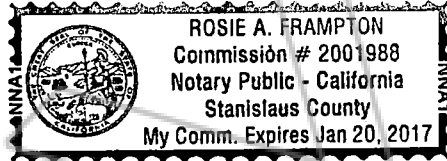


STATE OF CALIFORNIA
COUNTY OF STANISLAUS

Subscribed and sworn to (or affirmed) before me on this 8th day of October, 2014, by RICK W. PICKETT, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Notary Public



My Commission Expires: January 20, 2017

(SEAL)

Notary Name ROSIE A. FRAMPTON
Notary Registration Number: 2001988

Notary Phone: (209) 667-2300
County of Principal Place of Business
Stanislaus, California

COPIED

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

2014014970

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STARTING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME-(FIRST,MIDDLE,LAST,SUFFIX) Carolyn Ann PICKETT		2. DATE OF DEATH (Mo/Day/Year) September 09, 2014		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 926 Sweetwater Dr		3e. If Hosp. or Inst. indicate DOA,OP/Emer.Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE White (Specify)		8. Hispanic Origin? Specify No - Non-Hispanic	
6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 70		7b. UNDER 1 YEAR MOS: _____ DAYS: _____	
7c. UNDER 1 DAY HOURS: _____ MINS: _____		8. DATE OF BIRTH (Mo/Day/Yr) June 04, 1944		9a. STATE OF BIRTH (If not U.S.A., name/country) Pennsylvania	
9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 18		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
12. SURVIVING SPOUSE (if wife, give maiden name) Rickey W PICKETT		13. SOCIAL SECURITY NUMBER 4863		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Nursing / R N	
14b. KIND OF BUSINESS OR INDUSTRY Nursing / E R		15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	
15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 926 Sweetwater Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16. FATHER/PARENT-NAME (First Middle Last Suffix) Vincent RAGNI			17. MOTHER/PARENT-NAME (First Middle Last Suffix) Mary		
18a. INFORMANT-NAME (Type or Print) Rickey W PICKETT			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 926 Sweetwater Dr, Gardnerville, Nevada 89460		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JOHN PAUL KELLY M.D. SIGNATURE AUTHENTICATED			22a. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		
21b. DATE SIGNED (Mo/Day/Yr) September 11, 2014		21c. HOUR OF DEATH 20:07		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) John Paul Kelly M.D., 1535 Medical Parkway Carson City, NV 89706		23b. LICENSE NUMBER 6376	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 18, 2014		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) Sarcoma				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(b)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)	
28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED			
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No CITY OR TOWN STATE	

STATE REGISTRAR

3790924

546147

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.

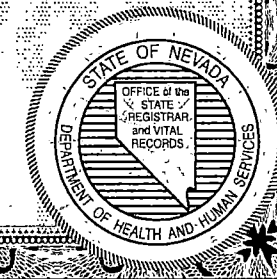
DATE ISSUED:

09/18/2014

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

R. J. Whelan
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE