

19

APN: Not Applicable

The undersigned hereby affirms that there is no Social Security number contained in this document.

When recorded, mail to:  
George M. Keele  
1692 County Road, #A  
Minden, NV 89423



KAREN ELLISON, RECORDER

**CERTIFICATE OF SUCCESSOR TRUSTEE**

I, MICHAEL D. WOOD, hereby swear (or affirm), under penalty of perjury, that the following assertions are true of my own personal knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

2. By instrument dated April 3, 1980, MARVIN FAY WOOD and FRED A LUCYA WOOD, as Trustors and Trustees, executed the MARVIN FAY WOOD REVOCABLE TRUST ("Trust"). On March 14, 1984, Trustors and Trustees executed an Amendment to the Trust. On October 19, 1988, Trustors and Trustees executed a Second Amendment and Restatement of the Marvin Fay Wood Revocable Trust. On February 19, 2002, Trustors and Trustees executed a Third Amendment of the Trust. And on March 14, 2003, Trustors and Trustees executed a Fourth Amendment of the Trust.

3. MARVIN FAY WOOD died on May 3, 2011, in Gardnerville, Nevada, a resident of Douglas County, Nevada. A certified copy of his Certificate

of Death is attached hereto as Exhibit 1 and incorporated herein by this reference.

4. FREDa LUCYA WOOD died on March 6, 2015, in Gardnerville, Douglas County, Nevada. A certified copy of her Certificate of Death is attached hereto as Exhibit 2 and incorporated herein by this reference.

5. Said Trust appointed me to serve as Successor Trustee upon the death or incapacity of both MARVIN FAY WOOD and FREDa LUCYA WOOD.

6. Pursuant to the terms of the Trust, I have assumed the responsibilities of Successor Trustee of The Marvin Fay Wood Revocable Trust dated April 30, 1980, as amended and restated.

7. I am authorized under the terms of said Trust, as amended, and applicable provisions of the Nevada Revised Statutes to act in all respects as the Successor Trustee of the said Trust, as amended.

*Michael D. Wood*  
MICHAEL D. WOOD

STATE OF NEVADA        )  
                                      : ss.  
COUNTY OF DOUGLAS    )

This instrument was acknowledged before me on the 2d day of October, 2015, by MICHAEL D. WOOD.



*Mary E. Baldecchi*  
NOTARY PUBLIC

EXHIBIT 1  
CERTIFICATE OF DEATH  
OF MARVIN FAY WOOD

COPY

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

**2011006964**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK  
  
DECEDENT  
  
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX)<br><b>Marvin Fay WOOD</b>   |  | 2. DATE OF DEATH (Mo/Day/Year)<br><b>May 03, 2011</b>   |  | 3a. COUNTY OF DEATH<br><b>Douglas</b>   |  |
| 3b. CITY, TOWN, OR LOCATION OF DEATH<br><b>Gardnerville</b>  |  | 3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number)<br><b>1020 Dresslerville Road</b>         |  | 3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)<br><b>Home</b>   |  |
| 4. SEX<br><b>Male</b>  |  | 5. RACE<br><b>White</b>   |  | 6. Hispanic Origin? Specify: No - Non-Hispanic  |  |
| 7a. AGE-Last birthday (Years)<br><b>92</b>   |  | 7b. UNDER 1 YEAR<br>MOS: _____ DAYS: _____  |  | 7c. UNDER 1 DAY<br>HOURS: _____ MINS: _____   |  |
| 8. DATE OF BIRTH (Mo/Day/Yr)<br><b>November 23, 1918</b>   |  | 9a. STATE OF BIRTH (If not U.S.A. name country)<br><b>Iowa</b>  |  | 9b. CITIZEN OF WHAT COUNTRY<br><b>United States</b>   |  |
| 10. EDUCATION<br><b>14</b>   |  | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): <b>Married</b>   |  | 12. SURVIVING SPOUSE (if wife, give maiden name)<br><b>Freda OSTERKAMP</b>  |  |
| 13. SOCIAL SECURITY NUMBER<br><b>██████-8485</b>   |  | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)<br><b>Real Estate Realtor</b> |  | 14b. KIND OF BUSINESS OR INDUSTRY<br><b>Real Estate</b>   |  |
| 15a. RESIDENCE - STATE<br><b>Nevada</b>  |  | 15b. COUNTY<br><b>Douglas</b>   |  | 15c. CITY, TOWN OR LOCATION<br><b>Gardnerville</b>  |  |
| 15d. STREET AND NUMBER<br><b>1020 Dresslerville Road</b>   |  | 15e. INSIDE CITY LIMITS (Specify Yes or No)<br><b>Yes</b>   |  | 16. FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>Grant Edward WOOD</b>   |  |
| 17. MOTHER/PARENT - NAME (First Middle Last Suffix)<br><b>Florence Ruth FOSTER</b>                                     |  | 18a. INFORMANT - NAME (Type or Print)<br><b>Jason WOOD</b>  |  | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)<br><b>103 Lake Creek Road Chehalis, Washington 98532</b> |  |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Cremation</b>   |  | 19b. CEMETERY OR CREMATORY - NAME<br><b>La Paloma Reno</b>  |  | 19c. LOCATION - City or Town, State<br><b>Reno Nevada</b>   |  |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>JOHN LAWRENCE</b><br><i>SIGNATURE AUTHENTICATED</i> |  | 20b. FUNERAL DIRECTOR LICENSE<br><b>304R</b>  |  | 20c. NAME AND ADDRESS OF FACILITY<br><b>Autumn Funerals &amp; Cremations</b><br><b>1575 N Lompa Ln Carson City NV 89701</b>   |  |
| TRADE CALL - NAME AND ADDRESS  |  |   |  |   |  |

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

|  |  |  |  |
|--|--|--|--|
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)<br><b>STEPHEN J HEWITT DO</b><br><i>SIGNATURE AUTHENTICATED</i> |  | 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)<br><b>May 04, 2011</b>  |  | 22b. DATE SIGNED (Mo/Day/Yr)   |  |
| 21c. HOUR OF DEATH<br><b>19:30</b>   |  | 22c. HOUR OF DEATH   |  |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)   |  | 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)<br><b>Dr. Stephen J Hewitt DO 1090 3rd Street #1 South Lake Tahoe, CA. 96150</b> |  |
| 23b. LICENSE NUMBER<br><b>1107</b>   |  | 24a. REGISTRAR (Signature)<br><b>JENELLE ENGLISH</b><br><i>SIGNATURE AUTHENTICATED</i>   |  |
| 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>May 09, 2011</b>   |  | 24c. DEATH DUE TO COMMUNICABLE DISEASE<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |

REGISTRAR

CAUSE OF DEATH

|  |  |   |  |
|--|--|---|--|
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)   |  | Interval between onset and death                              |  |
| PART I (a) <b>Cardiopulmonary Arrest</b>   |  | <b>Minutes</b>  |  |
| (b) DUE TO, OR AS A CONSEQUENCE OF:<br><b>End Stage Cardiac Disease</b>  |  | Interval between onset and death<br><b>Years</b>              |  |
| (c) DUE TO, OR AS A CONSEQUENCE OF:  |  | Interval between onset and death                              |  |
| (d) DUE TO, OR AS A CONSEQUENCE OF:  |  | 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)<br><b>No</b>                  |  |
| 27. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><b>Yes</b>   |  | 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       |  |

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

STATE REGISTRAR

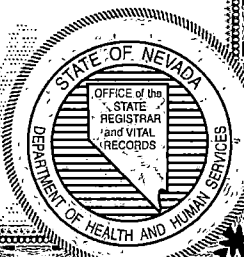
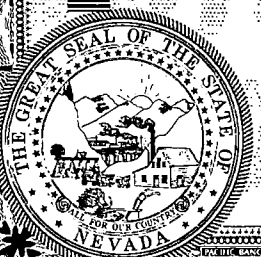
**385159**      **CERTIFIED COPY OF VITAL RECORDS**

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: **05/09/2011**

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

*R. J. White*  
STATE REGISTRAR  
*SIGNATURE AUTHENTICATED*



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev 20110104

EXHIBIT 2  
CERTIFICATE OF DEATH  
OF FREDA LUCYA WOOD

COPY

# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

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

#### CERTIFICATE OF DEATH

2015004296

STATE FILE NUMBER

|   |  |  |  |  |  |                                       |  |   |  |  |  |                         |  |                           |  |   |  |  |  |                              |  |                               |  |  |  |   |  |   |  |                            |  |   |  |                                    |  |  |  |   |  |   |  |   |  |   |  |                               |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |                                    |  |  |  |                              |  |                    |  |                                  |  |                                |  |   |  |  |  |                                     |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |                                 |  |                     |  |                                   |  |  |  |  |  |   |  |  |  |   |  |
|---|--|--|--|--|--|---------------------------------------|--|---|--|--|--|-------------------------|--|---------------------------|--|---|--|--|--|------------------------------|--|-------------------------------|--|--|--|---|--|---|--|----------------------------|--|---|--|------------------------------------|--|--|--|---|--|---|--|---|--|---|--|-------------------------------|--|---|--|---|--|---|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|---|--|---|--|---|--|--|--|---|--|--|--|--|--|--|--|---|--|------------------------------------|--|--|--|------------------------------|--|--------------------|--|----------------------------------|--|--------------------------------|--|---|--|--|--|-------------------------------------|--|---|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|---|--|---------------------------------|--|---------------------|--|-----------------------------------|--|--|--|--|--|---|--|--|--|---|--|
| TYPE OR PRINT IN PERMANENT BLACK INK<br><br>PRECEDENT<br><br>IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS<br><br>PARENTS<br><br>POSITION<br><br>TRADE CALL<br><br>CERTIFIER<br><br>REGISTRAR<br><br>CAUSE OF DEATH<br><br>CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX)<br/><b>Freda Lucya WOOD</b></td> <td colspan="2">2. DATE OF DEATH (Mo/Day/Year)<br/><b>March 06, 2015</b></td> <td colspan="2">3a. COUNTY OF DEATH<br/><b>Douglas</b></td> </tr> <tr> <td colspan="2">3b. CITY, TOWN, OR LOCATION OF DEATH<br/><b>Gardnerville</b></td> <td colspan="2">3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street or Inpatient (Specify))<br/><b>1189 Kimmerling Residential Care Facility</b></td> <td colspan="2">4. SEX<br/><b>Female</b></td> </tr> <tr> <td colspan="2">5. RACE - White (Specify)</td> <td colspan="2">6. Hispanic Origin? Specify No - Non-Hispanic</td> <td colspan="2">7a. AGE - Last birthday (Years)<br/><b>95</b></td> </tr> <tr> <td colspan="2">7b. UNDER 1 YEAR<br/>MOS DAYS</td> <td colspan="2">7c. UNDER 1 DAY<br/>HOURS MINS</td> <td colspan="2">8. DATE OF BIRTH (Mo/Day/Yr)<br/><b>July 23, 1919</b></td> </tr> <tr> <td colspan="2">9a. STATE OF BIRTH (If not U.S.A.)<br/><b>Iowa</b></td> <td colspan="2">9b. CITIZEN OF WHAT COUNTRY<br/><b>United States</b></td> <td colspan="2">10. EDUCATION<br/><b>12</b></td> </tr> <tr> <td colspan="2">11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br/><b>Widowed</b></td> <td colspan="4">12. SURVIVING SPOUSE (Maiden name)</td> </tr> <tr> <td colspan="2">13. SOCIAL SECURITY NUMBER<br/><b>0842</b></td> <td colspan="2">14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Secretary)</td> <td colspan="2">14b. KIND OF BUSINESS OR INDUSTRY<br/><b>Aerospace</b></td> </tr> <tr> <td colspan="2">15a. 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LOCATION - City or Town - State<br/><b>Carson City Nevada 89706</b></td> </tr> <tr> <td colspan="2">20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br/><b>CURT KOESTLER</b><br/>SIGNATURE AUTHENTICATED</td> <td colspan="2">20b. FUNERAL DIRECTOR LICENSE NUMBER<br/><b>623</b></td> <td colspan="2">20c. NAME AND ADDRESS OF FACILITY<br/><b>Walton's Funerals and Cremations<br/>1521 Church Street Gardnerville NV 89410</b></td> </tr> <tr> <td colspan="6">21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature &amp; Title)<br/><b>ANDREA WEED DO</b><br/>SIGNATURE AUTHENTICATED</td> </tr> <tr> <td colspan="2">21b. DATE SIGNED (Mo/Day/Yr)<br/><b>March 16, 2014</b></td> <td colspan="2">21c. HOUR OF DEATH<br/><b>09:14</b></td> <td colspan="2">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. 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IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)<br/>PART I: (a) <b>Alzheimers Type Dementia</b><br/>DUE TO, OR AS A CONSEQUENCE OF:<br/>(b) <b>Excessive Hypertension</b><br/>DUE TO, OR AS A CONSEQUENCE OF:<br/>(c) <b>Hyperlipidemia</b><br/>DUE TO, OR AS A CONSEQUENCE OF:<br/>(d) _____<br/>PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I.</td> </tr> <tr> <td colspan="2">26. AUTOPSY (Specify Yes or No)<br/><b>No</b></td> <td colspan="4">27. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br/><b>Yes</b></td> </tr> <tr> <td colspan="2">28a. ACC., SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)</td> <td colspan="2">28b. DATE OF INJURY (Mo/Day/Yr)</td> <td colspan="2">28c. HOUR OF INJURY</td> </tr> <tr> <td colspan="6">28d. DESCRIBE HOW INJURY OCCURRED</td> </tr> <tr> <td colspan="2">28e. INJURY AT WORK (Specify Yes or No)</td> <td colspan="2">28f. 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BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Cremation</b> |  | 19b. CEMETERY OR CREMATORY - NAME<br><b>Walton's Sierra Crematory</b> |  | 19c. LOCATION - City or Town - State<br><b>Carson City Nevada 89706</b> |  | 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>CURT KOESTLER</b><br>SIGNATURE AUTHENTICATED |  | 20b. FUNERAL DIRECTOR LICENSE NUMBER<br><b>623</b> |  | 20c. NAME AND ADDRESS OF FACILITY<br><b>Walton's Funerals and Cremations<br/>1521 Church Street Gardnerville NV 89410</b> |  | 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)<br><b>ANDREA WEED DO</b><br>SIGNATURE AUTHENTICATED |  |  |  |  |  | 21b. DATE SIGNED (Mo/Day/Yr)<br><b>March 16, 2014</b> |  | 21c. HOUR OF DEATH<br><b>09:14</b> |  | 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) |  | 22b. DATE SIGNED (Mo/Day/Yr) |  | 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)<br><b>ANDREA WEED DO 1007 N. Curry Street Carson City, NV 89703</b> |  |  |  | 23b. LICENSE NUMBER<br><b>DO675</b> |  | 24a. REGISTRAR (Signature)<br><b>VERALYNN A BOYACK</b><br>SIGNATURE AUTHENTICATED |  | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>March 17, 2015</b> |  | 24c. DEATH DUE TO COMMUNICABLE DISEASE<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  | 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)<br>PART I: (a) <b>Alzheimers Type Dementia</b><br>DUE TO, OR AS A CONSEQUENCE OF:<br>(b) <b>Excessive Hypertension</b><br>DUE TO, OR AS A CONSEQUENCE OF:<br>(c) <b>Hyperlipidemia</b><br>DUE TO, OR AS A CONSEQUENCE OF:<br>(d) _____<br>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)<br><b>No</b> |  | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><b>Yes</b> |  |  |  | 28a. ACC., SUICIDE, HOMICIDE, 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 |  |
| 1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX)<br><b>Freda Lucya WOOD</b>  |  | 2. DATE OF DEATH (Mo/Day/Year)<br><b>March 06, 2015</b>  |  | 3a. COUNTY OF DEATH<br><b>Douglas</b>  |  |                                       |  |   |  |  |  |                         |  |                           |  |   |  |  |  |                              |  |                               |  |  |  |   |  |   |  |                            |  |   |  |                                    |  |  |  |   |  |   |  |   |  |   |  |                               |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |                                    |  |  |  |                              |  |                    |  |                                  |  |                                |  |   |  |  |  |                                     |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |                                 |  |                     |  |                                   |  |  |  |  |  |   |  |  |  |   |  |
| 3b. CITY, TOWN, OR LOCATION OF DEATH<br><b>Gardnerville</b>   |  | 3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street or Inpatient (Specify))<br><b>1189 Kimmerling Residential Care Facility</b>   |  | 4. SEX<br><b>Female</b>  |  |                                       |  |   |  |  |  |                         |  |                           |  |   |  |  |  |                              |  |                               |  |  |  |   |  |   |  |                            |  |   |  |                                    |  |  |  |   |  |   |  |   |  |   |  |                               |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |                                    |  |  |  |                              |  |                    |  |                                  |  |                                |  |   |  |  |  |                                     |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |                                 |  |                     |  |                                   |  |  |  |  |  |   |  |  |  |   |  |
| 5. RACE - White (Specify)   |  | 6. Hispanic Origin? Specify No - Non-Hispanic  |  | 7a. AGE - Last birthday (Years)<br><b>95</b>   |  |                                       |  |   |  |  |  |                         |  |                           |  |   |  |  |  |                              |  |                               |  |  |  |   |  |   |  |                            |  |   |  |                                    |  |  |  |   |  |   |  |   |  |   |  |                               |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |                                    |  |  |  |                              |  |                    |  |                                  |  |                                |  |   |  |  |  |                                     |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |                                 |  |                     |  |                                   |  |  |  |  |  |   |  |  |  |   |  |
| 7b. UNDER 1 YEAR<br>MOS DAYS  |  | 7c. UNDER 1 DAY<br>HOURS MINS  |  | 8. DATE OF BIRTH (Mo/Day/Yr)<br><b>July 23, 1919</b>   |  |                                       |  |   |  |  |  |                         |  |                           |  |   |  |  |  |                              |  |                               |  |  |  |   |  |   |  |                            |  |   |  |                                    |  |  |  |   |  |   |  |   |  |   |  |                               |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |                                    |  |  |  |                              |  |                    |  |                                  |  |                                |  |   |  |  |  |                                     |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |                                 |  |                     |  |                                   |  |  |  |  |  |   |  |  |  |   |  |
| 9a. STATE OF BIRTH (If not U.S.A.)<br><b>Iowa</b>   |  | 9b. CITIZEN OF WHAT COUNTRY<br><b>United States</b>  |  | 10. EDUCATION<br><b>12</b>   |  |                                       |  |   |  |  |  |                         |  |                           |  |   |  |  |  |                              |  |                               |  |  |  |   |  |   |  |                            |  |   |  |                                    |  |  |  |   |  |   |  |   |  |   |  |                               |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |                                    |  |  |  |                              |  |                    |  |                                  |  |                                |  |   |  |  |  |                                     |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |                                 |  |                     |  |                                   |  |  |  |  |  |   |  |  |  |   |  |
| 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>   |  | 12. SURVIVING SPOUSE (Maiden name)   |  |  |  |                                       |  |   |  |  |  |                         |  |                           |  |   |  |  |  |                              |  |                               |  |  |  |   |  |   |  |                            |  |   |  |                                    |  |  |  |   |  |   |  |   |  |   |  |                               |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |                                    |  |  |  |                              |  |                    |  |                                  |  |                                |  |   |  |  |  |                                     |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |                                 |  |                     |  |                                   |  |  |  |  |  |   |  |  |  |   |  |
| 13. SOCIAL SECURITY NUMBER<br><b>0842</b>   |  | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Secretary)  |  | 14b. KIND OF BUSINESS OR INDUSTRY<br><b>Aerospace</b>  |  |                                       |  |   |  |  |  |                         |  |                           |  |   |  |  |  |                              |  |                               |  |  |  |   |  |   |  |                            |  |   |  |                                    |  |  |  |   |  |   |  |   |  |   |  |                               |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |                                    |  |  |  |                              |  |                    |  |                                  |  |                                |  |   |  |  |  |                                     |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |                                 |  |                     |  |                                   |  |  |  |  |  |   |  |  |  |   |  |
| 15a. RESIDENCE - STATE<br><b>Nevada</b>   |  | 15b. COUNTY<br><b>Douglas</b>  |  | 15c. CITY, TOWN OR VILLAGE<br><b>Gardnerville</b>  |  |                                       |  |   |  |  |  |                         |  |                           |  |   |  |  |  |                              |  |                               |  |  |  |   |  |   |  |                            |  |   |  |                                    |  |  |  |   |  |   |  |   |  |   |  |                               |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |                                    |  |  |  |                              |  |                    |  |                                  |  |                                |  |   |  |  |  |                                     |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |                                 |  |                     |  |                                   |  |  |  |  |  |   |  |  |  |   |  |
| 15d. STREET AND NUMBER<br><b>1020 Dresslerville Rd.</b>   |  | 15e. INSIDE CITY LIMITS (Specify Yes or No)<br><b>Yes</b>  |  |  |  |                                       |  |   |  |  |  |                         |  |                           |  |   |  |  |  |                              |  |                               |  |  |  |   |  |   |  |                            |  |   |  |                                    |  |  |  |   |  |   |  |   |  |   |  |                               |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |                                    |  |  |  |                              |  |                    |  |                                  |  |                                |  |   |  |  |  |                                     |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |                                 |  |                     |  |                                   |  |  |  |  |  |   |  |  |  |   |  |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>Ernest OSTERKAMP</b>  |  |  | 17. MOTHER/PARENT - NAME (First Middle Last Suffix)<br><b>Anna GROSS</b> |  |  |                                       |  |   |  |  |  |                         |  |                           |  |   |  |  |  |                              |  |                               |  |  |  |   |  |   |  |                            |  |   |  |                                    |  |  |  |   |  |   |  |   |  |   |  |                               |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |                                    |  |  |  |                              |  |                    |  |                                  |  |                                |  |   |  |  |  |                                     |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |                                 |  |                     |  |                                   |  |  |  |  |  |   |  |  |  |   |  |
| 18a. INFORMANT - NAME (Type or Print)<br><b>Michael D. WOOD</b>   |  | 18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip)<br><b>1364 Langley Dr. Gardnerville, Nevada 89460</b>   |  |  |  |                                       |  |   |  |  |  |                         |  |                           |  |   |  |  |  |                              |  |                               |  |  |  |   |  |   |  |                            |  |   |  |                                    |  |  |  |   |  |   |  |   |  |   |  |                               |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |                                    |  |  |  |                              |  |                    |  |                                  |  |                                |  |   |  |  |  |                                     |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |                                 |  |                     |  |                                   |  |  |  |  |  |   |  |  |  |   |  |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Cremation</b>  |  | 19b. CEMETERY OR CREMATORY - NAME<br><b>Walton's Sierra Crematory</b>  |  | 19c. LOCATION - City or Town - State<br><b>Carson City Nevada 89706</b>  |  |                                       |  |   |  |  |  |                         |  |                           |  |   |  |  |  |                              |  |                               |  |  |  |   |  |   |  |                            |  |   |  |                                    |  |  |  |   |  |   |  |   |  |   |  |                               |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |                                    |  |  |  |                              |  |                    |  |                                  |  |                                |  |   |  |  |  |                                     |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |                                 |  |                     |  |                                   |  |  |  |  |  |   |  |  |  |   |  |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>CURT KOESTLER</b><br>SIGNATURE AUTHENTICATED   |  | 20b. FUNERAL DIRECTOR LICENSE NUMBER<br><b>623</b>   |  | 20c. NAME AND ADDRESS OF FACILITY<br><b>Walton's Funerals and Cremations<br/>1521 Church Street Gardnerville NV 89410</b>  |  |                                       |  |   |  |  |  |                         |  |                           |  |   |  |  |  |                              |  |                               |  |  |  |   |  |   |  |                            |  |   |  |                                    |  |  |  |   |  |   |  |   |  |   |  |                               |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |                                    |  |  |  |                              |  |                    |  |                                  |  |                                |  |   |  |  |  |                                     |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |                                 |  |                     |  |                                   |  |  |  |  |  |   |  |  |  |   |  |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)<br><b>ANDREA WEED DO</b><br>SIGNATURE AUTHENTICATED  |  |  |  |  |  |                                       |  |   |  |  |  |                         |  |                           |  |   |  |  |  |                              |  |                               |  |  |  |   |  |   |  |                            |  |   |  |                                    |  |  |  |   |  |   |  |   |  |   |  |                               |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |                                    |  |  |  |                              |  |                    |  |                                  |  |                                |  |   |  |  |  |                                     |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |                                 |  |                     |  |                                   |  |  |  |  |  |   |  |  |  |   |  |
| 21b. DATE SIGNED (Mo/Day/Yr)<br><b>March 16, 2014</b>   |  | 21c. HOUR OF DEATH<br><b>09:14</b>   |  | 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) |  |                                       |  |   |  |  |  |                         |  |                           |  |   |  |  |  |                              |  |                               |  |  |  |   |  |   |  |                            |  |   |  |                                    |  |  |  |   |  |   |  |   |  |   |  |                               |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |                                    |  |  |  |                              |  |                    |  |                                  |  |                                |  |   |  |  |  |                                     |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |                                 |  |                     |  |                                   |  |  |  |  |  |   |  |  |  |   |  |
| 22b. DATE SIGNED (Mo/Day/Yr)  |  | 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)<br><b>ANDREA WEED DO 1007 N. Curry Street Carson City, NV 89703</b>  |  |  |  |                                       |  |   |  |  |  |                         |  |                           |  |   |  |  |  |                              |  |                               |  |  |  |   |  |   |  |                            |  |   |  |                                    |  |  |  |   |  |   |  |   |  |   |  |                               |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |                                    |  |  |  |                              |  |                    |  |                                  |  |                                |  |   |  |  |  |                                     |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |                                 |  |                     |  |                                   |  |  |  |  |  |   |  |  |  |   |  |
| 23b. LICENSE NUMBER<br><b>DO675</b>   |  | 24a. REGISTRAR (Signature)<br><b>VERALYNN A BOYACK</b><br>SIGNATURE AUTHENTICATED  |  | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>March 17, 2015</b>   |  |                                       |  |   |  |  |  |                         |  |                           |  |   |  |  |  |                              |  |                               |  |  |  |   |  |   |  |                            |  |   |  |                                    |  |  |  |   |  |   |  |   |  |   |  |                               |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |                                    |  |  |  |                              |  |                    |  |                                  |  |                                |  |   |  |  |  |                                     |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |                                 |  |                     |  |                                   |  |  |  |  |  |   |  |  |  |   |  |
| 24c. DEATH DUE TO COMMUNICABLE DISEASE<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  | 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)<br>PART I: (a) <b>Alzheimers Type Dementia</b><br>DUE TO, OR AS A CONSEQUENCE OF:<br>(b) <b>Excessive Hypertension</b><br>DUE TO, OR AS A CONSEQUENCE OF:<br>(c) <b>Hyperlipidemia</b><br>DUE TO, OR AS A CONSEQUENCE OF:<br>(d) _____<br>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)<br><b>No</b>  |  | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><b>Yes</b>   |  |  |  |                                       |  |   |  |  |  |                         |  |                           |  |   |  |  |  |                              |  |                               |  |  |  |   |  |   |  |                            |  |   |  |                                    |  |  |  |   |  |   |  |   |  |   |  |                               |  |   |  |   |  |   |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |   |  |   |  |  |  |   |  |  |  |  |  |  |  |   |  |                                    |  |  |  |                              |  |                    |  |                                  |  |                                |  |   |  |  |  |                                     |  |   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |   |  |                                 |  |                     |  |                                   |  |  |  |  |  |   |  |  |  |   |  |
| 28a. ACC., SUICIDE, HOMICIDE, 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

572150

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