DOUGLAS COUNTY, NV
Rec:\$17.00
\$17.00
Pgs=4

05/1

2015-862116 05/15/2015 11:55 AM

ETRCO, LLC

KAREN ELLISON, RECORDER

APN#: 1221-06-001-024

071211-TEA

Recording Requested By:

eTRCo, LLC.

When Recorded Mail To:

Tracy Achter

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5)

& 40.525 (5))

Signature

Traci Adams

Escrow Officer

Affidavit Death of Trustee

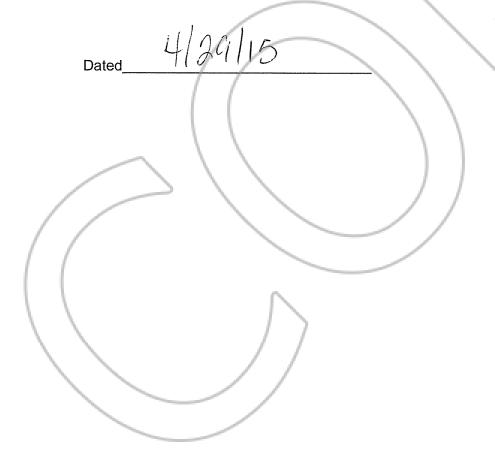
This page added to provide additional information required by NRS 111.312 (additional recording fee applies)

AFFIDAVIT - DEATH TRUSTEE

<u>D. Todd Ashton, Tracy L. Ashton and Troy Ashton, Successor Trustees</u>, of legal age, being first duly sworn, deposes and says:

That <u>C.David Ashton</u>, <u>Trustee</u>, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as <u>C.David Ashton</u>, <u>Trustee</u> named as one of the parties in that certain <u>Grant</u>, <u>Bargain and Sale Deed</u> dated <u>7/1/2005</u> executed by <u>Grant Birmingham and Ann M. Birmingham</u>, <u>wife and husband</u> to <u>C. David Ashton</u>, <u>Trustee of the Ashton Living Trust</u>, <u>dated October 15</u>, <u>2002</u>, recorded as instrument No. 648378, on <u>7/1/2005</u>, in Book <u>0705</u>, Page <u>00040</u>, and re-recorded as instrument No. 650261, in Book <u>0705</u>, Page 10443, of Official Records of <u>Douglas</u> County, Nevada, covering the following described property situated in the County of <u>Douglas</u>, State of Nevada:

Lot 22 of FISH SPRINGS ESTATES, according to the map thereof, filed for record in the office of the County Recorder of Douglas County, Nevada, on August 30, 1973, as Document No. 68451.





DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH

	۷.	•	~-	J	ıM	11.	J i	IL	. 3	
CERTIF	1	C	AT	Ε	0	F	D	E	AT	Н

2012007499

Charrison David ASHTON DECEDENT Reno Rene Reno Rene Reno Reno Reno Reno Rene Reno Reno Reno Reno Rene Reno Reno Rene Reno Reno Rene Reno Reno Rene Reno Rene Reno Rene Reno Rene Rene Reno Rene R	TY OF DEATH Washoe Rm. 4. SEX Male
Charrison David ASHTON Charrison David ASHTON Charrison David ASHTON Reno Rene Reno Rene Reno Reno Reno Reno Rene Reno Rene Rene Reno Rene Ren	Washoe Rm. 4. SEX
B. CITY, TOWN, OR LOCATION OF DEATH RESTRICTION. Name(If not alther, give street Salt Hosp, or final indicate DOA, OPEner Salt Hosp, or final indicate	. Rm. 4. SEX
DECEDENT 5. RACE White (Specify) 5. RACE White (Specify) 6. Hispanic Origin? Specify (Specify) 8. Hispanic Origin? Specify (Specify) 8. Hispanic Origin? Specify (Specify) 9a. STATE OF BIRTH (If not U.S.A. name country) 9a. STATE OF BIRTH (If not U.S.A. name country) 9a. STATE OF BIRTH (If not U.S.A. name country) 9a. STATE OF BIRTH (If not U.S.A. name country) 9a. STATE OF BIRTH (If not U.S.A. name country) 9a. STATE OF BIRTH (If not U.S.A. name country) 9a. STATE OF BIRTH (If not U.S.A. name country) 9a. STATE OF BIRTH (If not U.S.A. name country) 9a. STATE OF BIRTH (If not U.S.A. name country) 9a. STATE OF BIRTH (If not U.S.A. name country) 9a. STATE OF BIRTH (If not U.S.A. name country) 9a. STATE OF BIRTH (If not U.S.A. name country) 9a. STATE OF BIRTH (If not U.S.A. name country) 9a. STATE OF BIRTH (If not U.S.A. name country) 9a. STATE OF BIRTH (If not U.S.A. name country) 9a. STATE OF BIRTH (If not U.S.A. name country) 9a. STATE OF BIRTH (If not U.S.A. name country) 9a. STATE OF BIRTH (If not U.S.A. name country) 9a. STATE OF BIRTH (If not U.S.A. name country) 14b. STATE OF BIRTH (If not U.S.A. name country) 15c. CITY. TOWN OR LOCATION 15d. STATE NOT STREET AND NUMBER 15d. RESIDENCE - STATE Nevada 15d. COUNTY 15d. COUNTY 15d. CITY. TOWN OR LOCATION 15d. STREET AND NUMBER 15d. RESIDENCE - STATE Nevada 15d. ANNO OF BUSINESS OR INDUSTRY Garning 15d. STREET AND NUMBER 15d. RESIDENCE - STATE Nevada 15d. ANNO OF BUSINESS OR INDUSTRY Garning 15d. STREET AND NUMBER 15d. RESIDENCE - STATE Nevada 15d. ANNO OF BUSINESS OR INDUSTRY Garning 15d. COUNTY 15d. CITY. TOWN OR LOCATION 15d. STREET AND NUMBER 15d. RESIDENCE - STATE Nevada 15d. ANNO OF BIRTH (If not U.S.A. name country or Industry 15d. COUNTRY OR CARNATOR OR PRINT) 15d. STREET AND NUMBER 15d. RESIDENCE - STATE Nevada 15d. ANNO OF BIRTH (If not U.S.A. name country or Industry 15d. COUNTRY OR CARNATOR OR PRINTING 15d. ANNO OF INDUSTRY 15d. ANNO OF INDUSTRY 15d. ANNO OF INDUSTRY 15d. ANNO OF INDUSTRY	
S. RACE White (Specify) S. STATE OF BIRTH (If not U.S.A., name country) California S. STATE OF BIRTH (If not U.S.A., name country) S. S. STATE OF BIRTH (If not U.S.A., name country) California S. STATE OF BIRTH (If not U.S.A., name country) California S. STATE OF BIRTH (If not U.S.A., name country) California S. STATE OF BIRTH (If not U.S.A., name country) California S. S. STATE OF BIRTH (If not U.S.A., name country) California S. S. STATE OF BIRTH (If not U.S.A., name country) California S. S. STATE OF BIRTH (If not U.S.A., name country) California S. S. STATE OF BIRTH (If not U.S.A., name country) California S. S. STATE OF BIRTH (If not U.S.A., name country) California S. S. STATE OF BIRTH (If not U.S.A., name country) California S. S. STATE OF BIRTH (If not U.S.A., name country) California S. S. STATE OF BIRTH (If not U.S.A., name country) California S. S. STATE OF BIRTH (If not U.S.A., name country) California S. S. STATE OF BIRTH (If not U.S.A., name country) California S. S. STATE OF BIRTH (If not U.S.A., name country) California S. S. STATE OF BIRTH (If not U.S.A., name country) California S. S. STATE OF BIRTH (If not U.S.A., name country) S. S. STATE OF BIRTH (If not U.S.A., name country) California S. S. STATE OF BIRTH (If not U.S.A., name country) S. S. STATE OF BIRTH (If not U.S.A., name country) S. S. STATE OF BIRTH (If not U.S.A., name country) S. S. STATE OF BIRTH (If not U.S.A., name country) S. S. STATE OF BIRTH (If not U.S.A., name country) S. S. STATE OF BIRTH (If not U.S.A., name country) S. S. STATE OF BIRTH (If not U.S.A., name country) S. S. STATE OF BIRTH (If not U.S.A., name country) S. S. STATE OF BIRTH (If not U.S.A., name country) S. S. STATE OF BIRTH (If not U.S.A., name country) S. S. STATE OF BIRTH (If not U.S.A., name country) S. S. SCATA OF BURNH (If not U.S.A., name country) S. S. SCATA OF BURNH (If not U.S.A., name country) S. S. SCATA OF BURNH (If not U.S.A., name country) S. S. SCATA OF BURNH (If not U.S.A., name country)	Male
Specify No Non-Hispanic Non-Non-Hispanic Non-Non-His	IVIGIO
See STATE OF BIRTH (If not U.S.A., name country) See STATE OF BIRTH (If not U.S.A., name country) See STATE OF BIRTH (If not U.S.A., name country) See STATE OF BIRTH (If not U.S.A., name country) California 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Work During Most of Work During Most of Work During Most of Work Done During Most of Work During Most of Work Done During Most of Work During Most of Work During Most of Work During Most of Work Dur	OF BIRTH (Mo/Day/Yr)
98. STATE OF BIRTH (In ot U.S.A.) 190. CITIZEN OF WHAT COUNTRY 10. EDUCATION 11. MARRIED, NEVER MARRIED, WIDOWED. 112. SURVIVING SI 114. INTOHON 115. SOCIAL SECURITY NUMBER 115. SOCIAL SECURITY NUMBER 116. RESIDENCE - STATE 15b. COUNTY 15c. CITY, TOWN OR LORD During Most 14b. KIND OF BUSINESS OR INDUSTRY 15a. RESIDENCE - STATE 15b. COUNTY 15c. CITY, TOWN OR LORD During Most 14b. KIND OF BUSINESS OR INDUSTRY 15a. RESIDENCE - STATE 15b. COUNTY 15c. CITY, TOWN OR LORD During Most 14b. KIND OF BUSINESS OR INDUSTRY 15a. RESIDENCE - STATE 15b. COUNTY 15c. CITY, TOWN OR LOCATION 15d. STREET AND NUMBER 15a. RESIDENCE - STATE 15b. COUNTY 15c. CITY, TOWN OR LOCATION 17b. MOTHER/PARENT - NAME (First Middle Last Suffix) 15a. INFORMANT - NAME (First Middle Last Suffix) 16b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 15a. BURIAL, CREMATION, REMOVAL, OTHER (Speady) 15b. CEMETERY OR CREMATIONY - NAME 15a. BURIAL, CREMATION, REMOVAL, OTHER (Speady) 15b. CEMETERY OR CREMATIONY - NAME 15a. BURIAL, CREMATION, REMOVAL, OTHER (Speady) 15b. CEMETERY OR CREMATIONY - NAME 15a. BURIAL, CREMATION, REMOVAL, OTHER (Speady) 15b. CEMETERY OR CREMATIONY - NAME 15a. BURIAL, CREMATION, REMOVAL, OTHER (Speady) 15b. CEMETERY OR CREMATIONY - NAME 15a. BURIAL, CREMATION, REMOVAL, OTHER (Speady) 15b. CEMETERY OR CREMATIONY - NAME 15a. BURIAL, CREMATION, REMOVAL, OTHER (Speady) 15b. CEMETERY OR CREMATIONY - NAME 15a. BURIAL, CREMATION, REMOVAL, OTHER (Speady) 15b. CEMETERY OR CREMATIONY - NAME 15a. BURIAL, CREMATION, REMOVAL 0THER (Speady) 15b. CEMETERY OR CREMATIONY - NAME 15a. BURIAL, CREMATION, REMOVAL 0THER (Speady) 15b. CEMETERY OR CREMATIONY - NAME 15a. BURIAL CREMATION, REMOVAL 0THER (Speady) 15b. CEMETERY OR CREMATIONY - NAME 15b. MAILING ADDRESS OF FACILITY CAPACITORY - NAME 15a. BURIAL CREMATION, REMOVAL 0THER (Speady) 15b. CEMETERY OR CREMATIONY - NAME 15a. BURIAL CREMATION, REMOVAL 0THER (Speady) 15b. CEMETERY OR CREM	larch 10. 1939
Certifier Continue Certifier Certi	
15a, RESIDENCE - STATE 15b, COUNTY 15c, CITY, TOWN OR LOCATION 15d, STREET AND NUMBER 15d, RESIDENCE - STATE 15b, COUNTY 15c, CITY, TOWN OR LOCATION 15d, STREET AND NUMBER 15d, RESIDENCE - STATE 15b, COUNTY 15c, CITY, TOWN OR LOCATION 15d, STREET AND NUMBER 15d, STREET	2 4 5 2 (ii iiii 6, g iro
15a, RESIDENCE - STATE 15b, COUNTY 15c, CITY, TOWN OR LOCATION 15d, STREET AND NUMBER 15d, RESIDENCE - STATE 15b, COUNTY 15c, CITY, TOWN OR LOCATION 15d, STREET AND NUMBER 15d, RESIDENCE - STATE 15b, COUNTY 15c, CITY, TOWN OR LOCATION 15d, STREET AND NUMBER 15d, STREET	Ever in US Armed
15a, RESIDENCE - STATE 15b, COUNTY 15c, CITY, TOWN OR LOCATION 15d, STREET AND NUMBER 2190 Fish Springs Road 17, MOTHER/PARENT - NAME (First Middle Last Suffix) 17, MOTHER/PARENT - NAME (First Middle Last Suffix) 17, MOTHER/PARENT - NAME (First Middle Last Suffix) 18b, MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 17acy ASHTON 18b, MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3163 Orovada Drive Carson City, Nevada 89701 18b, MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3163 Orovada Drive Carson City, Nevada 89701 19c, LOCATION City or Town, State, Zip) 3164 Orovada Drive Carson City, Nevada 89701 19c, LOCATION City or Town, State, Zip) 3164 Orovada Drive Carson City, Nevada 89701 19c, LOCATION City or Town, State, Zip) 3164 Orovada Drive Carson City, Nevada 89701 19c, LOCATION City or Town, State, Zip) 3164 Orovada Drive Carson City, Nevada 89701 19c, LOCATION City or Town, State, Zip) 3165 Orovada Drive Carson City, Nevada 89701 19c, LOCATION City or Town, State, Zip) 3165 Orovada Drive Carson City, Nevada 89701 19c, LOCATION City or Town, State, Zip) 3165 Orovada Drive Carson City, Nevada 89701 19c, LOCATION City or Town, State, Zip) 3165 Orovada Drive Carson City, Nevada 89701 19c, LOCATION City or Town, State, Zip) 3165 Orovada Drive Carson City, Nevada 89701 19c, LOCATION City or Town, State, Zip) 3165 Orovada Drive Carson City, Nevada 89701 19c, LOCATION City or Town, State, Zip) 3165 Orovada Drive Carson City, Nevada 89701 19c, LOCATION City or Town, State, Zip)	Forces? Yes
PARENTS 16. FATHER/PARENT - NAME (First Middle Last Suffix) James David ASHTON 17. MOTHER/PARENT - NAME (First Middle Last Suffix) James David ASHTON 18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 3163 Orovada Drive Carson City, Nevada 89701 19c. BURIAL, GREMATION, REMOVAL, OTHER (Specify) 19c. BURIAL, GREMATION, REMOVAL, OTHER (Specify) 19c. SURIAL, GREMATION, REMOVAL, OTHER (Specify) 19c. SURIAL, GREMATION, REMOVAL, OTHER (Specify) 19c. SURIAL, GREMATION, REMOVAL, OTHER (Specify) 19c. CORREMATORY - NAME Walton's Sistera Crematory Carson City, Nevada 89701 19c. LOCATION City or Town, State, Zip) 3163 Orovada Drive Carson City, Nevada 89701 19c. LOCATION City or Town, State, Zip) 3163 Orovada Drive Carson City, Nevada 89701 19c. LOCATION City or Town, State, Zip) 3163 Orovada Drive Carson City, Nevada 89701 19c. LOCATION City or Town, State, Zip) 3163 Orovada Drive Carson City, Nevada 89701 19c. LOCATION City or Town, State, Zip) 3163 Orovada Drive Carson City, Nevada 89701 19c. LOCATION City or Town, State, Zip) 20c. NAME AND ADDRESS Or FACILITY Capitol City Memorial Cremation and State Carson City, Nevada 89701 19c. LOCATION City or Town, State, Zip) 20c. NAME AND ADDRESS Or Eartifier (PHYSICIAN ATTENDING PHYSICIAN MEDICAL EXAMINER, OR CORONER) (Type or Print) 21d. DATE SIGNED (MorDay/Yr) 22d. DATE SIGNED (MorDay/Yr) 23d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 19c. LOCATION City or Town, State, Zip) 23d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23d. DATE RECEIVED BY REGISTRAR 24d. REGISTRAR 24d. REGISTRAR 24d. REGISTRAR 24d. REGISTRAR 24d. DATE RECEIVED BY REGISTRAR 24d. DATE RECEIVED BY REGISTRAR 24d. DATE RE	15e. INSIDE CITY
PARENTS 16. FATHER/PARENT - NAME (First Middle Last Suffix) James David ASHTON 18a. INFORMANT - NAME (Type or Print) Tracy ASHTON 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 16b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 16b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 16b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 16b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 16b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 16b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 16b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 16b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 16b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 16b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 16b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 16b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 16b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 16b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 16b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 16b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 16b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 16b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 16b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 16b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 16b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 16b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 16b. MAILING ADDRESS 16b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 16b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 17b. Malling ADDRESS 16b. MAILING ADDRESS 16b. Location 17b. Location 17b. Location 17b. Location 17b. Locat	LIMITS (Specify Yes
James David ASHTON Nellie Margaret CHARRISON 18a. INFORMANT-NAME (Type or Print) 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED 21b. DATE SIGNED (Mio/Day/Yr) 21c. HOUR OF DEATH May 02, 2012 21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23b. LICENSE CAUSE OF DEATH Pulmonary event - pulmonary embolism DUE TO, OR AS A CONSEQUENCE OF: Cardiac event - cardiac arrest 18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 3163 Orrovada Drive Carson City, Nevada 89701 Carson City Nevada 89701 Carson City New Carson City New Carson City, Nevada 89701 Carson City New Carson Cit	or No) No
18a. INFORMANT- NAME (Type or Print) Tracy ASHTON 18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 3163 Orovada Drive Carson City, Nevada 89701 19c. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATIORY - NAME Walton's Sierra Crematory 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED TRADE CALL TRADE CALL - NAME AND ADDRESS RADE CALL TRADE CALL - NAME AND ADDRESS CERTIFIER TRADE CALL - NAME AND ADDRESS CERTIFIER TRADE CALL - NAME AND ADDRESS CERTIFIER TRADE CALL - NAME AND ADDRESS TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) TRADE CAUSE OF DEATH TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) TRADE CAUSE OF DEATH TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) TRADE CAUSE OF DEATH TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) TRADE CAUSE OF DEATH TRADE CAUSE OF DEATH TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) TRADE CAUSE OF DEATH	
Tracy ASHTON 3163 Orovada Drive Carson City, Nevada 89701 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED 20b. FUNERAL DIRECTOR LICENSE RADE CALL TRADE CALL - NAME AND ADDRESS CERTIFIER 22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIONATURE AUTHENTICATED 22b. DATE SIGNED (Mo/Day/Yr) 21c. HOUR OF DEATH May 02, 2012 21d. NAME OF ATTENDING PHYSICIAN ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23b. LICENS CARSON City No. Carson City No	
198. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory Carson City No. Carson City No. Communication No. 19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory Carson City No. 19b. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED PROBLEM NO. 19b. FUNERAL DIRECTOR LICENSE OF FACILITY Capitol City Memorial Cremation and B 1614 N Curry Street Carson City No. 19b. FUNERAL DIRECTOR LICENSE OF FACILITY Capitol City Memorial Cremation and B 1614 N Curry Street Carson City No. 19b. FUNERAL DIRECTOR LICENSE OF FACILITY Capitol City Memorial Cremation and B 1614 N Curry Street Carson City No. 19b. FUNERAL DIRECTOR LICENSE OF FACILITY Capitol City Memorial Cremation and B 1614 N Curry Street Carson City No. 19b. FUNERAL DIRECTOR LICENSE OF FACILITY Capitol City Memorial Cremation and B 1614 N Curry Street Carson City No. 19b. FUNERAL DIRECTOR LICENSE OF FACILITY Capitol City Memorial Cremation and B 1614 N Curry Street Carson City No. 19b. FUNERAL DIRECTOR LICENSE OF FACILITY Capitol City Memorial Cremation and B 1614 N Curry Street Carson City No. 19b. FUNERAL DIRECTOR LICENSE OF FACILITY Capitol City Memorial Cremation and B 1614 N Curry Street Carson City No. 19b. FUNERAL DIRECTOR LICENSE OF FACILITY Capitol City Memorial Cremation and B 1614 N Curry Street Capitol City Memorial Cremation and B 1614 N Curry Street Capitol City Memorial Cremation and B 1614 N Curry Street Capitol City Memorial Cremation and B 1614 N Curry Street Capitol City Memorial Cremation and B 1614 N Curry Street Capitol City Memorial Cremation and B 1614 N Curry Street Capitol City Memorial Cremation and B 1614 N Curry Street Capitol City Memorial Cremation and B 1614 N Curry Street Capitol City Memorial Cremation and B 1614 N Curry Street Capitol City Memorial Cremation and B 1614 N Curry Street Capitol City Memorial Cremation and B 1614 N Curry Street Capitol City Memorial Cremation and B 1614 N Curry Street Capitol City Memorial Cremation and B	
198. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 199. CEMETERY OR CREMATORY - NAME Cremation Carson City No 208. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED TRADE CALL TRADE CALL - NAME AND ADDRESS TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHY	
Cremation Cremation Cremation Walton's Sierra Crematory Carson City No. 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL RICK NOEL SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED TRADE CALL - NAME AND ADDRESS RADE CALL TRADE CALL - NAME AND ADDRESS TRADE CALL - NAME AND ADDRESS TRADE CALL - NAME AND ADDRESS LA Y 21a. To the best of my knowledge, death occurred at the time, date and piece and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED AND HILL MD CERTIFIER CERTIFIE	own State
20a. FUNERAL DIRECTOR - SIGNATURE (OF Person Acting as Such) RADE CALL TRADE CALL - NAME AND ADDRESS 21a. To the best of my knowledge, death occurred at the time, date and piece and due to the cause(s) stated. (Signature & Title) ### AYDON HILL MD 22a. On the basis of examination and/or investigation, in my op the time, date and piece and due to the cause(s) stated. (Signature & Title) ### AYDON HILL MD 23b. DATE SIGNED (Mo/Day/Yr) 23c. HOUR OF DEATH (Type or Print) 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 24a. REGISTRAR 24a. REGISTRAR (Signature) BRIDGES SANDI 25b. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) DUE TO, OR AS A CONSEQUENCE OF: CONDITIONS IF ANY WHICH	
RADE CALL TRADE CALL - NAME AND ADDRESS Capitol City Memorial Cremation and B 1614 N Curry Street Carson City NV TRADE CALL - NAME AND ADDRESS 21a. To the best of my knowledge, death occurred at the time, date and piece and due to the cause(s) stated. (Signature & Title) **EXAMPLE CALL - NAME AND ADDRESS CERTIFIER CERTIFI	JV8GB 097U0
RADE CALL TRADE CALL - NAME AND ADDRESS 21a. To the best of my knowledge, death occurred at the time, date and piece and due to the cause(s) stated. (Signature & Title) PAYDON HILL MD 21b. DATE SIGNED (Mo/Day/Yr) May 02, 2012 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23b. LICENS CAUSE OF DEATH 25c. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) DUE TO, OR AS A CONSEQUENCE OF: Cardiac event - cardiac arrest 1614 N Curry Street Carson City NV 1614 N Curry Street Carson City NV 22a. On the basis of examination and/or investigation, in my op the time, date and place and due to the cause(s) stated. (Signature, in my op the time, date and place and due to the cause(s) stated. (Signature, in my op the time, date and place and due to the cause(s) stated. (Signature, in my op the time, date and place and due to the cause(s) stated. (Signature, in my op the time, date and place and due to the cause(s) stated. (Signature, in my op the time, date and place and due to the cause(s) stated. (Signature, in my op the time, date and place and due to the cause(s) stated. (Signature, in my op the time, date and place and due to the cause(s) stated. (Signature, in my op the time, date and place and due to the cause(s) stated. (Signature, in my op the time, date and place and due to the cause(s) stated. (Signature, in my op the time, date and place and due to the cause(s) stated. (Signature, in the time, date and place and due to the cause(s) stated. (Signature, in the time, date and place and due to the cause(s) stated. (Signature, in the time, date and place and due to the cause(s) stated. (Signature, in the time, date and place and due to	urial Casiste
TRADE CALL TRADE CALL - NAME AND ADDRESS TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN, MEDICAL EXAMINE	urial Society
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) BIGNATURE AUTHENTICATED HAYDON HILL MD 21b. DATE SIGNED (Mo/Day/Yr) May 02, 2012 21c. HOUR OF DEATH May 02, 2012 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH DUE TO, OR AS A CONSEQUENCE OF: CAISING MEDICAL CAUSE (ENTER ONLY ONE CAUSE QUENCE OF: CAUSE OF CAISING MEDICAL CAUSE (ENTER ONLY ONE CAUSE QUENCE OF: CAUSE OF CAISING MEDICAL CAUSE (ENTER ONLY ONE CAUSE QUENCE OF: CAISING MEDICAL CAUSE (ENTER ONLY ONE CAUSE QUENCE OF: CAISING MEDICAL CAUSE (ENTER ONLY ONE CAUSE QUENCE OF: CAISING MEDICAL CAUSE (A) 22a. On the basis of examination and/or investigation, in my op the time, date and place and due to the cause(s) stated. (Signature) 22b. DATE SIGNED (Mo/Day/Yr) 22c. HOUR OF 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22d. DATE RECEIVED BY REGISTRAR 24d. DATE RECEIVED BY REGISTRAR 24d. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 15, 2012 Interval E CONDITIONS IF ANY WHICH	89703
CERTIFIER CERTIFIER CERTIFIER CERTIFIER CERTIFIER CONDITIONS IF ANY WHICH CERTIFIER CERTIFIER CERTIFIER CERTIFIER CONDITIONS IF ANY WHICH CERTIFIER CERTIFIER CERTIFIER CERTIFIER CERTIFIER CERTIFIER CERTIFIER CERTIFIER CERTIFIER CONDITIONS IF ANY WHICH CERTIFIER CERTIFIER CERTIFIER CERTIFIER CERTIFIER CERTIFIER CERTIFIER CERTIFIER CERTIFIER CONDITIONS IF ANY WHICH CERTIFIER CERTIFIER CERTIFIER CERTIFIER CERTIFIER CONDITIONS IF CARRIED (Mor/Day/Yr) CERTIFIER CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) CERTIFIER CERTIFIER CONDITIONS IF CAUSE OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) CERTIFIER CERTIFIER CONDITIONS IF CAUSE OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) CERTIFIER CONDITIONS IF CAUSE OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) CERTIFIER CONDITIONS IF CAUSE OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) CERTIFIER CONDITIONS IF CAUSE OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) CERTIFIER CONDITIONS IF CAUSE OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) CONDITIONS IF CAUSE OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) CONDITIONS IF CAUSE OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) CONDITIONS IF CAUSE OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) CONDITIONS IF CAUSE OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) CONDITIONS IF CAUSE OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) CONDITIONS IF CAUSE OF CAUSE OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER)	
22d. PRONOUNCED DEAD (Mo/Day/Yr) 22a. PRONOUNCED DEAD (Mo/Day/Yr) 22b. LICENS 24a. REGISTRAR (Signature) 24a. REGISTRAR (Signature) 24a. REGISTRAR (Signature) 34a. REGISTRAR (Signature) 34b. DATE RECEIVED BY REGISTRAR 44c. DEATH DUE TO COMO/Day/Yr) 34c. DEATH DUE TO COMO/Day/Yr) 34c. DATE RECEIVED BY REGISTRAR 24c. DEATH DUE TO COMO/Day/Yr) 34c. DEATH DUE TO COMO/Day/Yr) 34c. DATE RECEIVED BY REGISTRAR 24c. DEATH DUE TO COMO/Day/Yr) 34c. DEATH DUE T	inion death occurred at
22d. PRONOUNCED DEAD (Mo/Day/Yr) 22a. PRONOUNCED DEAD (Mo/Day/Yr) 22b. LICENS 24a. REGISTRAR (Signature) 24a. REGISTRAR (Signature) 24a. REGISTRAR (Signature) 34a. REGISTRAR (Signature) 34b. DATE RECEIVED BY REGISTRAR 44c. DEATH DUE TO COMO/Day/Yr) 34c. DEATH DUE TO COMO/Day/Yr) 34c. DATE RECEIVED BY REGISTRAR 24c. DEATH DUE TO COMO/Day/Yr) 34c. DEATH DUE TO COMO/Day/Yr) 34c. DATE RECEIVED BY REGISTRAR 24c. DEATH DUE TO COMO/Day/Yr) 34c. DEATH DUE T	ture & Title)
22d. PRONOUNCED DEAD (Mo/Day/Yr) 22a. PRONOUNCED DEAD (Mo/Day/Yr) 22b. LICENS 24a. REGISTRAR (Signature) 24a. REGISTRAR (Signature) 24a. REGISTRAR (Signature) 34a. REGISTRAR (Signature) 34b. DATE RECEIVED BY REGISTRAR 44c. DEATH DUE TO COMO/Day/Yr) 34c. DEATH DUE TO COMO/Day/Yr) 34c. DATE RECEIVED BY REGISTRAR 24c. DEATH DUE TO COMO/Day/Yr) 34c. DEATH DUE TO COMO/Day/Yr) 34c. DATE RECEIVED BY REGISTRAR 24c. DEATH DUE TO COMO/Day/Yr) 34c. DEATH DUE T	DEATH
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type of Print) 23b. LICENS REGISTRAR 24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED CAUSE OF DEATH Pulmonary event - pulmonary embolism DUE TO, OR AS A CONSEQUENCE OF: Cardiac event - cardiac arrest Interval to the construction of the cardiac arrest cardiac arrest cardiac arrest 23b. LICENS (Mo/Day/Yr) May 15, 2012 YES Interval to the cardiac arrest car	DEATH
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type of Print) 23b. LICENS REGISTRAR 24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED CAUSE OF DEATH Pulmonary event - pulmonary embolism DUE TO, OR AS A CONSEQUENCE OF: Cardiac event - cardiac arrest Interval to the construction of the cardiac arrest cardiac arrest cardiac arrest 23b. LICENS (Mo/Day/Yr) May 15, 2012 YES Interval to the cardiac arrest car	
REGISTRAR 24a. REGISTRAR (Signature) BRIDGES SAMDI SIGNATURE AUTHENTICATED BRIDGES SAMDI SIGNATURE AUTHENTICATED 24b. DATE RECEIVED BY REGISTRAR (AMO/Day/Yr) May 15, 2012 YES CAUSE OF PART I (a) DUE TO, OR AS A CONSEQUENCE OF: Cardiac event - cardiac arrest (b) CONDITIONS IF ANY WHICH	CED DEAD AT (Hour)
REGISTRAR 24a. REGISTRAR (Signature) BRIDGES SAMDI SIGNATURE AUTHENTICATED BRIDGES SAMDI SIGNATURE AUTHENTICATED 24b. DATE RECEIVED BY REGISTRAR (AMO/Day/Yr) May 15, 2012 YES CAUSE OF PART I (a) DUE TO, OR AS A CONSEQUENCE OF: Cardiac event - cardiac arrest (b) CONDITIONS IF ANY WHICH	
REGISTRAR 24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED CAUSE OF DEATH CONDITIONS IF ANY WHICH BRIDGES SANDI SIGNATURE AUTHENTICATED BRIDGES SANDI SIGNATURE AUTHENTICATED CAUSE OF SIGNATURE AUTHENTICATED BRIDGES SANDI SIGNATURE AUTHENTICATED CAUSE OF SIGNATURE AUTHENTICATED CAUSE OF PART I DUE TO, OR AS A CONSEQUENCE OF Cardiac event - cardiac arrest Interval to Interval to Interval to Cardiac event - cardiac arrest	
CAUSE OF DEATH Conditions if Any which Cardiac event - cardiac arrest Cardiac event - cardiac event	14305
CAUSE OF DEATH 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c),) Pulmonary event - pulmonary embolism DUE TO, OR AS A CONSEQUENCE OF: CONDITIONS IF ANY WHICH	
DEATH PART Pulmonary event - pulmonary embolism DUE TO, OR AS A CONSEQUENCE OF Cardiac event - cardiac arrest (b) Cardiac event - cardiac arrest	NO X
DUE TO, OR AS A CONSEQUENCE OF Cardiac event - cardiac arrest (b) Cardiac event - cardiac arrest	etween onset and death
CONDITIONS IF Cardiac event - cardiac arrest	
ANY WHICH	etween onset and death
	CONTROL OF INC. COMMIT
GAVE RISE TO QUE TO, OR AS A CONSEQUENCE OF	
	etween onset and death
STATING THE DUE TO OD AS A CONCEDUENCE OF	. (F
(INTERVAL)	petween onset and death
[(0)	i Lud Per
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)	77 WAS CASE RECEDED
	27. WAS CASE REFERRED TO CORONER (Specify Year
OR PENDING INVEST. (Specify) 286. DATE OF INJURY (MorDuy/Yr) 286. HOUR OF INJURY 286. HOUR OF INJURY 286. HOUR OF INJURY 286. HOUR OF INJURY	27. WAS CASE REFERRED TO CORONER (Specify Year or No) NO
78e IN HIRY AT WORK (Specific 1981 DI ACT OF INVIOLATION OF INVIOL	TO CORONER (Specify Year
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 TOW	TO CORONER (Specify Year
	TO CORONER (Specify Year or No) NO
ω	TO CORONER (Specify Year or No) NO
ω <u>σ</u>	TO CORONER (Specify Year or No) NO
STATE REGISTRAR	TO CORONER (Specify Year or No) NO

VRS-Rev-20110325



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:

05/17/2012



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