

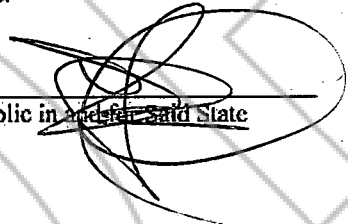



A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

CERTIFICATE OF ACKNOWLEDGMENT

STATE OF CALIFORNIA        )  
  ) ss  
COUNTY OF Sacramento    )

Subscribed and sworn to (or affirmed) before me on this 9 day of November, 2015, by GERALD K. FUHRMAN, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Public in and for said State  


  
THAI DOAN  
COMM. #2061308  
NOTARY PUBLIC - CALIFORNIA  
SACRAMENTO COUNTY  
My Commission Expires 03/15/2018

VERIFICATION (UNSWORN STATEMENT - CODE OF CIVIL PROCEDURE 2015.5)

I declare under penalty of perjury under the laws of the State of California [that I am the declarant in the foregoing notice,] that I have read the foregoing notice and know the contents thereof, and that the facts stated therein are true.

Dated: 11/9/15

Signed:   
GERALD K. FUHRMAN

COPY

**EXHIBIT "A"**

**Portion of NW 1/4 SW 1/4 section 10, T.13 N.,R.18 E., M.D.B.&M. more particularly described as follows;**

**Beginning at the SE corner of lot 8 of Zephyr Knolla Subdivision; thence along Easterly line of said lot 8 N 20° 42'00"E 195.85 feet to the Southerly right of way of U.S. 50; thence S 84°24'40"E 148.24 feet along the Southerly right of way of U.S. Route 50 to the true point or place of beginning; thence S 84°24'40"E 108.76 feet along the Southerly right of way of U.S. Route 50 to the NW corner of the Y.W.C.A. property; thence S 20° 42'00" 136.23 feet along the Westerly line of the Y.W.C.A. property; thence N 69°18'00"W 105.00 feet; thence N. 20°42'00"E 107.87 feet to the true point or place of beginning, containing 0.294 acres more or less.**

**Subject to restrictions and conditions of record. And subject also to all restrictions and conditions of record as they pertain to the adjoining Zephyr Knolla Subdivision.**

**Together with the tenements, hereditaments, and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues, and profits thereto.**

**APN:1318-10-301-006  
655 HWY 50  
Douglas County, Nevada  
Lake Tahoe**

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2015016103

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 STATING THE UNDERLYING CAUSE LAST

1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>Robert Leroy IRELAN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>September 14, 2015</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street or apt. no.) <b>4500 Mira Loma Dr</b>		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. (patient)(Specify) <b>Home</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) <b>82</b>	
7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>DAYS</b>		7d. UNDER 1 HOUR <b>HOURS</b>	
7e. UNDER 1 MINUTE <b>MIN</b>		7f. UNDER 1 SECOND <b>SECS</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>December 23, 1932</b>	
9a. STATE OF BIRTH (If not U.S.A.) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		12. SURVIVING SPOUSE (Maiden name)			
13. SOCIAL SECURITY NUMBER <b>████████-6442</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) <b>Bar</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Bar</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Washoe</b>		15c. CITY, TOWN OR LOCATION <b>Reno</b>	
15d. STREET AND NUMBER <b>4500 Mira Loma Dr #72</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) <b>John Leroy IRELAN</b>			17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) <b>Virginia DAKAN</b>		
18a. INFORMANT - NAME (Type or Print) <b>Jerry FUHRMAN</b>			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>707 Shasta St Roseville, California 95678</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. GEMETERY OR CREMATORY - NAME <b>La Paloma Reno</b>		19c. LOCATION City or Town State <b>Reno Nevada</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>DUSTIN OLSON</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>779</b>		20c. NAME AND ADDRESS OF FACILITY <b>Simple Cremation Reno</b> <b>4500 Kietzke Lane, Ste. G-173 Reno, NV 89503</b>	
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) <b>Laura D Knight</b> 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) <b>Laura D Knight</b> SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) <b>September 18, 2015</b>		21c. HOUR OF DEATH <b>18:10</b>		22b. DATE SIGNED (Mo/Day/Yr) <b>September 18, 2015</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH <b>18:10</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>September 14, 2015</b>	
22e. PRONOUNCED DEAD AT (Hour)					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Laura D Knight 10 Kirman Ave Reno, NV 89523</b>				23b. LICENSE NUMBER <b>15930</b>	
24a. REGISTRAR (Signature) <b>BRIDGES SANDI</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 21, 2015</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) <b>Hypertensive And Atherosclerotic Cardiovascular Disease</b>					
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					
PART II OTHER SIGNIFICANT CONDITIONS, Conditions contributing to death, but not resulting in the underlying cause given in Part I <b>Dementia</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <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	

STATE REGISTRAR

3853545

000200219

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.

9/29/2015

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a

