DOUGLAS COUNTY, NV

2016-879222

Rec:\$17.00

\$17.00 Pgs=4

04/11/2016 03:11 PM

TICOR TITLE - GARDNERVILLE KAREN ELLISON, RECORDER

APN# 1022-15-001-131	
Recording Requested by: Name: TLOTTITLE	\
Address: 1483US HW 395 # B  City/State/Zip: 0474UVV IUL, NV 81410  Order Number: 1801522 RT	7/
Affadavit of Death / First Tenant (for Recorder's u	se only)
Recorder Affirmation Statement	
Please complete Affirmation Statement below:	•
I the undersigned hereby affirm that the attached document, including any exhibits, hereby so for recording does not contain the social security number of any person or persons. (Per NRS 239B)	
-OR-	:
I the undersigned hereby affirm that the attached document, including any exhibits, hereby so for recording does contain the social security number of a person or persons as required by law:	ubmitted.
ROHOM Comm	!
Signature Title	·
Print Signature	
	;

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)

WHEN RECORDED MAIL TO: Steven P. Heath 1473 Sandstone Drive Wellington, NV 89444

MAIL TAX STATEMENTS TO: Same as Above

The undersigned hereby affirms that this document submitted for recording includes a death certificate which may contain a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 1601522-RLT APN No.: 1022-15-001-131

## AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA COUNTY OF DOUGLAS **}** ss:

Regina Heath, of legal age and competent, to be a witness as to the matters stated herein, being duly sworn, deposes and says

That Cynthia E. Brown the decedent mentioned in the attached copy of the Certificate of Death, is the same person as Quit Claim Deed named as one of the Grantees in that certain Deed from Cynthia E. Brown to Cynthia E. Brown a widow and Steven P. Heath and Regina R. Heath, husband and wife as joint tenant recorded in Book 0512 as Instrument No. 0802180, on 5-10-12 of Official Records of Douglas County, Nevada, covering the following described property.

### SEE EXHIBIT "A" ATTACHED HERETO AND BY REFERENCE MADE A PART HEREOF

Dated: April 7, 2016	
- Routhwar &	))
Regina R. Heath	
STATE OF NEVADA COUNTY OF DOUGLAS  ss	
This instrument was acknowledged before me on _ by KOSING R. HZULL	4/8/14
NOTARY PUBLIC	RISHELE L. THOMPEON Notary Public - State of Navada Appoint and Recorded in Designa County Not the Secretary Secretary and Secretary Not the Secretary Secretary Secretary Secretary Not the Secretary Secreta

# EXHIBIT A LEGAL DESCRIPTION

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 31 in Block H, as shown on the map of TOPAZ RANCH ESTATES SUBDIVISION UNIT NO. 4, filed in the office of the Recorder of Douglas County, State of Nevada, on November 16, 1970 in Book 1 of Maps, Page 224 as Document No. 50212.



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

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

CASE FILE NO. 3754416

## **CERTIFICATE OF DEATH**

2014001210

DECEASED-NAME (FIRST,									BER	
	,MIDULE,LAST,SUF	F(X)	7 75.07	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 DATE	OF DEATH (Mo	/Day/Year)	3a. COUNT	Y OF DEATH	1
Cynthia	1000		ROWN			lanuary 25, 2	014		Clark	N.
D. CITY, TOWN, OR LOCATION	N OF DEATH 3c. H	IOSPITAL OR OT	HER INSTITUTIO	N -Name(If not eithe	w, give street a	3e.lf Hosp. or Ir	nst, indicate DC	A,OP/Emer.	Rm. 4. 5	EX
Henderson			2186 Indig	o Creek	****	Inpatient(Specif	(y) Residen	ce		Female
RACE White		6. Hispanic	Origin? Specify	7a, AGE-Last bi	rthday 7b. UND	ER 1 YEAR 7c.	UNDER 1 DAY	8. DATE O	F BIRTH (M	o/Day/Yr)
ipecify)	lw 402 402 12. 125 427	No - Non-l	Hispanic	(Years)	75 MOS	DAYS HO	URS MINS		aust 08. 1	
a. STATE OF BIRTH (If not US/	/CA, 96. CITIZE	N OF WHAT CO	UNTRY 10.EDUC	ATION 11. MARITAL		2 SURVIVIE	G SPOUSE'S NA			
ame country) Nebraska		<b>United States</b>	10	Widowed						
3. SOCIAL SECURITY NUMBE	R 14a. USU/	AL OCCUPATION	(Give Kind of Wo	ork Done During Mos	t of 14b. I	CIND OF BUSINE	SS OR INDUS	TRY	Ever in U	S Armed
-1609				emaker		Ow	n Home	10.000	Forces?	No
a. RESIDENCE - STATE	15b. COUNTY	15α	CITY, TOWN OF	R LOCATION 150	d STREET AN	D NUMBER			15e. INSIDI LIMITS (Sp	E CITY
Nevada	Clark		Las Veg	<b>JAS</b> 12	35 Silver Perch	Avenue			or No)	Yes
B. FATHER/PARENT - NAME (	(First Middle Last	Suffix)		17. MOTI-	ERIPARENT-	NAME (First M	liddle Last S	uiffix)		
	Jesse TALL	MAGE				Lau	ıra JUDY		N. Committee	<b>N</b>
Ba. INFORMANT- NAME (Type	44.44	27	18b. MAILING	ODRESS (Street	or R.F.D. No.	City or Town, Sta	te, Zip)		1	1
the state of the s	MILTON			1235 Silv	er Perch Av	venue Las Ve	egas, Neva	da 89123	17%	- 3
a. BURIAL, CREMATION, REI		pecify) 19b. CEM		MATORY - NAME	244 244 444 444 444 444 444 444 444 444		c. LOCATION		wn State	
Cremati	**************************************		14 1111	dise Valley Crer	natory				/ada 8911	9
De. FUNERAL DIRECTOR - SIG		on Acting as Such		RAL DIRECTOF 200	NAME AND	DORESS OF FA	CILITY	<u> </u>		
	en Kopp		LICENSE N	480.000		avis Funeral				
	TURE AUTHENTH	CATED		772	74,000	8200 S East	em Las Veg	as NV 8	9119	<u> </u>
RADE CALL - NAME AND ADD	action in the contra	1 (August 1 (Aug		***		2/			· / / / / / / / / / / / / / / / / / / /	
21a. To the best of my kni to the cause(s) stated (Sig	igwiedge, death occ. ionatum & Tille\	urred at the time,	date and place an	- H	In the basis of e	emination and/or	investigation, in	my opinion de	eath occurred	
<b>2</b>	S. Carron o. (v. 1 Kida)	1. A	ar in A		time, date and pl NNE OLSC	ace and due to the	, and a second control of			
21h DATE SIGNED MAN										
21b. DATE SIGNED (Mo/	/Day/Yr)	21c. HOUR OF D	)EATH	E # 22h	DATE SIGNED	(Mo/Day/Yr)		HOUR OF D		IIICATED
S Z ID OATE GIGHED (MO			100 T.	9 22b.	DATE SIGNED	(Mo/Day/Yr)		HOUR OF D		IIIGATED
S Z ID OATE GIGHED (MO			100 T.	9 22b.	DATE SIGNED	) (Mo/Day/Yr) / 30, 2014 D DEAD (Mo/Da	22¢.	HOUR OF D	EATH	
21d. NAME OF ATTEND	ING PHYSICIAN IF	OTHER THAN C	ERTIFIER	9 000 22d.	January PRONOUNCE	) (Mo/Day/Yr) / 30, 2014 D DEAD (Mo/Da	22c. ey/Yr) 22e.	PRONOUNC	EATH 18:40	
S Z ID OATE GIGHED (MO	ING PHYSICIAN IF CERTIFIER (PHYSI	OTHER THAN CI	ERTIFIER NG PHYSICIAN. N	SE SE 22b.	DATE SIGNED January PRONOUNCE January LOR CORONI	) (Mo/Day/Yr) / 30, 2014 D DEAD (Mo/Da	22c. ey/Yr) 22e.	PRONOUNC	DEATH 18:40 CED DEAD A 18:40	
21d. NAME OF ATTENDI C (Type or Print)	ING PHYSICIAN IF CERTIFIER (PHYSI Alane Olsor	OTHER THAN CI CIAN, ATTENDIA VM.D. 1704	ERTIFIER NG PHYSICIAN, N Pinto Läne L	MEDICAL EXAMINER as Vegas, NV	DATE SIGNED  January  PRONOUNCE  January  COR CORONI  39106	) (Mo/Day/Yr) / 30, 2014 D DEAD (Mo/Da / 25, 2014 ER) (Type or Prin	22c. w/Yr) 22e. tt) 2	PRONOUNCE	DEATH 18:40 CED DEAD A 18:40 E NUMBER 9482	T (Hour)
21d. NAME OF ATTEND	CERTIFIER (PHYS) Alane Olsor	OTHER THAN CI ICIAN, ATTENDIO M.D. 1704 ELA THOM	ERTIFIER NG PHYSICIAN, N Pinto Läne L	MEDICAL EXAMINER S Vegas, NV	DATE SIGNED Januar PRONOUNCE Januar R, OR CORONI 39106 EIVED BY RE	(Mo/Day/Yr) 730, 2014 D DEAD (Mo/Da 725, 2014 ER) (Type or Prin	22c. w/Yr) 22e.  It) 2 24c. DEATH D	PRONOUNCE  23b. LICENSE  UE TO COME	DEATH 18:40 CED DEAD A 18:40 E NUMBER 9482 MUNICABLE	T (Hour)
2 21d. NAME OF ATTENDI 2 25 (Type or Print) 4. NAME AND ADDRESS OF 4. REGISTRAR (Signature)	CERTIFIER (PHYS) Alane Olsor PARE	OTHER THAN CO	ERTIFIER NG PHYSICIAN, N Pinto Läne L IAS ATED	#EDICAL EXAMINER  S Vegas, NV I  24b. DATE REC  (Mo/Dey/Yr)	DATE SIGNED  January  PRONOUNCE  January  COR CORONI  39106	(Mo/Day/Yr) 730, 2014 D DEAD (Mo/Da 725, 2014 ER) (Type or Prin	22c. w/Yr) 22e. tt) 2	PRONOUNCE  23b. LICENSE  UE TO COME	DEATH 18:40 CED DEAD A 18:40 E NUMBER 9482	T (Hour)
2 21d. NAME OF ATTENDO Type or Print)  Le. NAME AND ADDRESS OF Le. REGISTRAR (Signature)  5. IMMEDIATE CAUSE	CERTIFIER (PHYSICIAN IF Alane Obser PARIL SIGNATUR (ENTER ONLY O	OTHER THAN CI	ERTIFIER NG PHYSICIAN, N Pinto Läne L IAS ATED	#EDICAL EXAMINER  S Vegas, NV I  24b. DATE REC  (Mo/Dey/Yr)	DATE SIGNED Januar PRONOUNCE Januar R, OR CORONI 39106 EIVED BY RE	(Mo/Day/Yr) 730, 2014 D DEAD (Mo/Da 725, 2014 ER) (Type or Prin	22c. w/Yr) 22e.  It) 2 24c. DEATH D	PRONOUNCE  23b. LICENSE  UE TO COME  5	DEATH 18:40 CED DEAD A 18:40 E NUMBER 9482 MUNICABLE	T (Hour)
2 21d. NAME OF ATTENDI 2 W. (Type or Print) 10. NAME AND ADDRESS OF 10. REGISTRAR (Signature) 10. IMMEDIATE CAUSE 14. (a) Congestin	CERTIFIER (PHYSIC Alane Olsor PARILL SIGNATUR (ENTER ONLY OVE heart fail)	OTHER THAN CONTINUES OF THE CONTINUES OF	ERTIFIER NG PHYSICIAN, N Pinto Läne L IAS ATED	#EDICAL EXAMINER  S Vegas, NV I  24b. DATE REC  (Mo/Dey/Yr)	DATE SIGNED Januar PRONOUNCE Januar R, OR CORONI 39106 EIVED BY RE	(Mo/Day/Yr) 730, 2014 D DEAD (Mo/Da 725, 2014 ER) (Type or Prin	22c. w/Yr) 22e.  It) 2 24c. DEATH D	PRONOUNCE  23b. LICENSE  UE TO COME  5	DEATH 18:40 CED DEAD A 18:40 E NUMBER 9482 MUNICABLE NO X	T (Hour)
2 21d. NAME OF ATTENDI 2 W. (Type or Print) 10. NAME AND ADDRESS OF 10. REGISTRAR (Signature) 10. IMMEDIATE CAUSE 14. (a) Congestin	CERTIFIER (PHYSICIAN IF Alane Obser PARIL SIGNATUR (ENTER ONLY O	OTHER THAN CONTINUES OF THE CONTINUES OF	ERTIFIER NG PHYSICIAN, N Pinto Läne L IAS ATED	#EDICAL EXAMINER  S Vegas, NV I  24b. DATE REC  (Mo/Dey/Yr)	DATE SIGNED Januar PRONOUNCE Januar R, OR CORONI 39106 EIVED BY RE	(Mo/Day/Yr) 730, 2014 D DEAD (Mo/Da 725, 2014 ER) (Type or Prin	22c. w/Yr) 22e.  It) 2 24c. DEATH D	PRONOUNCE  BLUE TO COMB  Interval be	DEATH 18:40 CED DEAD A 18:40 E NUMBER 9482 MUNICABLE NO X	T (Hour) DISEASE
21d. NAME OF ATTENDI (Type or Print)  Le. NAME AND ADDRESS OF Le. REGISTRAR (Signature)  5. IMMEDIATE CAUSE (a) CONGESTIN (b)	CERTIFIER (PHYSICIAN IF Alane Olsor PARILL SIGNATUR (ENTER ONLY OVE heart fail), is a consequence	OTHER THAN CI ICIAN, ATTENDI M.D. 1704 ELA THOM E AUTHENTIC, NE CAUSE PER JICE	ERTIFIER NG PHYSICIAN, N Pinto Läne L IAS ATED	#EDICAL EXAMINER  S Vegas, NV I  24b. DATE REC  (Mo/Dey/Yr)	DATE SIGNED Januar PRONOUNCE Januar R, OR CORONI 39106 EIVED BY RE	(Mo/Day/Yr) 730, 2014 D DEAD (Mo/Da 725, 2014 ER) (Type or Prin	22c. w/Yr) 22e.  It) 2 24c. DEATH D	PRONOUNCE  BLUE TO COMB  Interval be	DEATH 18:40 CED DEAD A 18:40 E NUMBER 9482 MUNICABLE NO X	T (Hour) DISEASE
21d. NAME OF ATTENDI (Type or Print)  Le. NAME AND ADDRESS OF Le. REGISTRAR (Signature)  5. IMMEDIATE CAUSE (a) CONGESTIN (b)	CERTIFIER (PHYSIC Alane Olsor PARILL SIGNATUR (ENTER ONLY OVE heart fail)	OTHER THAN CI ICIAN, ATTENDI M.D. 1704 ELA THOM E AUTHENTIC, NE CAUSE PER JICE	ERTIFIER NG PHYSICIAN, N Pinto Läne L IAS ATED	#EDICAL EXAMINER  S Vegas, NV I  24b. DATE REC  (Mo/Dey/Yr)	DATE SIGNED Januar PRONOUNCE Januar R, OR CORONI 39106 EIVED BY RE	(Mo/Day/Yr) 730, 2014 D DEAD (Mo/Da 725, 2014 ER) (Type or Prin	22c. w/Yr) 22e.  It) 2 24c. DEATH D	PRONOUNCE TO COME  Interval be	DEATH 18:40 CED DEAD A 18:40 E NUMBER 9482 MUNICABLE NO X	T (Hour) DISEASE and death
21d. NAME OF ATTENDI (Type or Print)  10. NAME AND ADDRESS OF  10. REGISTRAR (Signature)  10. IMMEDIATE CAUSE (a) CONGESTIN  (b) DUE TO, OR A (c)	CERTIFIER (PHYSICIAN IF Alane Olsor PARILL SIGNATURE (ENTER ONLY O VE heart fail), as a consequences a consequences	OTHER THAN CO	ERTIFIER NG PHYSICIAN, N Pinto Läne L IAS ATED	#EDICAL EXAMINER  S Vegas, NV I  24b. DATE REC  (Mo/Dey/Yr)	DATE SIGNED Januar PRONOUNCE Januar R, OR CORONI 39106 EIVED BY RE	(Mo/Day/Yr) 730, 2014 D DEAD (Mo/Da 725, 2014 ER) (Type or Prin	22c. w/Yr) 22e.  It) 2 24c. DEATH D	PRONOUNCE TO COME  Interval be	DEATH 18:40 CED DEAD A 18:40 E NUMBER 9482 MUNICABLE NO X	T (Hour) DISEASE and death
21d. NAME OF ATTENDI (Type or Print)  10. NAME AND ADDRESS OF  10. REGISTRAR (Signature)  10. IMMEDIATE CAUSE (a) CONGESTIN  (b) DUE TO, OR A (c)	CERTIFIER (PHYSICIAN IF Alane Olsor PARILL SIGNATUR (ENTER ONLY OVE heart fail), is a consequence	OTHER THAN CO	ERTIFIER NG PHYSICIAN, N Pinto Läne L IAS ATED	#EDICAL EXAMINER  S Vegas, NV I  24b. DATE REC  (Mo/Dey/Yr)	DATE SIGNED Januar PRONOUNCE Januar R, OR CORONI 39106 EIVED BY RE	(Mo/Day/Yr) 730, 2014 D DEAD (Mo/Da 725, 2014 ER) (Type or Prin	22c. w/Yr) 22e.  It) 2 24c. DEATH D	PRONOUNCE SAL LICENSE UE TO COME There is a linear all be	DEATH 18:40 CED DEAD A 18:40 E NUMBER 9482 MUNICABLE NO X Interest onset	T (Hour)  DISEASE and death and death
21d. NAME OF ATTENDI (Type or Print)  In NAME AND ADDRESS OF  In REGISTRAR (Signature)  5. IMMEDIATE CAUSE  PART I (a) CONGESTIN  DUE TO, OR A (b)  DUE TO, OR A (c)  DUE TO, OR A (d)	CERTIFIER (PHYSICIAN IF Alane Olsor PARILL SIGNATURE (ENTER ONLY O VE heart faill IS A CONSEQUENCES A CONSEQUENCES A CONSEQUENCES A CONSEQUENCES	OTHER THAN CO	ERTIFIER  NG PHYSICIAN, IN PINTO L'AINE L  ATEN  LINE FOR (a), (b)	#EDICAL EXAMINES  S Vegas, NV  246. DATE REC (Mo/Dey/Yr) ), AND (c).)	DATE SIGNED  January  PRONOUNCE  January  3, OR CORONI 39106  EIVED BY RE-  January 3.	) (Mo/Day/ff) / 30, 2014 D DEAD (Mo/Da / 25, 2014 ER) (Type or Prin	22c. w/Yr) 22e.  It) 2 24c. DEATH D	PRONOUNCE SAL LICENSE UE TO COME There is a linear all be	DEATH 18:40 CED DEAD A 18:40 E NUMBER 9482 MUNICABLE NO X	T (Hour)  DISEASE and death and death
2 21d. NAME OF ATTENDO (Type or Print)  La. NAME AND ADDRESS OF  La. REGISTRAR (Signature)  5. IMMEDIATE CAUSE PART I (a) CONGESTIN  DUE TO, OR A (d)  ART II OTHER SIGNIFICANT	CERTIFIER (PHYSICIAN IF Alane Olsor PARILL SIGNATURE (ENTER ONLY O VE heart failt IS A CONSEQUENCE AS A CONSEQUENCE CONSEQUENC	OTHER THAN CO	ERTIFIER  NG PHYSICIAN, IN PINTO L'AINE L  ATEN  LINE FOR (a), (b)	#EDICAL EXAMINES  S Vegas, NV  246. DATE REC (Mo/Dey/Yr) ), AND (c).)	DATE SIGNED  January  PRONOUNCE  January  3, OR CORONI 39106  EIVED BY RE-  January 3.	) (Mo/Day/ff) / 30, 2014 D DEAD (Mo/Da / 25, 2014 ER) (Type or Prin	22c. w/Yr) 22e. tt) 2 24c. DEATH DI YES	PRONOUNCE 23b. LICENSE UE TO COME interval be interval be	DEATH 18:40 CED DEAD A 18:40 E NUMBER 9482 MUNICABLE NO X Interest onset	DISEASE and death and death and death
2 21d. NAME OF ATTENDI (Type or Print)  10. NAME AND ADDRESS OF  10. NAME OF ATTENDITY  10. NAME	CERTIFIER (PHYSICIAN IF CERTIFIER (PHYSICIAN IF Alane Olsor PARILL SICHATUR (ENTER ONLY O Ve heart fail) IS A CONSEQUENC IS A CONSEQUENC CONDITIONS CONFITTIONS CONFIT	OTHER THAN CO	ERTIFIER  NG PHYSICIAN, IN PINTO L'AINE L  ATEN  LINE FOR (a), (b)	#EDICAL EXAMINES  S Vegas, NV  246. DATE REC (Mo/Dey/Yr) ), AND (c).)	DATE SIGNED  January  PRONOUNCE  January  3, OR CORONI 39106  EIVED BY RE-  January 3.	) (Mo/Day/ff) / 30, 2014 D DEAD (Mo/Da / 25, 2014 ER) (Type or Prin	22c.   w/Yr)   22e.  ti)   2   24c. DEATH DI   YES	PRONOUNCE  Sab. LICENSE  UE TO COM  To the trial be  Interval be  Interval be  Interval be  Interval be  Interval be	DEATH  18:40 CED DEAD A  18:40 E NUMBER  9482 MUNICABLE NO X  Noween onset  Atween onset	DISEASE and death and death and death
2 21d. NAME OF ATTENDI (Type or Print)  10. NAME AND ADDRESS OF  10. NAME OF ATTENDITY  10. NAME	CERTIFIER (PHYSICIAN IF CERTIFIER (PHYSICIAN IF Alane Olsor PARILL SICHATUR (ENTER ONLY O Ve heart fail) IS A CONSEQUENC IS A CONSEQUENC CONDITIONS CONFITTIONS CONFIT	OTHER THAN CO	ERTIFIER  NG PHYSICIAN, In Pinto Lane L.  AS  ATED  LINE FOR (a), (b)	#EDICAL EXAMINES as Vegas, NV 1 24b. DATE REC (Mo/Dey/Y/). ), AND (c).)	DATE SIGNED  January  PRONOUNCE  January  3, OR CORONI  89106  ELIVED BY REC  January 30	O(Mo/Day/ff) / 30, 2014 D DEAD (Mo/Day / 25, 2014 ER) (Type or Prin GISTRAR ), 2014	22c. w/Yr) 22e. tt) 2 24c. DEATH DI YES	PRONOUNCE  Sab. LICENSE  UE TO COM  To the trial be  Interval be  Interval be  Interval be  Interval be  Interval be	DEATH  18:40 CED DEAD A  18:40 E NUMBER  9482 MUNICABLE NO X  Noween onset  Atween onset	DISEASE and death and death and death
2 21d. NAME OF ATTENDO (Type or Print)  La. NAME AND ADDRESS OF  La. REGISTRAR (Signature)  5. IMMEDIATE CAUSE PART I (a) CONGESTIN  DUE TO, OR A (d)  ART II OTHER SIGNIFICANT	CERTIFIER (PHYSICIAN IF CERTIFIER (PHYSICIAN IF Alane Olsor PARILL SICHATUR (ENTER ONLY O Ve heart fail) IS A CONSEQUENC IS A CONSEQUENC CONDITIONS CONFITTIONS CONFIT	OTHER THAN CO	ERTIFIER  NG PHYSICIAN, IN PINTO L'AINE L  ATEN  LINE FOR (a), (b)	#EDICAL EXAMINES as Vegas, NV 1 24b. DATE REC (Mo/Dey/Y/). ), AND (c).)	DATE SIGNED  January  PRONOUNCE  January  3, OR CORONI 39106  EIVED BY RE-  January 3.	O(Mo/Day/ff) / 30, 2014 D DEAD (Mo/Day / 25, 2014 ER) (Type or Prin GISTRAR ), 2014	22c.   w/Yr)   22e.  ti)   2   24c. DEATH DI   YES	PRONOUNCE  Sab. LICENSE  UE TO COM  To the trial be  Interval be  Interval be  Interval be  Interval be  Interval be	DEATH  18:40 CED DEAD A  18:40 E NUMBER  9482 MUNICABLE  NO X  Interest onset  Atween onset	DISEASE and death and death and death
21d. NAME OF ATTENDO Type or Print)  Le. NAME AND ADDRESS OF Le. REGISTRAR (Signature)  5. IMMEDIATE CAUSE PART I (B) DUE TO, OR A  (c) DUE TO, OR A  (d) ART II OTHER SIGNIFICANT CHYONIC Obstructive pulk  ACC., SUICIDE, HOM, UNDET. PENDING INVEST. (Specify)	CERTIFIER (PHYSICIAN IF Alane Olsor PARIL SIGNATURE (ENTER ONLY O VE heart failt AS A CONSEQUENC AS A CONSEQUENC AS A CONSEQUENC CONDITIONS-CONE TROTTEN OF INJURE  285. DATE OF INJURE	OTHER THAN CO	ERTIFIER  NG PHYSICIAN, In Pinto Laine L.  ATED  LINE FOR (a), (b)  G to death but not	ACCIDITATION OF THE UNIQUE TO SERVICE OF THE U	DATE SIGNED  January  PRONOUNCE  January  3, OR CORONI  89106  ELIVED BY REC  January 30	O(Mo/Day/ff) / 30, 2014 D DEAD (Mo/Day / 25, 2014 ER) (Type or Prin GISTRAR ), 2014	22c.   w/Yr)   22e.  ti)   2   24c. DEATH DI   YES	PRONOUNCE  Sab. LICENSE  UE TO COM  To the trial be  Interval be  Interval be  Interval be  Interval be  Interval be	DEATH  18:40 CED DEAD A  18:40 E NUMBER  9482 MUNICABLE NO X  Noween onset  Atween onset	DISEASE and death and death and death
2 21d. NAME OF ATTENDI (Type or Print)  10. NAME AND ADDRESS OF  10. NAME OF ATTENDITY  10. NAME	CERTIFIER (PHYSICIAN IF Alane Olsor PARIL SIGNATURE (ENTER ONLY O VE heart failt AS A CONSEQUENC AS A CONSEQUENC AS A CONSEQUENC CONDITIONS-CONE TROTTEN OF INJURE  285. DATE OF INJURE	OTHER THAN CO	ERTIFIER  NG PHYSICIAN, In Pinto Laine L.  ATED  LINE FOR (a), (b)  G to death but not	ACCIDITATION OF THE UNIQUE TO SERVICE OF THE U	DATE SIGNED  January  PRONOUNCE  January  OR CORONI  39106  EIVED BY RE  January 30	O(Mo/Day/ff) / 30, 2014 D DEAD (Mo/Day / 25, 2014 ER) (Type or Prin GISTRAR ), 2014	22c.  w/Yr) 22e.  tt) 2  24c. DEATH DI YES  26. AUTOR Yes or No.	PRONOUNCE  Sab. LICENSE  UE TO COM  To the trial be  Interval be  Interval be  Interval be  Interval be  Interval be	DEATH  18:40 CED DEAD A  18:40 E NUMBER  9482 MUNICABLE NO X  Interest onset  Interest onset	DISEASE and death and death and death

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:

APR 0 8 2016

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

