOCATION	OF DEATH  3c. HOSE	PITAL OR OTH	ER INSTITUTION	Name(If not either, giv		r Inst. indicate DO		SEX
DECEDENT	Las Vegas	and numb	Ń	athan Adelson			lospice Facilit		Male
	(Specify)		No - Non-Hi	ngin? Specify	7e AGE-Last birthday (Years)	7b. UNDER 1 YEAR Z	HOURS I MINS		
=			l .		88	麦里基		September 2	
OCCURRED IN	ea:STATE OF BIRTH (If not U.S. mame country) — California			1	ION 11 MARRIED N	VER MARRIED WIDO	WED, 12. SUI	VIVING SPOUSE (If w	· · ·
IVE II I O I I O M			ed States	18+		Married		20.01	Ann BATES
ses handbook Regarding	13. SOCIAL SECURITY NUMBER	of Working Life	CCUPATION ( a. Even if Relin	Give Kind of Work	-	145. KIND OF BUSI		RY Ever in Forces?	US Armed
COMPLETION OF RESIDENCE		5b COUNTY	-	CITY, TOWN OR L		TREET AND NUMBER	ducation	115e INS	
ITEMS !			Jisc v		1			LIMITS (	Specify Yes
	Nevada	Clark		-Boulder C		Shoshone Way		or No)	Yes <u> </u>
PARENTS	18. FATHER/PARENT - NAME (F				17. MOTHER/P	ARENT - NAME (First		The state of the s	
<u>=</u>	Leon McKinnley MATHEWS								
	18a INFORMANT- NAME (Type or Print)  Lois Ann MATHEWS  18b MAILING ADDRESS (Street or R F.D. No. City or Town, State, Zip)  PO Box 62003 Boulder City, Nevada 89006								
	19a. BURIAL, CREMATION, REM		folion CEME	TERV OR CREMA			19c LOCATION	City or Town Sta	to
DISPOSITION	Burial	OTAL, OTALK (OPECII	IV) 180. GENE		er City Cemeter			r City Nevada 89	7%
	20a FUNERAL DIRECTOR - SIG	NATURE (Or Person A	ucting as Such)			ME AND ADDRESS OF		City Nevada 69	000
<del></del>	TYSO	N SMITH	·	DIRECTOR LIC			City Family	Mortuary =	~
	BIGNATI	JRE AUTHENTICAT	reo	707		833 Nevada I	wy#1 Boulder	City NV 89005	ſ
TRADE CALE	TRADE CALL - NAME AND ADDR	RESS	· ·	-		电差 宣声	=-		
	含义 21a. To the best of my kno	wledge, death occurred	d at the time, d	ate and place and	த் 22a On th	e basis of examination a			
	ਲੂ ਹੈ due to the cause(s) stated	Signatura & Title) S ARREN WHEE!			E ge 226 DATE	ate and place and due t	o the cause(s) stai	ted. (Signature & Title)	
CERTIFIER	216 DATE SIGNED (MOVE		HOUR OF DE		출 👸 DATE	SIGNED (Mo/Day/Yr)	22c 1	HOUR OF DEATH	
٠.	ပို 🚆 <b>July 22</b> , 2013			):40	85				
	21d. NAME OF ATTENDIN	IG PHYSICIAN IF OTH	ER THAN CE	RTIFIER -	# 22d PRO	NOUNCED DEAD (Mo/	Day/Yr) 22e.	PRONOUNCED DEAD	AT (Hour)
<u></u>	产版 (Type or Print)				≥ 8				
	23a. NAME AND ADDRESS OF C	ERTIFIER (PHYSICIAL	N ATTENDING	PHYSICIAN MED	ICAL EXAMINER, OR	CORONER) (Type or P	rint) 2:	b. LICENSE NUMBER	
	W	arren Wheeler M.	D= 4141 S	wenson Stree	Las Vegas, NV	89119		11795	
	23a. NAME AND ADDRESS OF C - W 24a. REGISTRAR (Signature)	NINETTE I	D= 4141 S HARRING	wenson Stree	Las Vegas, NV 24b. DATE RECEIVE	89119 D BY REGISTRAR	24c DEATH DU	11795 E TO COMMUNICABI	
REGISTRAR	24a. REGISTRAR (Signature)	NINETTE I SIGNATURE AL	D= 4141 S HARRING UTHENTICA	Swenson Stree TON TED	Las Vegas, NV 24b. DATE RECEIVE (Mo/Day/Yr)	89119		11795 E TO COMMUNICABI NO X	E DISEASE
REGISTRAR	24a. REGISTRAR (Signatura)  25 IMMEDIATE CAUSE	NINETTE I SIGNATURE AL (ENTER ONLY ONE C	D. 4141 S HARRING UTHENTICA CAUSE PER L	Swenson Stree TON TED	Las Vegas, NV 24b. DATE RECEIVE (Mo/Day/Yr)	89119 D BY REGISTRAR	24c DEATH DU	11795 E TO COMMUNICABI	E DISEASE
REGISTRAR	24a. REGISTRAR (Signatura) 25 IMMEDIATE CAUSE PART 1 8 BOORCHOG	NINETTE I SIGNATURE AI (ENTER ONLY ONE C ENTIC CARCINOMA	HARRING UTHENTICA CAUSE PER LI A	Swenson Stree TON TED	Las Vegas, NV 24b. DATE RECEIVE (Mo/Day/Yr)	89119 D BY REGISTRAR uly 22, 2013	24c DEATH DU	11795 IE TO COMMUNICABI NO X Interval between ons	E DISEASE
REGISTRAR CAUSE OF DEATH	24a. REGISTRAR (Signature)  25 IMMEDIATE CAUSE PART 1 (a) Bronchog	NINETTE I SIGNATURE AL (ENTER ONLY ONE C	HARRING UTHENTICA CAUSE PER LI A	Swenson Stree TON TED	Las Vegas, NV 24b. DATE RECEIVE (Mo/Day/Yr)	89119 D BY REGISTRAR	24c DEATH DU	11795 E TO COMMUNICABI NO X	E DISEASE
REGISTRAR CAUSE OF DEATH	24a. REGISTRAR (Signature)  25 IMMEDIATE CAUSE PART 1 (a) Bronchog  (b) DUE TO: OR AS	ATTEN Wheeler M.  NINETTE I SIGNATURE AI (ENTER ONLY ONE C ENIC CARCINOMA A CONSEQUENCE O	D= 4141 S HARRING UTHENTICA CAUSE PER LI A	Swenson Stree TON TED	Las Vegas, NV  24b. DATE RECEIVE (Mo/Day/Yr)  J  ND (c) )	89119 D BY REGISTRAR uly 22, 2013	24c DEATH DU	IT 1795 IE TO COMMUNICABL NO X Interval between one	E DISEASE et and death et and death
REGISTRAR  CAUSE OF DEATH CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE	24a. REGISTRAR (Signature)  25 IMMEDIATE CAUSE PART L (a) Bronchogo DUE TO: OR AS	NINETTE I SIGNATURE AI (ENTER ONLY ONE C ENTIC CARCINOMA	D= 4141 S HARRING UTHENTICA CAUSE PER LI A	Swenson Stree TON TED	Las Vegas, NV  24b. DATE RECEIVE (Mo/Day/Yr)  J  ND (c) )	89119 D BY REGISTRAR uly 22, 2013	24c DEATH DU	11795 IE TO COMMUNICABI NO X Interval between ons	E DISEASE et and death et and death
REGISTRAR  CAUSE OF DEATH CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE	24a. REGISTRAR (Signature)  25 IMMEDIATE CAUSE PART 1 (a) DUE TO; OR AS  (b) DUE TO, OR AS	ATTEN Wheeler M.  NINETTE I SIGNATURE AI (ENTER ONLY ONE C ENIC CARCINOMA A CONSEQUENCE O	D.= 4141 S HARRING UTHENTICA CAUSE PER LO 2	Swenson Stree TON TED	Las Vegas, NV  24b. DATE RECEIVE (Mo/Day/Yr)  J  ND (c) )	89119 D BY REGISTRAR uly 22, 2013	24c DEATH DU	IT 1795 IE TO COMMUNICABL NO X Interval between one	et and death
REGISTRAR  CAUSE OF DEATH CONDITIONS IF ANY WHICH ANY WHICH CAUSE TO IMMEDIATE CAUSE TO UNDERLYING UNDERLAST	24a. REGISTRAR (Signature)  25 IMMEDIATE CAUSE PART 1 (a) DUE TO; OR AS  (b) DUE TO, OR AS	ATTEN Wheeler M.  NINETTE I SIGNATURE AI (ENTER ONLY ONE CERTIC CARCINOMA A CONSEQUENCE O	D.= 4141 S HARRING UTHENTICA CAUSE PER LO 2	Swenson Stree TON TED	Las Vegas, NV  24b. DATE RECEIVE (Mo/Day/Yr)  J  ND (c) )	89119 D BY REGISTRAR uly 22, 2013	24c DEATH DU	Interval between ons	et and death
REGISTRAR  CAUSE OF DEATH CONDITIONS IF ANY WHICH ANY WHICH CAUSE TO IMMEDIATE CAUSE TO UNDERLYING UNDERLAST	24a. REGISTRAR (Signature)  25 IMMEDIATE CAUSE PART 1 (a) Bronchogo DUE TO; OR AS (c) DUE TO, OR AS (d)	A CONSEQUENCE O	D.= 4141 S HARRING UTHENTICA CAUSE PER LO a	Owenson Street  TON  TED  INE FOR (a), (b), A	Las Vegas, NV  24b. DATE RECEIVE (Mo/Day/Yr)  J  ND (c) }	89119 D BY REGISTRAR uly 22, 2013	24c DEATH DU YES	Interval between ons	E DISEASE et and death et and death et and death et and death
REGISTRAR  CAUSE OF DEATH CONDITIONS IF ANY WHICH ANY WHICH CAUSE TO IMMEDIATE CAUSE TO UNDERLYING UNDERLAST	24a. REGISTRAR (Signature)  25 IMMEDIATE CAUSE PART L (a) Bronchoge DUE TO, OR AS  (c) DUE TO, OR AS	A CONSEQUENCE O	D.= 4141 S HARRING UTHENTICA CAUSE PER LO a	Owenson Street  TON  TED  INE FOR (a), (b), A	Las Vegas, NV  24b. DATE RECEIVE (Mo/Day/Yr)  J  ND (c) }	89119 D BY REGISTRAR uly 22, 2013	24c DEATH DU YES	Interval between ons	et and death
CAUSE OF DEATH ANY WHICH ANY WHICH CAVE RISE TO IMMEDIATE CAUSE TO THE UNDERLYING THE UNDERLAST	25 IMMEDIATE CAUSE PART L (a) Bronchog  (b) DUE TO, OR AS  (c) DUE TO, OR AS  (d) PART II OTHER SIGNIFIC/INT (	A CONSEQUENCE O	D 4141 S HARRING UTHENTICA CAUSE PER LI A F: DF:	Owenson Street  TON  TED  INE FOR (a), (b), A	Las Vegas, NV  24b. DATE RECEIVE (Mo/Day/Vr)  J  ND (c) )	89119 D BY REGISTRAR uly 22, 2013	24c DEATH DU YES	Interval between ons	E DISEASE et and death et and death et and death et and death
CAUSE OF DEATH ANY WHICH ANY WHICH CAVE RISE TO IMMEDIATE CAUSE TO THE UNDERLYING THE UNDERLAST	24a. REGISTRAR (Signature)  25 IMMEDIATE CAUSE PART I DUE TO, OR AS (c) DUE TO, OR AS (d) PART II OTHER SIGNIFICANT (	A CONSEQUENCE O	D 4141 S HARRING UTHENTICA CAUSE PER LI A F: DF:	Owenson Street  TON  TED  INE FOR (a), (b), A	Las Vegas, NV  24b. DATE RECEIVE (Mo/Day/Vr)  J  ND (c) )	89119 D BY REGISTRAR uly 22, 2013	24c DEATH DU YES	Interval between ons	et and death
CAUSE OF DEATH ANY WHICH ANY WHICH CAVE RISE TO IMMEDIATE CAUSE TO THE UNDERLYING THE UNDERLAST	24a. REGISTRAR (Signature)  25 IMMEDIATE CAUSE PART I. (a) DUE TO, OR AS (c) DUE TO, OR AS (d) PART II OTHER SIGNIFIC/INT ( R PENDING INVEST. (Specify)  28a. ACC., SUICIDE, HOM, UNDET. OR PENDING INVEST. (Specify)  28b. INJURY AT WORK (Specify)	A CONSEQUENCE OF CONDITIONS - C	D 4141 S HARRING UTHENTICA CAUSE PER L  A  F:  OF:  RY-At home, fa	TON TED INE FOR (a), (b), A Lo death Sul not van Zac HOUR OF INJ.	Las Vegas, NV  [24b. DATE RECEIVE (Mo/Day/Vr)  J  ND (c) )  utuing in the underlying  RV  [28d. DESCRIBE I	89119 D BY REGISTRAR uly 22, 2013 Gauss given in Part 1.	24c DEATH DU YES	Interval between ons	et and death
CAUSE OF DEATH ANY WHICH ANY WHICH CAVE RISE TO IMMEDIATE CAUSE TO THE UNDERLYING THE UNDERLAST	24a. REGISTRAR (Signature)  25 IMMEDIATE CAUSE PART I DUE TO, OR AS (c) DUE TO, OR AS (d) PART II OTHER SIGNIFIC/INT (C) 20a. ACC. SUICIDE, HOM, LANDET. OR PENDING INVEST. (Spodly)	A CONSEQUENCE OF A CONS	D 4141 S HARRING UTHENTICA CAUSE PER L  A  F:  OF:  RY-At home, fa	TON TED INE FOR (a), (b), A Lo death Sul not van Zac HOUR OF INJ.	Las Vegas, NV  [24b. DATE RECEIVE (Mo/Day/Vr)  J  ND (c) )  utuing in the underlying  RV  [28d. DESCRIBE I	89119 D BY REGISTRAR uly 22, 2013 Gauss given in Part 1.	24c DEATH DU YES	Interval between ons Interval	et and death
CAUSE OF DEATH ANY WHICH ANY WHICH CAVE RISE TO IMMEDIATE CAUSE TO THE UNDERLYING THE UNDERLAST	24a. REGISTRAR (Signature)  25 IMMEDIATE CAUSE PART I. (a) DUE TO, OR AS (c) DUE TO, OR AS (d) PART II OTHER SIGNIFIC/INT ( R PENDING INVEST. (Specify)  28a. ACC., SUICIDE, HOM, UNDET. OR PENDING INVEST. (Specify)  28b. INJURY AT WORK (Specify)	A CONSEQUENCE OF CONDITIONS - C	D 4141 S HARRING UTHENTICA CAUSE PER L  A  F:  OF:  RY-At home, fa	to death but not reacted factory, street, factory,	Las Vegas, NV  24b. DATE RECEIVE (Mo/Day/Yr)  ND (c) )  VID (c) )	89119 D BY REGISTRAR uly 22, 2013  Gauss given in Part 1.  HOW INJURY OCCURRED  N STREET OR R	24c DEATH DU YES	Interval between ons Interval	et and death
CAUSE OF DEATH ANY WHICH ANY WHICH CAVE RISE TO IMMEDIATE CAUSE TO THE UNDERLYING THE UNDERLAST	24a. REGISTRAR (Signature)  25 IMMEDIATE CAUSE PART I. (a) DUE TO, OR AS (c) DUE TO, OR AS (d) PART II OTHER SIGNIFIC/INT ( R PENDING INVEST. (Specify)  28a. ACC., SUICIDE, HOM, UNDET. OR PENDING INVEST. (Specify)  28b. INJURY AT WORK (Specify)	A CONSEQUENCE OF CONDITIONS - C	D 4141 S HARRING UTHENTICA CAUSE PER L  A  F:  OF:  RY-At home, fa	to death but not reacted factory, street, factory,	Las Vegas, NV  [24b. DATE RECEIVE (Mo/Day/Vr)  J  ND (c) )  utuing in the underlying  RV  [28d. DESCRIBE I	89119 D BY REGISTRAR uly 22, 2013 Gauss given in Part 1.	24c DEATH DU YES 26. ALITOP (Specify Ye	Interval between ons Interval	et and death
CONDITIONS IF ANY WHICH ANY WHICH CONDITIONS IF ANY WHICH ANY WHICH CAUSE TO IMMEDIATE CAUSE TO CAUSE LAST  3722	24a. REGISTRAR (Signature)  25 IMMEDIATE CAUSE PART I. (a) DUE TO, OR AS (c) DUE TO, OR AS (d) PART II OTHER SIGNIFIC/INT ( R PENDING INVEST. (Specify)  28a. ACC., SUICIDE, HOM, UNDET. OR PENDING INVEST. (Specify)  28b. INJURY AT WORK (Specify)	A CONSEQUENCE OF CONDITIONS - C	D 4141 S HARRING UTHENTICA CAUSE PER L  A  F:  OF:  RY-At home, fa	to death but not reacted factory, street, factory,	Las Vegas, NV  24b. DATE RECEIVE (Mo/Day/Yr)  ND (c) )  VID (c) )	89119 D BY REGISTRAR uly 22, 2013  Gauss given in Part 1.  HOW INJURY OCCURRED  N STREET OR R	26. AUTOP (Specify Ye	Interval between ons Interval	et and death
CONDITIONS IF ANY WHICH ANY WHICH CONDITIONS IF ANY WHICH ANY WHICH CAUSE TO IMMEDIATE CAUSE TO CAUSE LAST  3722	24a. REGISTRAR (Signature)  25 IMMEDIATE CAUSE PART I. (a) DUE TO, OR AS (c) DUE TO, OR AS (d) PART II OTHER SIGNIFIC/INT ( R PENDING INVEST. (Specify)  28a. ACC., SUICIDE, HOM, UNDET. OR PENDING INVEST. (Specify)  28b. INJURY AT WORK (Specify)	A CONSEQUENCE OF CONDITIONS - C	D 4141 S HARRING UTHENTICA CAUSE PER L  A  F:  OF:  OF:  RY-At home, fa	to death but not read to street, factory, street, factory,	Las Vegas, NV  24b. DATE RECEIVE (Mo/Day/Yr)  ND (c) )  VID (c) )	89119 D BY REGISTRAR uly 22, 2013  Gauss given in Part 1.  HOW INJURY OCCURRED  N STREET OR R	26. AUTOP (Specify Year)	Interval between ons Interval	et and death
CONDITIONS IF ANY WHICH ANY WHICH CONDITIONS IF ANY WHICH ANY WHICH CAUSE TO IMMEDIATE CAUSE TO CAUSE LAST  3722	24a. REGISTRAR (Signature)  25 IMMEDIATE CAUSE PART I. (a) DUE TO, OR AS (c) DUE TO, OR AS (d) PART II OTHER SIGNIFIC/INT ( R PENDING INVEST. (Specify)  28a. ACC., SUICIDE, HOM, UNDET. OR PENDING INVEST. (Specify)  28b. INJURY AT WORK (Specify)	A CONSEQUENCE OF CONDITIONS - C	D 4141 S HARRING UTHENTICA CAUSE PER L  A  F:  OF:  OF:  RY-At home, fa	to death but not reacted factory, street, factory,	Las Vegas, NV  24b. DATE RECEIVE (Mo/Day/Yr)  ND (c) )  VID (c) )	89119 D BY REGISTRAR uly 22, 2013  Gauss given in Part 1.  HOW INJURY OCCURRED  N STREET OR R	26. AUTOP (Specify Year)	Interval between ons Interval	et and death
CONDITIONS IF ANY WHICH ANY WHICH CONDITIONS IF ANY WHICH ANY WHICH CAUSE TO IMMEDIATE CAUSE TO CAUSE LAST  3722	24a. REGISTRAR (Signature)  25 IMMEDIATE CAUSE PART I TIE DUE TO, OR AS  (c) DUE TO, OR AS  (d) PART II OTHER SIGNIFICANT ( 25a. ACC, SUICIDE, HOM., UNDET, OR PENDING INVEST. (Specify) 25a INJURY AT WORK (Specify Yes or No)	ATTEN Wheeler M.  NINETTE I SIGNATURE AI GENTER ONLY ONE GENTIC CARCINOMIA A CONSEQUENCE OF A CONSEQUENCE OF CONDITIONS-C	D= 4141 S HARRING UTHENTICA CAUSE PER LI a F:  IF:  IF:  IF:  IF:  IF:  IF:  IF	iron TED INE FOR (a), (b), A  Lo death Sul not rea  Zec Hour OF INJ.  STATE	Las Vegas, NV  24b. DATE RECEIVE (Mo/Day/Vr)  UND (c) )  Value in the underlying  RV 28d. DESCRIBE I  Page:	89119 D BY REGISTRAR uly 22, 2013  g cause given in Part 1. HOW INJURY OCCURRED  N STREET OR R	26. AUTOP (Specify Year)	Interval between ons Interval	et and death st present
REGISTRAR  CAUSE OF DEATH  CONDITIONS IF ANY WHICH ANY WHICH ANY WHICH ANY WHICH CAUSE TO IMMEDIATE CAUSE TO STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature)  25 IMMEDIATE CAUSE PART L. (a) Bronchog DUE TO: OR AS  (b) DUE TO. OR AS  (c) DUE TO. OR AS  (d) DU	A CONSEQUENCE O  A CONSEQUENCE O  A CONSEQUENCE O  CONDITIONS Condition  286 DATE OF INJURY ON  287. PLACE OF INJURY ON  TRUE AND CORR	D. 4141 S HARRING UTHENTICA CAUSE PER LI 2 PF: PS contributing RY- At home, fa	Diversion Street  TON  TED  INE FOR (a), (b), A  Le death but not real  Le death but not real  Zec HOUR OF INJU  STATE  Ø8321	Las Vegas, NV  24b. DATE RECEIVE (Mo/Day/Yr)  ND (c) )  ND (c) )  REGISTRAR  Page:  UMENT ON FILM  UMENT ON FILM	89119 D BY REGISTRAR UIY 22, 2013 Gauss given in Part 1. HOW INJURY OCCURRED N STREET OR R 4 of 4	28. AUTOP (Specify Year)	Interval between ons Interval	et and death SE PETERGED H. (Specify 1/45 Yes STATE
CAUSE OF DEATH ANY WHICH ANY WHICH CAVE RISE TO IMMEDIATE CAUSE TO THE UNDERLYING THE UNDERLAST	24a. REGISTRAR (Signature)  25 IMMEDIATE CAUSE PART I TIE DUE TO, OR AS  (c) DUE TO, OR AS  (d) PART II OTHER SIGNIFICANT ( 25a. ACC, SUICIDE, HOM., UNDET, OR PENDING INVEST. (Specify) 25a INJURY AT WORK (Specify Yes or No)	A CONSEQUENCE OF A CONS	D. 4141 S HARRING UTHENTICA CAUSE PER LI 2 F: F: F: F: RF: RF: RF: RF: RF: RF: RF:	Diversion Street  TON  TED  INE FOR (a), (b), A  Lo death but not res  Lo death but not res  To death but not	Las Vegas, NV  24b. DATE RECEIVE (Mo/Day/Yr)  VD (c)  VD (c)	89119 D BY REGISTRAR UIY 22, 2013 Gauss given in Part 1. HOW INJURY OCCURRED N STREET OR R 4 of 4	28. AUTOP (Specify Year)	Interval between ons Interval	et and death SE PETERGED H. (Specify 1/45 Yes STATE

SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID#88-0151573 -

NOT VALID WITHOUT THE RAISED

SEAL OF THE SOUTHERN NEVADA

HEALTH DISTRICT

John Middaugh, M.D.

Registrar of Vital Statistics

Date Issued: SEP 24 2013