DOUGLAS COUNTY, NV

Rec:\$17.00 \$17.00

Pgs=4

2016-881570 06/01/2016 10:38 AM

TICOR TITLE - CARSON

KAREN ELLISON, RECORDER

APN # **1420-26-401-026** ORDER NO.: **01602146DC1**

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

Recording Requested by and Return to:

Ticor Title of Nevada, Inc. 307 W. Winnie Lane Suite #1 Carson City, NV 89703

Affidavit - Death of Trustee - Succession of Successor Trustee

(Title on Document)

By:

Print Name/Title: Tabitha Creon / Escrow Assistant

This page added to provide additional information required by NRS 111.312 Sections 1-2 (Additional recording fee applies).

WHEN RECORDED MAIL TO:

Robyn E. Thorne, Successor Trustee of the William R. and Robyn E. Thorne Family Trust 1400 Stephanie Way Minden, NV 89423

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

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 01602146DC1 APN No.: 1420-26-401-026

AFFIDAVIT - DEATH OF TRUSTEE - SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of **Douglas** }

Robyn E. Thorne, being duly sworn, deposes and says:

William E. Thorne, the decedent mentioned in attached copy of Certificate of Death, is the same person as William R. Thorne named as one of the trustee(s) in that certain Deed dated July 19, 2012, executed by William R. Thorne and Robyn E. Throne to William R. Thorne and Robyn E. Throne Trustees of the William R. and Robyn E. Thorne Family Trust, recorded on July 19, 2012 as instrument number 805889, official records of Douglas County, Nevada, covering the following described property:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

- 2. That I, Robyn E. Thorne, am named within the aforementioned trust as successor trustee;
- 3. That I hereby consent to act as successor trustee of the aforementioned trust and do hereby assume the powers and duties as successor trustee of such trust;
- 4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the above referenced property.

Dated: May 24, 2016

Robyer & Thorne		
STATE OF NEVADA COUNTY OF DOUGLAS	} ss:	
This instrument was acknowledged before by Polyn E. Thornc	me on,	
X II I x	20000000000000000000000000000000000000	
NOTARY PUBLIC	DAWN CUELLAR Notary Public - State of Nevada Appointment Recorded in Carson City No: 14-15385-3 - Expires October 22, 2018	>

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

VITAL STATISTICS

. CERTIFICATE OF DEATH

2015017466

NFORMANT- NAME (Typs Robyn Burial, Cremation, Re Cremat FUNERAL DIRECTOR - SI CURT	A. 96. CITIZEN O Unite R 14a. USUAL O 156. COUNTY Douglas First Middle Last Suff or Print) THORNE MOVAL, OTHER (Specif Of)	282 6. Hispanic Origin? Spe No Non-Hispanic F WHAT COUNTRY 16 ad States CCUPATION (Give Kinc 15c City, TO DR.NE 18b. MAI	O Esaw St. IZA AGE- (Years) EDUCATION 11. M 12 DIVO I Of Work Done Duris Mechanic WN OR LOCATION Minden 17. LING ADDRESS	Last birthday 75 Last birthday 75 LARRIED, NEVERCED (Specify 19 Most of 2820 Esaw MOTHER/PAR (Birest or R.F.D. 2820 Es	Inpatient(S UNDER 1 YEAR MOS DAYS R MARRIED, WIE Married 14b. KIND OF BU ET AND NUMBER St. ENT NAME (Fig.	29, 2015 or Inst. indicate DC pecify) Home To UNDER 1 DINS HOURS MINS DOWED 12 SUR SINESS OR INDUS Automotive st Middle Last \$ atsy PARKE	A,OP/Emer. Rm. B. DATE OF BIR March IVIVING SPOUSE TRY Eve For 156 Limit of 1	uglas 4. SEX Male RTH (Mo/Day/Yr) 14, 1957
Minden CE White ify) TATE OF BIRTH (If not U.S. California CIAL SECURITY NUMBE 4339 RESIDENCE - STATE Nevada ATHER/PARENT - NAME (Type Robyn SURIAL, CREMATION, RE Cremat FUNERAL DIRECTOR - SI CURT	A. 9b. CITIZEN O. Unite R 14a. USUAL O. 15b. COUNTY Douglas. First Middle Last Sun bert William THO or Print) THORNE MOVAL, OTHER (Specif Off	### A CONTRACTOR OF THE PROPERTY OF THE PROPER	O Esaw St. IZA AGE- (Years) EDUCATION 11. M 12 DIVO I Of Work Done Duris Mechanic WN OR LOCATION Minden 17. LING ADDRESS	Last birthday 75 58 IARRIED, NEVE IRCED (Specify 15d, STREE 2820 Esaw MOTHER/PAR (Street or R.F.D 2820 Es	reet ar 3e if Hosp, inpatient (S. UNDER 1 YEAR MOS DAYS R MARRIED, WIE Married 14b. KIND OF BU ET AND NUMBER St. ENT NAME (Fig. P.)	or inst indicate DC pecify) Home [7c. UNDER 1 DAY HOURS MINS DOWED 12. SUR SINESS OR INDUS Automotive st Middle Last \$ atsy PARKE , State, Zip)	A,OP/Emer. Rm. B. DATE OF BIR March IVIVING SPOUSE TRY Eve For 156 Limit of 1	4. SEX Male RTH (Mo/Day/Yr) 14, 1957 (Maiden name) Robyn BESADE er in US Armed ces? No e. Inside City arts (Specify Yes
Minden CE White ify) FATE OF BIRTH (If not U.S. California DCIAL SECURITY NUMBE 14339 RESIDENCE - STATE Nevada RC NFORMANT- NAME (Type Robyn SURIAL, CREMATION, RE Cremat FUNERAL DIRECTOR - SI	A. 9b. CITIZEN O. Unite R 14a. USUAL O. 15b. COUNTY Douglas. First Middle Last Sun bert William THO or Print) THORNE MOVAL, OTHER (Specif Off	282 6. Hispanic Origin? Spe No Non-Hispanic F WHAT COUNTRY 16 ad States CCUPATION (Give Kinc 15c City, TO DR.NE 18b. MAI	O Esaw St. IZA AGE- (Years) EDUCATION 11. M 12 DIVO I Of Work Done Duris Mechanic WN OR LOCATION Minden 17. LING ADDRESS	Last birthday 75 58 IARRIED, NEVE IRCED (Specify 15d, STREE 2820 Esaw MOTHER/PAR (Street or R.F.D 2820 Es	Inpatient(S UNDER 1 YEAR MOS DAYS R MARRIED, WIE Married 14b. KIND OF BU ET AND NUMBER St. ENT NAME (Fig.	Pecify) Home To UNDER 1 DAY HOURS MINS HOURS H	B. DATE OF BIR March WIVING SPOUSE TRY For 156 Lin or 1	Male RTH (Mo/Day/Yr) 14, 1957 (Maiden name) Robyn BESADE er in US Armed ces? No e. InsiDe City arts (Specify Yea
CE White ITATE OF BIRTH (IF not U.S. California DCIAL SECURITY NUMBE 14339 RESIDENCE - STATE Nevada ATHER/PARENT - NAME (Type Robyn BURIAL, CREMATION, RE Cremat FUNERAL DIRECTOR - SI	A. 95. CITIZEN O L Unite R 14a. USUAL O 15b. COUNTY Douglas First Middle Last Sufficient William THO or Print) THORNE MOVAL, OTHER (Specif Off	6. Hispanic Origin? Spe No Non-Hispanic F WHAT COUNTRY 10 ad States CCUPATION (Give Kind 15c City, TO DRNE	Ta. AGE- (Years) EDUCATION 11. M 12 DIVO I of Work Done Duris Mechanic WN OR LOCATION Minden 17. LING ADDRESS	58 IARRIED, NEVERCED (Specify 10 Most of 2820 Essew MOTHER/PAR (Street or R.F.D 2820 Es	L UNDER 1 YEAR MOS DAYS R MARRIED, WIE Married 14b. KIND OF BU ET AND NUMBER St. ENT NAME (Fi	HOME TO UNDER 1 DAY HOURS MINS DOWED 12. SUF SINESS OR INDUS Automotive St Middle Last \$ atsy PARKE , State, Zip)	B. DATE OF BIR March WIVING SPOUSE TRY Every Fore 156 LIM or 1	ATH (Mo/Day/Yr) 14, 1957 (Maiden name) Robyn BESADE er in US Armed ces? No Inside City arrs (Spedily Yes
TATE OF BIRTH (If not U.S. California CCIAL SECURITY NUMBE 4339 RESIDENCE - STATE Nevada ATHER/PARENT - NAME (Type Robyn BURIAL, CREMATION, RE TUNERAL DIRECTOR - SI	A. 95. CITIZEN O L Unite R 14a. USUAL O 15b. COUNTY Douglas First Middle Last Sufficient William THO or Print) THORNE MOVAL, OTHER (Specif Off	NO:- NON-Hispanic F WHAT COUNTRY 10 Bd States CCUPATION (Give Kind 15c: CITY, TO TR) ORNE 18b. MAI	EDUCATION 11. M 12 DIVO 1 of Work Done Duri Mechanic WN OR LOCATION Minden 17.	58 IARRIED, NEVERCED (Specify 10 Most of 2820 Essew MOTHER/PAR (Street or R.F.D 2820 Es	MOS DAYS ER MARRIED, WILL MAITIED 14b. KIND OF BU ET AND NUMBER St. ENT NAME (Fill P 1. No; City or Town	HOURS MINS OWED 12 SUF SINESS OR INDUS Automotive st Middle Last S atsy PARKE , State, Zip)	March IVIVING SPOUSE TRY Ever For 156 LIM or 1	14, 1957 (Maiden name) Robyn BESADE er in US Armed ces? No e. INSIDE CITY arts (Spedity Yes
California DCIAL SECURITY NUMBE 4339 RESIDENCE - STATE Nevada ATHER/PARENT - NAME RO NFORMANT- NAME (Type Robyn BURIAL, CREMATION, RE CIPITAL FUNERAL DIRECTOR - SI CURT	I Unite R 14a USUAL OF 15b COUNTY Douglas First Middle Last Suff beert William THO or Print) THORNE MOVAL, OTHER (Specif Off SNATURE (Or Person A	CCUPATION (Give Kind 15c. City, TO 15c. City, TO 18b. MA 19b. MA	12 DIVO I of Work Done Durit Mechanic WN OR LOCATION Minden 17. LING ADDRESS	IARRIED, NEVERCED (Specify) TO Most of 15d. STREE 2820 Essew MOTHER/PAR (Street or R.F.D. 2820 Es	Married 14b. KIND OF BU ET AND NUMBER St. ENT NAME (Fill P 1. No; City or Town	SINESS OR INDUS Automotive st Middle Last S atsy PARKE , State, Zip)	VIVING SPOUSE TRY Every Fore 155 (150) (150) (150) (150)	(Maiden name) Robyn BESADE er in US Armed ces? No e. INSIDE CITY ditts (Specify Yes
California DCIAL SECURITY NUMBE 4339 RESIDENCE - STATE Nevada ATHER/PARENT - NAME RO NFORMANT- NAME (Type Robyn BURIAL, CREMATION, RE CIPITAL FUNERAL DIRECTOR - SI CURT	I Unite R 14a USUAL OF 15b COUNTY Douglas First Middle Last Suff beert William THO or Print) THORNE MOVAL, OTHER (Specif Off SNATURE (Or Person A	CCUPATION (Give Kind 15c. City, TO 15c. City, TO 18b. MA 19b. MA	12 DIVO I of Work Done Durit Mechanic WN OR LOCATION Minden 17. LING ADDRESS	RCED (Specify Tg Most of 15d. STREE 2820 Essw MOTHER/PAR (Street of R.F.D 2820 Es	Married 14b. KIND OF BU ET AND NUMBER St. ENT NAME (Fill P 1. No; City or Town	SINESS OR INDUS Automotive st Middle Last S atsy PARKE , State, Zip)	FRY Eve For 155 LIM or 1 Uffix)	Robyn BESADE er in US Armed ces? No e. INSIDE CITY ditts (Specify Yes
A4339 RESIDENCE - STATE Nevada ATHER/PARENT - NAME (Type ROBYN SURIAL, CREMATION, RE Cremat FUNERAL DIRECTOR - SIC	Douglas First Middle Last Sufficient William THO or Print) THORNE MOVAL, OTHER (Specif	15c CITY, TO	d of Work Done Duri Mechanic MN OR LOCATION Minden 17.	15d. STREE 2820 Esew MOTHER/PAR (Street or R.F.D 2820 Es	ET AND NUMBER St. P ENT NAME (Fi P No; City or Town	Automotive st Middle Last S atsy PARKE , State, Zip)	Fore 156 LIM or !	CES? NO e. INSIDE CITY AITS (Specify Yes
RESIDENCE - STATE Nevada ATHER/PARENT - NAME RO NFORMANT- NAME (Type Robyn BURIAL, CREMATION, RE Cremat UNERAL DIRECTOR - SI	Douglas First Middle Last Suff bert William THO or Print) THORNE MOVAL, OTHER (Specif OTI SNATURE (Or Person A	DORNE 186. MAI	MN OR LOCATION Minden 17, LING ADDRESS	2820 Esaw MOTHER/PAR (Street or A.F.D 2820 Es	ET AND NUMBER St. ENT NAME (Fi P No; City or Town	st Middle Last & atsy PARKE , State, Zip)	156 LIM OF P Uffix)	e. INSIDE CITY AITS (Specify Yes
ATHER/PARENT - NAME RO NFORMANT- NAME (Type Robyn BURIAL, CREMATION, RE Cremat FUNERAL DIRECTOR - SII CURT	Douglas First Middle Last Suff bert William THO or Print) THORNE MOVAL, OTHER (Specif OTI SNATURE (Or Person A	DORNE 186. MAI	Minden 17.	2820 Esaw MOTHER/PAR (Street or A.F.D 2820 Es	St. ENT NAME (Fir P). No, City or Town	atsy PARKE , State, Zip)	uffix) R	
RONFORMANT- NAME (Type Robyn Burial, Cremation, Re Cremat UNERAL DIRECTOR - SI CURT	Obert William THO OF Print) THORNE MOVAL, OTHER (Specif ON BNATURE (OF Person A	ORNE 186. MAI	LING ADDRESS	(Street or R.F.D 2820 Es	P. No, City or Town	atsy PARKE , State, Zip)	R	
Robyn BURIAL, CREMATION, RE Cremat FUNERAL DIRECTOR - SI CURT	THORNE MOVAL, OTHER (Specif On BNATURE (Or Person A	y) 196. CEMETERY OF		2820 Es	. No, City or Town	, State, Zip)		
BURIAL, CREMATION, RE Cremat FUNERAL DIRECTOR - SI CURT	MOVAL, OTHER (Specif Off BNATURE (Or Person A		CREMATORY - N		aw ol minder	i. Nevaua 0542	:3	
Cremat FUNERAL DIRECTOR - SIC CURT	ON BNATURE (Or Person A			MF		19c. LOCATION	City or Town	State
CURT		gard the control of the	Watton's Sierra	Crematory		Carso	n City Nevada	
		LICE		in the first teach of the first first	apitol City Mer	norial Crematic		
		ED	823		1614 N Cur	ry Street Carso	n City NV 897	03
				1				
to the cause(s) stated (Si	mature & Title) S CARA-LOUISE I	FOX MD	NTICATED	22a. On the bue at the time, date	is of examination ar and place and due	d'or investigation, in to the cause(s) state	myopinion death od d. (Signature & Title	xcurred i)
October 01, 201		05:30	CORPE	22b. DATE 9	IGNED (Mo/Day/Y	r) 22c.	HOUR OF DEATH	
21d. NAME OF ATTEND (Type or Print)	NG PHYSICIAN IF OTH	ER THAN CERTIFIER	Te Be	22d, PRONO	UNCED DEAD (M	o/Day/Yr) 226.	PRONOUNCED D	EAD AT (Hour)
NAME AND ADDRESS OF CA	CERTIFIER (PHYSICIAL RA-LOUISE FOX I	N, ATTENDING PHYSIC MD 1200 Mounts	AN, MEDICAL EXA	WINER, OR CO	RONER) (Type o	Print)		
REGISTRAR (Signature)	VERALYN	n a boyack	24b. DA1	E RECEIVED E	Y REGISTRAR	and the second second	UE TO COMMUNI	
	(ENTER ONLY ONE	AUSE PER LINE FOR	(a), (b), AND (c).)					n onset and death
197			2.49 E.S.					
(b) Deep Ve	n Thrombosis				The second secon		interval between	onset and death
Metastat			ung /		**************************************		Interval between	onset and death
	S A CONSEQUENCE O	P	# . #	/		**************************************	Interval between	n onset and death
TOBACCO USA	CONDITIONS-Condition	s contributing to death	out not resulting in th	e underlying ce	use given in Part 1		REFER	RRED TO CORONER
CC SUICIDE HOM UNDET		o/Dey/Yr) 28c. HO	UR OF INJURY 28	d. DESCRIBE HOV	V INJURY OCCURRE		No Specif	y Yes or No) Yes
	28f. PLACE OF INJUR building, etc. (Specify)	Y- At home, farm, stree	t, factory, office 28	g LOCATION	STREET OR	R.F.D. No. CIT	TY OR TOWN	STATE
	ECALL - NAME AND ADD 21a. To the best of my kind to the cause(s) stated. (Signet of the cause of the ca	21a. To the best of my knowledge, death occurred to the cause(s) stated (Signature & Title) CARA-LOUISE 21b. DATE SIGNED (MorDey/Yr) COctober 01, 2015 21d. NAME OF ATTENDING PHYSICIAN IF OTH (Type or Print) NAME AND ADDRESS OF CERTIFIER (PHYSICIAN CARA-LOUISE FOX CARA-LOUISE FOX REGISTRAR (Signature) WERALYN SIGNATURE AN MMEDIATE CAUSE (ENTER ONLY ONE CONTROL OF THE CAUSE OF CARA-LOUISE FOX WERALYN SIGNATURE AN MEDIATE CAUSE (ENTER ONLY ONE CONTROL OF THE CAUSE OF CARA-LOUISE FOX WERALYN SIGNATURE AN MEDIATE CAUSE (ENTER ONLY ONE CONTROL OF THE CAUSE OF CONTROL OF CONT	SIGNATURE AUTHENTICATED DE CALL - NAME AND ADDRESS 21a. To the best of my knowledge, death occurred at the time, date and pi to the cause(s) stated (Signature & Title) CARA-LOUISE FOX HD 21b. DATE SIGNED (Mo/Day/Yr) October 01, 2015 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSIC CARA-LOUISE FOX MD: 1200 Mounts CARA-LOUISE FOX MD: 1200 Mounts VERALYNN A BOYACK SIGNATURE AUTHENTICATED MMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR MET 1, OR AS A CONSEQUENCE OF: Met 2 DUE TO, OR AS A CONSEQUENCE OF: Met 3 SIGNATURE AUTHENTICATED DUE TO, OR AS A CONSEQUENCE OF: (d) TIL OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death in Tobacco Usage CC., SUICIDE, HOM, UNDET: CONDING INVEST. (Specify) INJURY AT WORK (Specify 28f. PLACE OF: INJURY-At home, farm, strees SIGNATURE AUTHENT SIGNATURE AUTHENT SIGNATURE AUTHENT SIGNATURE AUTHENT AUTHENT SIGNATURE AUTHENT SIGNATURE AUTHENT SIGNATURE AUTHENT SIGNATURE AUTHENT SIGNATURE AUTHENT (TYPE OF PICK SIGNATURE AUTHENT S	SIGNATURE AUTHENTICATED DE CALL - NAME AND ADDRESS 21a. To the best of my knowledge, death pocurred at the time, date and place and due to the cause(s) stated (Signature & Title) CARA-LOUISE FOX MD 21b. DATE SIGNED (Mo/Day/Yr) Cotober 01, 2015 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXCEPTA-LOUISE FOX MD SIGNATURE AUTHENTICATES MEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) THE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) THE OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the Tobacco Usage CC., SUICIDE, HOM, UNDET. ENDING INVEST. (Specify) INJURY AT WORK (Specify 28f. PLACE OF INJURY At home, farm, street, factory, office 25c. SIGNATURE AUTHENTICATES A CONSEQUENCE OF: (d) THE OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the Tobacco Usage CC., SUICIDE, HOM, UNDET. ENDING INVEST. (Specify) INJURY AT WORK (Specify 28f. PLACE OF INJURY At home, farm, street, factory, office 25c. (d) DUE TO, OR AS A CONSEQUENCE OF INJURY At home, farm, street, factory, office 25c.	SIGNATURE AUTHENTICATED DE CALL - NAME AND ADDRESS 21a. To the best of my knowledge, death accurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED DECARALOUISE FOR MD 21b. DATE SIGNED (Mo/Dey/Yr) CCOber 01, 2015 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR COCARA-LOUISE FOX MD: 1200 Mountain Street Carsori City, NV REGISTRAR (Signature) VERALYNN A SOYACK SIGNATURE AUTHENTICATED MMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) THE OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying carbon of the Lung DUE TO, OR AS A CONSEQUENCE OF: (d) THE OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying carbon of the Lung of	SIGNATURE AUTHENTICATED S23 1614 N Cur DE CALL - NAME AND ADDRESS 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(a) stated. (Signature & Title) 10 the cause(a) stated. (Signature & Title) SIGNATURE AUTHENTICATED 12	SIGNATURE AUTHENTICATED E 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) SIGNATURE AUTHENTICATED OCCUPATION OF DEATH OCCODER 01, 2015 21b. DATE SIGNED (MorDay/Yr) OCCODER 01, 2015 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) CARA-LOUISE FOX MD CARA-LOUISE FOX MD CARA-LOUISE FOX MD 1200 Mountain Street Carson City, NV 89703 REGISTRAR (Signature) VERALYNN A SOYACK SIGNATURE AUTHENTICATED MMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) MEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) TIL (a) RECUITOR Thrombosis DUE TO, OR AS A CONSEQUENCE OF (b) Deep Vein Thrombosis DUE TO, OR AS A CONSEQUENCE OF (c) Deep Vein Thrombosis DUE TO, OR AS A CONSEQUENCE OF (d) OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the undertying cause given in Part 1. 25c. AUTO Tobacco Usage CC. SUCIDE HOW UNDER: 26d. DESCRIBE HOW INJURY OCCURRED 10 DUE TO, OR AS A CONSEQUENCE OF (d) OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the undertying cause given in Part 1. 26d. DESCRIBE HOW INJURY OCCURRED 10 DUE TO, OR AS A CONSEQUENCE OF (c) DIE TO, OR AS A CONSEQUENCE OF (d) OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the undertying cause given in Part 1. 26d. DESCRIBE HOW INJURY OCCURRED 11 OTHER SIGNIFICANT CONDITIONS-CONDITION	SIGNATURE AUTHENTICATED 21a. To the best of my knowledge, death accurred at the time, date and place and due to the cause(s) stated (Signature & Tibe) 21a. To the best of my knowledge, death accurred at the time, date and place and due to the cause(s) stated (Signature & Tibe) 21b. DATE SIGNED (MorDay/Yr) 21c. HOUR OF DEATH OCtober 01, 2015 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN GERTIFIER (Type or Print) NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MICROCAL EXAMINER, OR CORONER) (Type or Print) REGISTRAR (Signature) VERALYING A BOYACK AND ATTERCEMED BY REGISTRAR (MorDay/Yr) OCtober 13, 2015 MILEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Interval between the remaining of the cause given in Part 1. (A) TO CORONER (Specify) Interval between the remaining of the cause place and due to the cause(s) stated, (Signature & Title and the time, date and place and due to the cause(s) stated, (Signature & Title at the time, date and place and due to the cause(s) stated, (Signature & Title at the time, date and place and due to the cause(s) stated, (Signature & Title at the time, date and place and due to the cause(s) stated, (Signature & Title at the time, date and place and due to the cause(s) stated, (Signature & Title at the time, date and place and due to the cause(s) stated, (Signature & Title at the time, date and due to the cause(s) stated, (Signature & Title at the time, date and due to the cause(s) stated, (Signature & Title at the time, date and due to the cause(s) stated, (Signature & Title at the time, date and due to the cause(s) stated, (Signature & Title at the time, date and place and due to the cause(s) stated, (Signature & Title at the time, date and due to the cause(s) stated, (Signature & Title at the time, date and due to the cause(s) stated, (Signature & Title at the time, date and due to the cause(s) stated, (Signature & Title at the time, date and due to the cause(s) stated, (Signature & Title at the time, date and due to the cause(

VRS-Rev-20120523a



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:

6:10224

10/13/2015

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

