

Document Transfer Tax \$0 -#3 Assessor's Parcel No. 1219-15-002-072

WHEN RECORDED AND MAIL TAX STATEMENTS TO: MONICA ACEVEDO P.O. BOX 38 Genoa, NV 89411

The grantor declares: Documentary transfer tax is \$ -0-[x] computed on full value of property conveyed. Doc Number: **0835987** 

12/24/2013 01:11 PM OFFICIAL RECORDS

Requested By JOSEPH W TILLSON

DOUGLAS COUNTY RECORDERS Karen Ellison - Recorder

1063

Fee: \$ 16.00 Bk: 1213 Pg: 4596

#### AFFIDAVIT-DEATH OF IRA ROLLOVER OWNER

MONICA ACEVEDO, of legal age, being first duly sworn, deposes and says:

That RANDALL H. ACEVEDO, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as is named as the party in that certain Grant, Bargain and Sale Deed dated July 5, 2007, executed by RANDALL H. ACEVEDO DDS, Inc. Profit Sharing Plan, dtd 10/31/1980 which granted the real property to RANDALL H. ACEVEDO ROLOVER IRA, wherein the decedent was the owner of the Rollover IRA mentioned in the deed, it being further acknowledged that MONICA ACEVEDO is the beneficiary of the Rollover IRA on the death of RANDALL H. ACEVEDO.

The original Grant Deed aforementioned is recorded as Document No.0723815, on May 22, 2008, in the Official Records of Douglas County, State of Nevada, covering the following described property situate in the County of Douglas. State of Nevada:

Parcel 4H as shown on that certain Parcel Map #3 LDA 04-094 for Mike Hickey Construction, Inc., filed in the office of the County Recorder of Douglas County, Nevada on September 20, 2006, in Book 0906, Page 6318, as Document No. 684785.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

12.18.13

MONICA ACEVEDO



#### **JURAT**

State of California County of El Dorado

AFFIDAVIT - DEATH OF IRA ROLLOVER OWNER

APN. 1219-15-002-072

JOANN TILLSON Commission # 1909603

### STATE OF NEVADA

# CERTIFICATION OF VITAL RECORD

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

OF HEALITH AND DIVISION OF HEALTH VITAL STATISTICS

2		· · · ·			A 110	3110	. ·
*	- A-						- ,
•		• '	-	• • •		-	**
•	ËD	TIEL	~ *	TE /		DE A	T

Randall Hilliard  So. CITY, TOWN, OR LOCATION OF DEATH   Sc. HOSPITAL ORDINERY INSTITUTION. Name   Town streets   Section   Se	B. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX)	CERTIFICATE O	1.1	70	TE FILE NUMBER
So. CITY, TOWN, OR LOCATION OF DEATH SC. MOSPITAL NO TOTHER INSTITUTION Number in Control (Name of the Control Policy)  Gardnerville  S. RACE White  S. RACE		ACEVEDO	2. DAT		
Gardnerville  To United States  13 SOCIAL SECURITY RUBBER I IAXY IS OATE GE BIT GOVERNORS IN MAN G			ame/If not either give sheet		Douglas ata DOA, OP/Emer. Rm ]4, :
S. RACE White Specify	and number	er)		Inpatient(Specify)	1 : + 1.8
Specify)  Sa, STATE OF BIRTH (if not U.S.A. as CITIZEN OF WHAT COUNTRY) ID EDUCATION   11 MARRIED, NEVER MARRIED, WIDOWED   12 SURRIVING SPOUS manne country)   California   United States   23   DIVORCED (Specify) Married   12 SURRIVING SPOUS manne country)   California   United States   23   DIVORCED (Specify) Married   12 SURRIVING SPOUS manne country)   California   United States   23   DIVORCED (Specify) Married   13 SOCIAL SECURITY MUMBER   14 SUSIAL OCCUPATION (Give Kind of Work Done During Mork   14 SURING OF BUSINESS OR INDUSTRY   Eve   14 SURING OF BUSINESS OR INDUSTRY   Eve   15 SURRIVING SPOUS   15 SU				**	
TARRED FIRTH (IT INSU S.A. S.A. CITZEN OF WHAT COUNTRY/ID. SDUCATION) IT MARRIED, NEIGH MARRIED, WIDOVED (Specify) Married marter country (California)  13. SOCIAL SECURITY NUMBER: 14a. USUAL OCCUPATION (low kind of Werk Done During Most 14b. KIND OF BUSINESS OR INDUSTRY. Every 15b. COUNTY (See kind of Werk Done During Most 14b. KIND OF BUSINESS OR INDUSTRY.)  15a. RESIDENCE. STATE 15b. COUNTY 15c. CITY. TOWN OR LOCATION 15d. STREET AND NUMBER 15b. COUNTY 15c. CITY. TOWN OR LOCATION 15d. STREET AND NUMBER 15b. COUNTY 15c. CITY. TOWN OR LOCATION 15d. STREET AND NUMBER 15b. COUNTY 15c. CITY. TOWN OR LOCATION 15d. STREET AND NUMBER 15b. COUNTY 15c. CITY. TOWN OR LOCATION 15d. STREET AND NUMBER 15b. CITY. TOWN OR LOCATION 15d. STREET AND NUMBER 15b. CITY. TOWN OR LOCATION 15d. STREET AND NUMBER 15b. CITY. TOWN OR LOCATION 15d. STREET AND NUMBER 15b. CITY. TOWN OR LOCATION 15d. STREET AND NUMBER 15b. CITY. TOWN OR LOCATION 15d. STREET AND NUMBER 15b. CITY. TOWN OR LOCATION 15d. STREET AND NUMBER 15b. CITY. TOWN OR LOCATION 15d. STREET AND NUMBER 15b. CITY. TOWN OR LOCATION 15d. STREET AND NUMBER 15b. CITY. TOWN OR LOCATION 15d. STREET AND NUMBER 15b. CITY. TOWN OR LOCATION 15d. STREET AND NUMBER 15b. CITY. TOWN OR LOCATION 15d. STREET AND NUMBER 15b. CITY. TOWN OR LOCATION 15d. STREET AND NUMBER 15d. CITY. TOWN OR LOCATION 15d. STREET AND NUMBER 15d. CITY. TOWN OR LOCATION 15d. STREET AND NUMBER 15d. CITY. TOWN OR LOCATION 15d. STREET AND NUMBER 15d. CITY. TOWN OR LOCATION 15d. STREET AND NUMBER 15d. CITY. TOWN OR LOCATION 15d. STREET AND NUMBER 15d. CITY. TOWN OR LOCATION 15d. STREET AND NUMBER 15d. CITY. TOWN OR LOCATION 15d. STREET AND NUMBER 15d. CITY. TOWN OR LOCATION 15d. STREET AND NUMBER 15d. CITY. TOWN OR LOCATION 15d. STREET AND NUMBER 15d. CITY. TOWN OR LOCATION 15d. STREET AND NUMBER 15d. CITY. TOWN OR LOCATION 15d. STREET AND NUMBER 15d. CITY. TOWN OR LOCATION 15d. STREET AND NUMBER 15d. CITY. TOWN OR LOCATION 15d. STREET AND NUMBER 15d. CITY. TOWN OR LOCATION 15d. STREET AND NUMBER 15d. CITY. TOWN OR LO		No - Non-Hispanic	birthday (Years) MO		
The Residence State   14.6 Usual, OCCUPATION (Give kind of Work Down During Most   14.6 Usual, OCCUPATION (Give kind of Work Down During Most   14.6 Usual, OCCUPATION (Give kind of Work Down During Most   14.6 Usual Doublets   15.6 CONTROL   15.6 STREET AND NUMBER   15.6 CONTROL   15.6 FOORTHIS   15.6 FOOTTHIS   15.6 FOO		WHAT COUNTRY 10 EDUCATIO	NI11 MARRIED, NEVER M	ARRIED, WIDOWED.	2. SURVIVING SPOUSE (If wif
Secretarion	ema country) California Unite	d States 23	DIVORCED (Specify) M	erried	No.
156. RESIDENCE STATE 156. COUNTY 156. CIVITY TOWN OR LOCATION 156. STREET AND NUMBER 1.56. CIVITY TOWN OR LOCATION 1.56. STREET AND NUMBER 1.56. COUNTY 1.56. CIVITY TOWN OR LOCATION 1.56. STREET AND NUMBER 1.56. FATHERPARENT NAME (First Middle Last Suffix) Arthur ACEVEDO. 1.56. MAIL NO ADDRESS (Street or R.FD. No. Gity or Town, State, Ze) 1.56. FATHERPARENT NAME (Type or Print) 1.56. MAIL ING ADDRESS (Street or R.FD. No. Gity or Town, State, Ze) 1.56. BOOK 1.758 FOOthill Rd Gardnerville, Nevada 89460. 1.56. FACILITY NOTICE (Specify) 1.56. CEMETERY OR GREMATORY NAME 1.56. FOOThill Rd Gardnerville, Nevada 89460. 1.		Europ of Detironal	(3)4 4 4		
Nevada   Douglas   Gardnerville   17.36 Foothill Rd   Gardnerville   17.36 Foothill Rd   Gardnerville   17. MOTHERPARENT NAME (First Middle Last Suffla)   Mary FRAME   Mary					. (V) 15e. (NSIC
Arthur ACEVEDO  18a INFORMANT-NAME (Type or Print) Monica ACEVEDO 19b MAILING ADDRESS (Sirect or R.F.D. No. City or Town, State, Zip) Monica ACEVEDO 19c BURIAL, CREMATION, REMOVAL, OTHER (Specity) 19b BURIAL, CREMATION, REMOVAL, OTHER (Specity) 19c LOCATION - City or Town Cremation 19c BURIAL, CREMATION, REMOVAL, OTHER (Specity) 19c LOCATION - City or Town Cremation 19c LOCATION - City or Town Cremation 19c BURIAL, CREMATION, REMOVAL, OTHER (Specity) 19c LOCATION - City or Town Cremation 19c BURIAL, CREMATION, REMOVAL, OTHER (Specity) 19c LOCATION - City or Town Cremation 19c BURIAL, CREMATION, REMOVAL, OTHER (Specity) 19c LOCATION - City or Town Cremation 19c BURIAL, CREMATION, REMOVAL, OTHER (Specity) 19c LOCATION - City or Town Cremation 19c BURIAL, CREMATION, REMOVAL, OTHER (Specity) 19c LOCATION - City or Town Cremation 19c BURIAL, CREMATION, REMOVAL, OTHER (Specity) 19c LOCATION - City or Town Cremation 19c LOCATION - City or Town 19c LOCATION - City or Town 19c LOCATION - City or Town 19c LOCATION 19c LOCATION - City or Town 19c LOCATION 19c LOCATION - City or Town 19c	Nevada Douglas	Gardnervil	le 1758 Foo	thill Rd	LIMITS (6) or No)
THAT THE PROBLEM OF PRINTS  The BURIAL CREMATION REMOVAL, OTHER (Specify) [19b. CEMETERY OR GREMATORY - MAME  The BURIAL CREMATION REMOVAL, OTHER (Specify) [19b. CEMETERY OR GREMATORY - MAME  The BURIAL CREMATION REMOVAL, OTHER (Specify) [19b. CEMETERY OR GREMATORY - MAME  The BURIAL CREMATION REMOVAL, OTHER (Specify) [19b. CEMETERY OR GREMATORY - MAME  The BURIAL CREMATION REMOVAL, OTHER (Specify) [19b. CEMETERY OR GREMATORY - MAME  The BURIAL CREMATION REMOVAL, OTHER (Specify) [19b. CEMETERY OR GREMATORY - MAME  The BURIAL CREMATION REMOVAL, OTHER (Specify) [19b. CEMETERY OR GREMATORY - MAME  The BURIAL CREMATION REMOVAL, OTHER (Specify) [19b. CEMETERY OR GREMATORY - MAME  The BURIAL CREMATORY - MAME  The BURIAL CREMATION REMOVAL OF THE CREMATION OF THE CREMA	the state of the s	- in the transfer of the trans	17. MOTHER/PARENT		- N. N.
Monica ACEVEDO  1758 Foothill Rd Gardnerville, Nevada 89460  1986 BURIAL CREMATION, REMOVAL OTHER (Specify) 1985 CEMETERY OR CREMATORY - NAME  2086 FUNERAL DIRECTOR - SIGNATURE (OF Person Acting as Such)  2086 FUNERAL DIRECTOR - SIGNATURE (OF Person Acting as Such)  2086 FUNERAL DIRECTOR - SIGNATURE (OF Person Acting as Such)  217					AME
1982. BURNAL CREMATION, REMOVAL OTHER (Specify) 1982. CEMÉTERY OR CREMATORY - NAME CEMENTORY COMMITTEE (OF Person Acting as Such) 208. FUNERAL DIRECTOR - SIGNATURE (OF Person Acting as Such) 208. FUNERAL DIRECTOR - SIGNATURE (OF Person Acting as Such) 208. FUNERAL DIRECTOR - SIGNATURE OF PERSON Acting as Such) 208. FUNERAL DIRECTOR - SIGNATURE AUTHENTICATED 217 1380 Highway 365 N Garchenville - NV - 88 218. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature) a Title) assignature authenticated due to the cause(s) stated. (Signature) a Title) assignature authenticated to the cause(s) stated. (Signature) a Title) assignature authenticated to the cause(s) stated. (Signature) a Title) assignature authenticated to the cause(s) stated. (Signature) a Title) assignature authenticated to the cause(s) stated. (Signature) a Title) assignature authenticated by 1880 and 1880 and place and due to the cause(s) stated. (Signature) a Title - Signature authenticated by 1880 and 1880 and place and due to the cause(s) stated. (Signature) a Title - Signature authenticated by 1880 and 1880 and place and due to the cause(s) stated. (Signature) a Title - Signature authenticated by 1880 and 1880 and 1880 and place and due to the cause(s) stated. (Signature) a Title - Signature authenticated by 1880 and 1880 and 1880 and 1880 and 1880 and place and due to the cause(s) stated. (Signature) a Title - Signature authenticated by 1880 and 188		180 MAILING ADDR			ada 89460
20a. FUNERAL DIRECTOR: SIGNATURE (OF Person Ading as Such)  20b. FUNERAL DIRECTOR: SIGNATURE (OF Person Ading as Such)  20b. FUNERAL DIRECTOR: SIGNATURE AUTHENTICATED  217  218. TO the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Time & Sudhature & Sud			ORY - NAME:		
JAMES SHOLENSK)  SIGNATURE AUTHENTICATED  217  1380 Highway 385 N Garcherville NV. 85  LTRADE CALL - NAME AND ADDRESS  218. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SEGNATURE AUTHENTICATED to the time, date and place and due to the cause(s) stated. (Signature & Title) SEGNATURE AUTHENTICATED to the time, date and place and due to the cause(s) stated. (Signature & MICHAEL, MCLAUGHLIN M.D.  21b. DATE SIGNED (Mo/Day/Yr)  21c. DATE SIGNED (Mo/Day/Yr)  22d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORDNER) (Type or Print)  22d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORDNER) (Type or Print)  22d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORDNER) (Type or Print)  22d. REGISTRAR (Signature)  BIANCA GALEANO  24d. DATE RECEIVED BY REGISTRAR		'-  y			Carson City Nevada 897
TRADE CALL - NAME AND ADDRESS  218. To the beat of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature at Title) SEGNATURE AUTHENTICATED  220. On the beats of examination shiflor investigation, in my opinion the time, date and place and due to the cause(s) stated. (Signature at Title) SEGNATURE AUTHENTICATED  320. Name of the beat of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature at the time, date and place and due to the cause(s) stated. (Signature at the time, date and place and due to the cause(s) stated. (Signature at the time, date and place and due to the cause(s) stated. (Signature at the time, date and place and due to the cause(s) stated. (Signature at the time, date and place and due to the cause(s) stated. (Signature at the time, date and place and due to the cause(s) stated. (Signature at the time, date and place and due to the cause(s) stated. (Signature at the time, date and place and due to the cause(s) stated. (Signature at the time, date and place and due to the cause(s) stated. (Signature at the time, date and place and due to the cause(s) stated. (Signature at the time, date and place and due to the cause(s) stated. (Signature at the time, date and place and due to the cause(s) stated. (Signature at the time, date and place and due to the cause(s) stated. (Signature at the time, date and place and due to the cause(s) stated. (Signature at the time, date and place and due to the cause(s) stated. (Signature at the time, date and place and due to the cause(s) stated. (Signature at the time, date and place and the time, date and place and due to the cause(s) stated. (Signature at the time, date and place and due to the cause(s) stated. (Signature at the time, date and place and due to the cause(s) stated. (Signature at the time, date and place and due to the cause(s) stated. (Signature at the time, date and place and due to the cause(s) stated. (Signature at the time, date and place and due to the					/alley Funeral Home
TRADE CALL - NAME AND ADDRESS  21s. To the beat of my knowledge, death occurred at the time, date and place and due to the causes) stated. (Signature & Title) SEGMATURE AUTHENTICATED  3 due to the causes (shated.) (Signature & Title) SEGMATURE AUTHENTICATED  3 due to the causes (shated.) (Signature & Title) SEGMATURE AUTHENTICATED  4 due to the causes (shated.) (Signature & Title) SEGMATURE AUTHENTICATED  5 due to the causes (shated.) (Signature & Title) SEGMATURE AUTHENTICATED  5 due to the causes (shated.) (Signature & Title) SEGMATURE AUTHENTICATED  21b. DATE SIGNED (Mo/Day/Yr)  21c. HOUR OF DEATH  5 due to the causes (shated.) (Signature & Title) SEGMATURE AUTHENTICATED  22d. PRONOUNCED DEAD (Mo/Day/Yr)  22d. DATE SIGNED (Mo/Day/Yr)  22d. PRONOUNCED DEAD (Mo/Day/Yr)  22d. PRONOUNCED DEAD (Mo/Day/Yr)  22d. PRONOUNCED DEAD (Mo/Day/Yr)  22d. DATE RECEIVED BY REGISTRAR  22d. DEATH DUE TO COMMUN  22d. DATE RECEIVED BY REGISTRAR  22d. DEATH DUE TO COMMUN  22d. DATE RECEIVED BY REGISTRAR  22d. DEATH DUE TO COMMUN  22d. DUE TO, OR AS A CONSEQUENCE OF:  (b) DUE TO, OR AS A CONSEQUENCE OF:  (c) DUE TO, OR AS A CONSEQUENCE OF:  (d) DUE TO, OR AS A CONSEQUENCE OF:	THE STATE OF THE S	and the same of th			4 15 44 4
the time, date and place and due to the cause(s) stated. (Signature & Title) SEGNATURE AUTHENTICATED    Company	RADE CALL - NAME AND ADDRESS	Com 1944 Links	4.4 19.4	# £1# £1 \\\	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  MICHAEL MCLAUGHLIN M.D., 1107 Highway 395 Gardnerville, NV 89410  24a. REGISTRAR (Signature)  BIANCA GALEANO  24b. DATE RECEIVED BY REGISTRAR  24c. DEATH DUE TO COMMUN  SIGNATURE AUTHENTICATED  PART I  (Mo/Day/Yr)  April 25, 2013  YES NO  Interval betwee  15c. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))  DUE TO, OR AS A CONSEQUENCE OF:  (b)  DUE TO, OR AS A CONSEQUENCE OF:  (c)  DUE TO, OR AS A CONSEQUENCE OF:  (d)  PART II  OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the undertying cause given in Part 1.  28a. AUCO, SUICIDE, HOM, UNDET.  28b. DATE OF INJURY (Mo/Day/Yr)  28c. HOUR OF INJURY.  28c. DESCRIBE HOW INJURY OCCURRED  28g. LOCATION  STREET OR R.F.D. No.  CITY OR TOWN  28e 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  Duilding, etc. (Specify)	21b. DATE SIGNED (Mo/Day/Yr) 21c. April 23, 2013 21d. NAME OF ATTENDING PHYSICIAN IF OTHE	HOUR OF DEATH 03:57	8 5		22c. HOUR OF DEATH
MICHAEL MCLAUGHLIN M.D. 1107 Highway 395 Gardnerville, NV 89410  24a. REGISTRAR (Signature)  BIANCA GALEANO 24b. DATE RECEIVED BY REGISTRAR 24c. DEATH DUE TO COMMUN SIGNATURE AUTHENTICATED  25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c) )  Interval betwee  PART I  (a)  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:  Interval betwee  (b)  DUE TO, OR AS A CONSEQUENCE OF:  Interval betwee  (c)  DUE TO, OR AS A CONSEQUENCE OF:  Interval betwee  (d)  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the undertying cause given in Part 1.  25a. ACC. SUICIDE, HOM, UNDET.  25b. DATE OF INJURY (MorDay/Yr)  25c. HOUR OF INJURY  25d. DESCRIBE HOW INJURY OCCURRED  25d. INJURY AT WORK (Specify)	5	ATTENDING PHYSICIAN, MEDIC	CAL EXAMINER, OR CORDI	VER) (Type or Priot)	23b. LICENSE NUMBER
SIGNATURE AUTHENTICATED  SIGNATURE AUTHENTICATED  (MODBYYY)  April 25, 2013  YES NO  PART I  (a) Sudden Cardiac Death  DUE TO, OR AS A CONSEQUENCE OF:  (b) Etiology Unknown  DUE TO, OR AS A CONSEQUENCE OF:  Interval betwee  (c)  DUE TO, OR AS A CONSEQUENCE OF:  Interval betwee  (d)  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)  TO CO  OR PENDING INVEST. (Specify)  28. PLACE OF INJURY At home, farm, street, factory, office 28g, LOCATION STREET OR R.F.D. No. CITY OR TOWN-  Yes or No)  DUB TO, OR AS A CONSEQUENCE OF:  Interval betwee  28. AUTOPSY  (Specify Yes or No.)  TO CO  OR PENDING INVEST. (Specify)  28d. INJURY AT WORK (Specify)  Duilding, etc. (Specify)	MICHAEL MCLAUGHLI	N M.D. 1107 Highway 39	35 Gardnerville, NV 8	9410	13872
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c) )  Interval betwee PART I (a) Sudden Cardiac Death  DUE TO, OR AS A CONSEQUENCE OF:  (b) Etiology Unknown  DUE TO, OR AS A CONSEQUENCE OF:  (c) Interval betwee Inter	DIANUA	OFFICE OF THE PROPERTY OF THE	(14 - 67 - 10 A/A)	2	
(a) Sudden Cardiac Death  DUE TO, OR AS A CONSEQUENCE OF:  (b) Etiology Unknown  DUE TO, OR AS A CONSEQUENCE OF:  (c)  DUE TO, OR AS A CONSEQUENCE OF:  Interval betwee  (d)  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)  28c. ACC, SUICIDE, HOM, UNDET. OR PENDING INVEST. (Specify)  28d. DESCRIBE HOW INJURY OCCURRED  28d. INJURY AT WORK (Specify)  28f. INJURY AT WORK (Specify)  28f. INJURY AT WORK (Specify)  Duilding, etc. (Specify)	5. IMMEDIATE CAUSE (ENTER ONLY ONE C		1.00	A vil C	: Interval between onset
DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:  Interval betwee  (c)  DUE TO, OR AS A CONSEQUENCE OF:  Interval betwee  (d)  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, UNDET. OR PENDING INVEST. (Specify)  28. INJURY AT WORK (Specify)  28. INJURY AT WORK (Specify)  Duilding, etc. (Specify)	PART (a) Sudden Cardiac Death				
DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:  Interval betwee  (d)  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)  28c. ACC, SUICIDE, HOM, UNDET. OR PENDING INVEST. (Specify)  28d. DESCRIBE HOW INJURY OCCURRED  28d. 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  Yes or No)		er.		1,00	interval between onset
(c) DUE TO, OR AS A CONSEQUENCE OF: Interval betwee  (d)  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)  28e. ACC., SUICIDE, HOM, UNDET. OR PENDING INVEST. (Specify)  28b. DATE OF INJURY (MorDey/Yr)  28c. HOUR OF INJURY.  28d. DESCRIBE HOW INJURY OCCURRED  28d. 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>10</u> 2.4 <u></u> 2.4				*
DUE TO, OR AS A CONSEQUENCE OF:  Interval betwee  (d)  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, UNDET. OR PENDING INVEST, (Specify)  28. DATE OF INJURY (Mo/Dey/Yr)  28. HOUR OF INJURY  28. DESCRIBE HOW INJURY OCCURRED  28. INJURY AT WORK (Specify)  28. PLACE OF INJURY-At home, farm, street, factory, office  28. LOCATION  STREET OR R.F.D. No.  CITY OR TOWN  Yes or No)	All		1. 1.	Y h	Interval between onset
(Specify Yes or No.) TO CC Or No.)  28a. ACC, SUICIDE, HOM, UNDET. 28b DATE OF INJURY (Mo/Day/Yr) 28c. HOUR OF INJURY. 28d. DESCRIBE HOW INJURY OCCURRED  28a. HOUR OF INJURY. 28d. DESCRIBE HOW INJURY OCCURRED  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.		TANK TAKE		<u>w 35 23 1</u>	interval between onse
(Specify Yes or No.) TO CC or No.)  28a. ACC, SUICIDE, HOM, UNDET. 28b DATE OF INJURY (Mo/Dey/Yr) 28c. HOUR OF INJURY. 28d. DESCRIBE HOW INJURY OCCURRED  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.  Yes or No.)	(d)				"美"家"家"。
28e. ACC., SUICIDE, HOM, UNDET. 28b. DATE OF INJURY (Mo/Dey/Yr) 28c. HOUR OF INJURY. 28d. DESCRIBE HOW INJURY OCCURRED 28d. 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 Yes or No.)	ART II OTHER SIGNIFICANT CONDITIONS Condition	s contributing to death but not resu	iting in the underlying cause	grven in Part 1. 26.	AUTOPSY 27, WAS CASE
28e. ACC., SUICIDE, HOM, UNDET. OR PENDING INVEST. (Specify)  28b. DATE OF INJURY (Mo/Dey/Yr)  28c. HOUR OF INJURY. 28d. DESCRIBE HOW INJURY OCCURRED  28d.		1 100	<u>급 강선 :</u>	(Sp	
28e 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 Duilsdring etc. (Specify)	R PENDING (NVEST. (Specify)	Day/Yr) 28c. HOUR OF INJUR	Y. 284, DESCRIBE HOW INJ	Net y 1	
TYes or No):	Se INJURY AT WORK (Specify 128) PLACE DE IN HIE	Y. At home form street feetens at	`	100	
	building, etc. (Specify)	i minomo, idini, suver, ractory, di	ilica 1289, LUCATION		and the off
STATE REGISTRAR					



PG: 4**598** 12/24/2013

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:

04/26/2013

SIGNATURE AUTHI

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



