2016-890649 11/15/2016 10:10 AM

SUZANNE J. PATTON

Pgs=2





KAREN ELLISON, RECORDER

APN#: 1220-21-710-256

Requested recording, mail to tax statements

and documents to: Suzanne J. Patton 686 Joette Drive, Gardnerville, NV 89460 Document includes certified death certificate per NRS 40.525(5), which contains a social security

number required by NRS 440.380(1).

State	of 1	Nevada	)	ı
			)	s.s.
County	of	Carson	)	I

## AFFIDAVIT OF DEATH OF JOINT TENANT (NRS 111.365)

- I, Suzanne J. Patton, the wife, being duly sworn, deposes and states that:
- 1. I am of legal age for State of Nevada. I am Sole Surviving Joint Tenant on said property.
- 2. That my husband, Jerry A. Patton, was a joint tenant, and is now deceased on that date of 11/ 12/2015, and that we were joint tenants named on that Deed of Trust filed in the Douglas County Recorder's Office, State of Nevada, on March 6, 2008, #0719175.
- 3. The deceased, my husband, Jerry A. Patton, is the same as the joint tenant mentioned in the attached certified copy of Certificate of Death, the same person as Jerry A. Patton, named therein on that Deed of Trust filed on March 6, 2008, as Document No. 0719175, filed by Jerry A. Patton and Suzette J. Patton, of official records of Douglas County Recorder's Office in Douglas County, Nevada.
- 4. That I declare I am that Suzette J. Patton named on said Deed of Trust, legally described as: Lot 79, Unit No. 7, filed for record in the office of the County Recorder of Douglas County, Nevada on March 27,1974, Book 374, Page 676, as file no. 72456.
  - 5. That the relationship between the Affiant and the Decedent was that of: Marriage.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct. In witness whereof, I set my hand on this day of \_\_\_\_\_\_, November, 2016.

Suzanne J. Patton, Affiant

State of Nevada

County of Carson

DEBORAH G. SUMNER **NOTARY PUBLIC** STATE OF NEVADA Av Commission Expires: 04-02-19

Certificate No: 99-55313-3

Subscribed/Sworn to before me a Notary Public for Nevada, Carson City, on November \_\_\_\_\_, 2016, dentified personally appearing, who signed this document.



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

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS** 

<b>CERTIFICATE O</b>	F DEATH	ı
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2015019705

20a. FUNERAL DIRECTOR - SIGNATURE (OF Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED  120b. FUNERAL DIRECTOF   20c. NAME AND ADDRESS OF FACILITY Wallon's Funerals and Cremations 1521 Church Street Gardnerville NV 89410  TRADE CALL 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)  1524 Date Signed (Moldbay/Yr)  1525 Date Signed (Moldbay/Yr)  1526 Date Signed (Moldbay/Yr)	PRINT IN PERMANENT IN BLACK INK BLACK INK BLACK INK Carson City Carson Tahoe Regional Medical Center Science Regional Medical Center Carson City Carson City Carson Tahoe Regional Medical Center Science Regional Medical Center In Acceptable Interpretation of the Interpretation of the Interpretation of the Interpretation of the Interpretation of Interpre		STATE FILE NUMBER							
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Nevada Douglas Gardnerville 666 Joette Dr.   156. CRITY. TOWN OR LOCATION   1666 Joette Dr.   1666 Joette Dr.   1667 Joette Province   1666 Joette Dr.   1666 Joette Dr	15a, RESIDENCE - STATE   15b, COUNTY   15c, CITY, TOWN OR LOCATION   15d, STREET AND NUMBER   686 Joette Dr.   17. MOTHER/PARENT - NAME (First Middle Last Suffic)   17. MOTHER/PARENT - NAME (First Middle Last Suffic)   18b, MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip)   15a, INFORMANT: NAME (Type or Print)   18b, MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip)   15a, INFORMANT: NAME (Type or Print)   19c, CEMETERY OR CREMATORY - NAME   19c, LOCATIC Cremation   15d, Sterra Crematory   19c, CEMETERY OR CREMATORY - NAME   19c, LOCATIC	OMPLETION OF			Career Military		U.s.	Air Force		
PARENTS    Second   Comparison   Parents   Par	PARENTS  16. FATHER/PARENT - NAME (First Middle Last Suffix) Dolpha Woody PATTON  18a. INFORMANT- NAME (Type or Print) Suzanne PATTON Suzanne PATTON  18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME Cremation  19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME Signature Authenticate  19c. LOCATIC CRIT  TRADE CALL  TRADE CALL - NAME AND ADDRESS  TRADE CALL - NAME AND ADDRESS	ITEMS 15a.	a RESIDENCE - STATE 15h	o. COUNTY 15c. C	ITY, TOWN OR LOCATION	15d. STRE	ET AND NUMBER	-	LIMITS	(Specify Yes
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Suzanne PATTON   18b. MAILING ADDRESS   (Street or R.F.D. No. City or Town, State, Zip)   18b. MAILING ADDRESS   (Street or R.F.D. No. City or Town, State, Zip)   18b. MAILING ADDRESS   (Street or R.F.D. No. City or Town, State, Zip)   18b. MAILING ADDRESS   18b. MAILING A	18a, INFORMANT- NAME (Type or Print) Suzanne PATTON 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 686 Joette Dr. Gardnerville, Nevada 19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY-NAME Walton's Sierra Crematory  Curt KOESTLER  20a. FUNERAL DIRECTOR 20c. NAME AND ADDRESS OF FACILITY Walton's Funerals as 1521 Church Street Gan  TRADE CALL  TRADE CALL  TRADE CALL - NAME AND ADDRESS  1521 Church Street Gan  TRADE CALL - NAME AND ADDRESS  1521 Church Street Gan  TRADE CALL - NAME AND ADDRESS  1521 Church Street Gan  TRADE CALL - NAME AND ADDRESS  1521 Church Street Gan  TRADE CALL - NAME AND ADDRESS  1521 Church Street Gan  TRADE CALL - NAME AND ADDRESS  1521 Church Street Gan  TRADE CALL - NAME AND ADDRESS  1521 Church Street Gan  TRADE CALL - NAME AND ADDRESS  1521 Church Street Gan  TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  152a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  152a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  152b. MAILING ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  152c. MOVEMBER  24a. REGISTRAR (Signature)  24a. REGISTRAR (Signature)  24a. REGISTRAR (Signature)  25b. IMMEDIATE CAUSE  26c. MOVEMBER  26c. DATE (MoVDay/Yr)  26c. ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  26c. ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  26c. ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL	PARENTS 16.			1	7. MOTHER/PAR	76.			\.
SUZAINE PATTON  19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory  CIRT KORESTLER  SIGNATURE (OF Person Acting as Such) CIRT KORESTLER  SIGNATURE AUTHENTICATED  20b. FUNERAL DIRECTOR - SIGNATURE (OF Person Acting as Such) CIRT KORESTLER  SIGNATURE AUTHENTICATED  20b. FUNERAL DIRECTOR   20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Cardnerville NV 89410  TRADE CALL  TRADE CALL - NAME AND ADDRESS  21a. To the best of my knowledge, death occurred at the time, date and place and due slower and pl	SUZATINE PATTON  SUZATINE PATTON  SUZATINE PATTON  SUZATINE PATTON  19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)  20a. FUNERAL DIRECTOR - SIGNATURE (OF Person Acting as Such)  CURT KOESTLER  SIGNATURE AUTHENTICATED  TRADE CALL  TRADE CALL  TRADE CALL - NAME AND ADDRESS  TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  Vijay Maiya MD 1600 Medical Parkway Carson City, NV 89703  TRADE CALL - NAME AND ADDRESS  TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORO				OF MAILING ADDDESS	/Clm at as D.F.I			<u> </u>	<del>\</del>
DISPOSITION    19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)   19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory   19c. LOCATION   City or Town State Carson City Nevada 89706	DISPOSITION  19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME Cremation  20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED  20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED  20b. FUNERAL DIRECTOR   20c. NAME AND ADDRESS OF FACILITY Walton's Funerals a 1521 Church Street Gan  TRADE CALL  TRADE CALL - NAME AND ADDRESS  2 21a. To the best of my knowledge, death occurred at the time, date and place and due VIJAY MID VIJAY MID 21b. DATE SIGNED (MolDay/Yr) 21c. HOUR OF DEATH November 17, 2015  21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 2.5 21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Vijay Maiya MD 1600 Medical Parkway Carson City, NV 39703  24a. REGISTRAR (Signature)  25d. IMMEDIATE CAUSE CAUSE OF DEATH CONDITIONS IF ANY WHICH CAUSE LAST (a) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Acute Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (c) Application Pneumonia Unknown Etiology  25d. Add Cause given in Part 1. (d) Chronic Kidney Disease Unknown Etiology  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. (26. ALVERS or Unknown Etiology)  26d. Acute Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (d) (MolPhysical State Constitutions of the cause of the cau	]18a.			OD. MAILING ADDRESS		% %		60	
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TRADE CALL  TRADE CALL - NAME AND ADDRESS  21a. To the best of my knowledge, death occurred at the time, date and place and due  VIJAY MAIYA MD  21b. DATE SIGNED (Mo/Day/Yr)  21b. DATE SIGNED (Mo/Day/Yr)  21b. DATE SIGNED (Mo/Day/Yr)  21c. HOUR OF DEATH  November 17, 2015  21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER  (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)  25b. LICENSE NUMBER  VIJAY MBD  26c. LICENSE NUMBER  VIJAY MBD  27d. REGISTRAR  CAUSE OF DEATH  CONDITIONS IF ANY WHICH ADDRESS OF CORONER (Type or Print)  CAUSE OF DEATH  CONDITIONS IF ANY WHICH ADDRESS OF CORONER (Type or Print)  CONDITIONS IF ANY WHICH ADDRESS OF	TRADE CALL  TRADE	20a.				TOF 20c. NAME				
TRADE CALL  TRADE CALL - NAME AND ADDRESS  TRADE CALL - NAME A	TRADE CALL  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)  VIJAY MAYA MD  21b. DATE SIGNED (Mo/Day/Yr)  November 17, 2015  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)  Vijay Maiya MD 1600 Medical Parkway Carson City, NV 89703  24a. REGISTRAR (Signature)  VERALYNN A BOYACK  SIGNATURE AUTHENTICATED  24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)  November 18, 2015  25c. IMMEDIATE CAUSE  (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  26. AL Yes or Unknown Etology  VERT OF CAUSE OF:  Widely Metastatic Malignant Melanoma With Metastasis To Chest And Upper Abdomen  25c. ACT OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  26. AL Yes or Unknown Etology  VERT OF CAUSE OF:  ACUSE OF					<u>.</u>				
Z2a (2.1 To the best of my knowledge, desth occurred at the time, date and place and due as inhartural authienticated by the cause(s) stated, (Signature & Title)  22a (Signature & Title)  22b (Signature & Title)  22c (Signature & Title)  22c (Signature & Title)  22d (Sig	CERTIFIER  COLUDITIONS IF AVER RICE TO MACH AND EAST CONSEQUENCE OF:  CAUSE OF DEATH  CONDITIONS IF AVER RICE TO MACH AND EAST CONSEQUENCE OF:  CAUSE LAST  CAUSE LAST  CAUSE LAST  CONDITIONS IF AVER RICE TO MACH AND EAST CONSEQUENCE OF:  CAUSE LAST  CAUSE LAST  CAUSE LAST  CONDITIONS IF AND ADDRESS CONSEQUENCE OF:  COLOR TO A SA A CONSEQUENCE OF:  CHARLE AND CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in Part 1.  CERTIFIER  CERTIFIER  CERTIFIER  CERTIFIER  CERTIFIER  CERTIFIER  CERTIFIER  CERTIFIER  CONDITIONS IF AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  Vijay Maiya MD 1600 Medical Parkway Carson City, NV 89703  CAUSE OF DEATH  CONDITIONS IF AND THE CAUSE  CONDITION OF AND THE CAUSE  CONDITIONS IF AND THE CAUSE  CONDITION OF AN	ADE CALL TRA				$\overline{}$	1021 3114/01/0			
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REGISTRAR  CAUSE OF DEATH  CONDITIONS IF ANY WHICH GAVE RESPIRATE OF CAUSE PART I OTHER THOUSE FOR (a), (b), AND (c).)  DUE TO, OR AS A CONSEQUENCE OF:  UNDERLYING CAUSE LAST  OUTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  DATE (Type or Print)  22d. PRONOUNCED DEAD (Mo/Dey/Yr)  22d. DEATH DUE TO COMMUNICABLE DISEAS  YES NO NO  NO  22d. DEATH DUE TO COMMUNICABLE DISEAS  YES NO NO  NO  22d. DEATH DUE TO COMMUNICABLE DISEAS  YES NO  NO  22d. DEATH DUE TO COMMUNICABLE DISEAS  YES NO  NO  22d. DEATH DUE TO COMMUNICABLE DISEAS  YES NO  NO  22d. DEATH DUE TO COMMUNICABLE DISEAS  YES NO  NO  22d. DEATH DUE TO COMMUNICABLE DISEAS  YES NO  NO  22d. DEATH DUE TO COMMUNICABLE DISEAS  YES NO  NO  22d. DEATH DUE TO COMMUNICABLE DISEAS  YES NO  NO  22d. DEATH DUE TO COMMUNICABLE DISEAS  YES NO  NO  22d. DEATH DUE TO COMMUNICABLE DISEAS  YES NO  NO  22d. DEATH DUE TO COMMUNICABLE DISEAS  YES NO  NO  22d. DEATH DUE TO COMMUNICABLE DISEAS  YES NO  NO  22d. DEATH DUE TO COMMUNICABLE DISEAS  YES NO  NO  22d. DEATH DUE TO COMMUNICABLE DISEAS  NO  22d. DEATH DUE TO COMMUNICABLE DISEAS  YES DEATH DUE TO COMMUNICABLE DISEAS  NO  22d. DEATH DUE TO COMMUNICABLE DISEAS  NO  22d. DEATH DUE TO COMMUNICABLE DISEAS  YES DEATH DUE TO	REGISTRAR  CAUSE OF DEATH  CONDITIONS IF ANY WHICH GAVE RES TO CAUSE CAU	d be	្នុំ 💆 to the cause(s) stated.(Signa	attion of 1100)	AUTHENTICATED	문 at the time, dat	te and place and due to th	e cause(s) stated.	(Signature & Title)	
REGISTRAR  CAUSE OF DEATH  CONDITIONS IF ANY WHICH GAVE RESPIRATE OF CAUSE PART I OTHER THOUSE FOR (a), (b), AND (c).)  DUE TO, OR AS A CONSEQUENCE OF:  UNDERLYING CAUSE LAST  OUTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  DATE (Type or Print)  22d. PRONOUNCED DEAD (Mo/Dey/Yr)  22d. DEATH DUE TO COMMUNICABLE DISEAS  YES NO NO  NO  22d. DEATH DUE TO COMMUNICABLE DISEAS  YES NO NO  NO  22d. DEATH DUE TO COMMUNICABLE DISEAS  YES NO  NO  22d. DEATH DUE TO COMMUNICABLE DISEAS  YES NO  NO  22d. DEATH DUE TO COMMUNICABLE DISEAS  YES NO  NO  22d. DEATH DUE TO COMMUNICABLE DISEAS  YES NO  NO  22d. DEATH DUE TO COMMUNICABLE DISEAS  YES NO  NO  22d. DEATH DUE TO COMMUNICABLE DISEAS  YES NO  NO  22d. DEATH DUE TO COMMUNICABLE DISEAS  YES NO  NO  22d. DEATH DUE TO COMMUNICABLE DISEAS  YES NO  NO  22d. DEATH DUE TO COMMUNICABLE DISEAS  YES NO  NO  22d. DEATH DUE TO COMMUNICABLE DISEAS  YES NO  NO  22d. DEATH DUE TO COMMUNICABLE DISEAS  YES NO  NO  22d. DEATH DUE TO COMMUNICABLE DISEAS  YES NO  NO  22d. DEATH DUE TO COMMUNICABLE DISEAS  NO  22d. DEATH DUE TO COMMUNICABLE DISEAS  YES DEATH DUE TO COMMUNICABLE DISEAS  NO  22d. DEATH DUE TO COMMUNICABLE DISEAS  NO  22d. DEATH DUE TO COMMUNICABLE DISEAS  YES DEATH DUE TO	REGISTRAR  CAUSE OF DEATH  CONDITIONS IF ANY WHICH GAVE RES TO CAUSE CAU	ERTIFIER	21b. DATE SIGNED (Mo/DE		ATH 을	22b. DATE S	SIGNED (Mo/Day/Yr)	22c. H	OUR OF DEATH	
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REGISTRAR	REGISTRAR  REGISTRAR  23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  Vijay Maiya MD 1600 Medical Parkway Carson City, NV 89703  24a. REGISTRAR (Signature)  VERALYNN A BOYACK SIGNATURE AUTHENTICATED  24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 18, 2015  25. IMMEDIATE CAUSE PART I  CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE UNDERLYNNO CAUSE OF:  ASPIRATION PREUMONIA  DUE TO, OR AS A CONSEQUENCE OF: Widely Metastatic Malignant Melanoma With Metastasis To Chest And Upper Abdomen  (d)  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  26. AU Yes or	9. B.	21d. NAME OF ATTENDING	3 PHYSICIAN IF OTHER THAN CER		g 22d. PRON	OUNCED DEAD (Mo/De	iy/Yr)   22e. P	RONOUNCED DEA	DAI (Hour)
REGISTRAR  CAUSE OF DEATH  CONDITIONS IF ANY WHICH GAVE RISE TO CAUSE PER LINE FOR (a), (b), AND (c).)  CONDITIONS IF ANY WHICH GAVE RISE TO CAUSE CAU	REGISTRAR  24a. REGISTRAR (Signature)  VERALYNN A BOYACK SIGNATURE AUTHENTICATED  24b. DATE RECEIVED BY REGISTRAR (AMO/Day/Yr) November 18, 2015  25. IMMEDIATE CAUSE PART I CONDITIONS IF ANY WHICH CAVE RISE TO INMEDIATE CAUSE PER LINE FOR (a), (b), AND (c).)  CAUSE OF DEATH  CONDITIONS IF ANY WHICH CAVE RISE TO INMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST  DUE TO, OR AS A CONSEQUENCE OF: ASpiration Pneumonia  DUE TO, OR AS A CONSEQUENCE OF: Widely Metastatic Mailignant Metanoma With Metastasis To Chest And Upper Abdomen  (d)  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  26. AU Yes or			ERTIFIER (PHYSICIAN, ATTENDING	76. 76.	XAMINER, OR C	ORONER) (Type or Pri	nt) 23	b. LICENSE NUMB	ER
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CAUSE OF DEATH  CONDITIONS IF ANY WHICH CAUSE PART I CAUSE PREDITED TO CAUSE OF: UNDERLYING CAUSE UNDERLYING CAUSE LAST  CONDITIONS IF ANY WHICH CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  Interval between onset and death of the control of the	CAUSE OF DEATH  CONDITIONS IF ANY WHICH CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  CONDITIONS IF ANY WHICH CAUSE (B) ACUTE RESPIRATORY Faillure  CAUSE (b) ACUTE Respiratory Faillure  DUE TO, OR AS A CONSEQUENCE OF:  ASpiration Pneumonia  DUE TO, OR AS A CONSEQUENCE OF:  Widely Metastatic Malignant Metanoma With Metastasis To Chest And Upper Abdomen  (d)  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  26. AL  Yes or	EGISTRAR 24a	la. REGISTRAR (Signature)		(Mo/D)		76			
DEATH CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE UNDERLIVING CAUSE LAST  PART 1  (a)  Cardiopulmonary Arrest  DUE TO, OR AS A CONSEQUENCE OF:  (b) Acute Respiratory Failure  DUE TO, OR AS A CONSEQUENCE OF: Aspiration Pneumonia  Interval between onset and death  Interval between onset and death  Interval between onset and death  OUTION OR AS A CONSEQUENCE OF: Widely Metastatic Mailignant Melanoma With Metastasis To Chest And Upper Abdomen  (d)  PART II  (a)  Cardiopulmonary Arrest  Interval between onset and death  Interval between onset and death  Interval between onset and death  OUTION OR AS A CONSEQUENCE OF: Widely Metastatic Mailignant Melanoma With Metastasis To Chest And Upper Abdomen  (d)  PART II  (a)  Cardiopulmonary Arrest  Interval between onset and death  OUTION OF AS A CONSEQUENCE OF: Widely Metastatic Mailignant Melanoma With Metastasis To Chest And Upper Abdomen  (d)  PART II  (a)  Cardiopulmonary Arrest  Interval between onset and death  OUTION OF AS A CONSEQUENCE OF: Widely Metastatic Mailignant Melanoma With Metastasis To Chest And Upper Abdomen  (d)  PART II  (a)  Cardiopulmonary Arrest  Interval between onset and death  OUTION OF AS A CONSEQUENCE OF:  (d)  PART II  (d)  PART II  (e)  AS INTERVAL OF AS A CONSEQUENCE OF:  (D)  Interval between onset and death  Interval between onset	DEATH  CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE UNDERLIVING CAUSE LAST  CAUSE UNDERLIVING CAUSE LAST  CART I OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  (a)  Cardiopulmonary Arrest  DUE TO, OR AS A CONSEQUENCE OF: Widely Metastatic Malignant Melanoma With Metastasis To Chest And Upper Abdomen  (d)  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  26. AU Yes or	<u> </u>			TED 1	Nover	mber 18, 2015	YES		
CONDITIONS IF ANY WHICH GAVE RISE TO INMEDIATE CAUSE CAUSE CAUSE UNDERLYING CAUSE LAST  DUE TO, OR AS A CONSEQUENCE OF:  [b] Acute Respiratory Failure  DUE TO, OR AS A CONSEQUENCE OF:  Aspiration Pneumonia  Interval between onset and death  OUE TO, OR AS A CONSEQUENCE OF: Widely Metastatic Mailignant Metanoma With Metastasis To Chest And Upper Abdomen  (d)  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)  Yes or No)  Yes  Yes or No)  Yes	CONDITIONS IF ANY WHICH GAVE RISE TO INMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST  DUE TO, OR AS A CONSEQUENCE OF:  (b) Acute Respiratory Failure  DUE TO, OR AS A CONSEQUENCE OF: Aspiration Pneumonia  DUE TO, OR AS A CONSEQUENCE OF: Widely Metastatic Mailignant Metanoma With Metastasis To Chest And Upper Abdomen  (d)  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  26. AU Yes or	CAUSE OF 1 BY			NE FOR (8), (0), AND (0).)			•	Interval between o	iset and death
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DUE TO, OR AS A CONSEQUENCE OF:  CAUSE STATING THE UNDERLYING CAUSE LAST  DUE TO, OR AS A CONSEQUENCE OF:  Widely Metastatic Malignant Melanoma With Metastasis To Chest And Upper Abdomen  (d)  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  26. AUTOPSY (Specifiz. Was CASE REFERRED TO CORONE Unknown Etiology  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  Yes or No)  Yes	DUE TO, OR AS A CONSEQUENCE OF:  ASpiration Pneumonia  DUE TO, OR AS A CONSEQUENCE OF:  Widely Metastatic Malignant Melanoma With Metastasis To Chest And Upper Abdomen  (d)  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  Yes or  Unknown Etiology	ONDITIONS IF	Acute Res	piratory Failure	)			•		
CAUSE CAUSE LAST  (c) ASPIRATION FROM THE UNDERLYING CAUSE LAST  (d) DUE TO, OR AS A CONSEQUENCE OF: Underly Metastatic Malignant Melanoma With Metastasis To Chest And Upper Abdomen (d)  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  Chronic Kidney Disease Unknown Etiology  (Specify Yes or No) Yes  (Specify Yes or No) Yes	CAUSE CAUSE LAST  (c) ASPIRATION FREUNTONIA  DUE TO, OR AS A CONSEQUENCE OF: UNDERLYING CAUSE LAST  (d)  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  Chronic Kidney Disease Unknown Etiology  (d)  126. AL  Yes or	SAVE RISE TO	DUE TO, OR AS						Interval between o	nset and death
UNDERLYING CAUSE LAST  DUE TO, OR AS A CONSEQUENCE OF: Widely Metastatic Malignant Melanoma With Metastasis To Chest And Upper Abdomen  (d)  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  Chronic Kidney Disease Unknown Etiology  26. AUTOPSY (Specifiz7. WAS CASE REFERRED TO CORONE (Specify Yes or No)) Yes	UNDERLYING CAUSE LAST  DUE TO, OR AS A CONSEQUENCE OF: Widely Metastatic Malignant Melanoma With Metastasis To Chest And Upper Abdomen (d)  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  Yes or Unknown Etiology		(C) ·	The state of the s		7		<u>i</u> _		
(d)  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  26. AUTOPSY (Specifiz: Was case Referred to concate Unknown Etiology  Yes or No)  No  Yes	(d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Chronic Kidney Disease Unknown Etiology Yes or	UNDERLYING	DUE TO, OR AS A Widely Metastr	A CONSEQUENCE OF: atic Malignant Melanoma With M	letastasis To Chest An	d Upper Abdor	men		Interval between o	nset and death
Chronic Kidney Disease  Yes or No) Unknown Etiology  Yes or No) No	Chronic Kidney Disease Unknown Etiology	/ /	(d)			r		1	arria descris	1405
Unknown Etiology  No No Yes  288, ACC., SUICIDE, HOM., UNDET.   288, DATE OF INJURY (Mo/Day/Yr)   286, HOUR OF INJURY   288, DESCRIBE HOW INJURY OCCURRED		/ / PA	Chronic Kidney Disease	UNDITIONS-Conditions contributing t	o death but not resulting in	tne undenying c	ause given in Pan 1.		SY (Specifiz) REFERRI	D TO CORONER
The state of the s	OR PENDING INVEST. (Specify)	28a		28b. DATE OF INJURY (Mo/Day/Yr)	128c. HOUR OF INJURY	28d. DESCRIBE HO	OWINJURY OCCURRED		No (Chacily	Yes
OR PENLING INVEST. (Specify)		OR.	R PENDING INVEST. (Specify)							
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 TOWN STATE	28e. INJURY AT WORK (Specify 28f. PLACE OF INJURY- At home, farm, street, factory, office 28g. LOCATION STREET OR R.F.D. No.	286	Be. INJURY AT WORK (Specify	28f. PLACE OF INJURY- At home, fe	rm, street, factory, office	28g. LOCATION	STREET OR R.	D. No. CITY	OR TOWN	STATE
tVor as No.   Invitation also (Consist)	Yes or No) building, etc. (Specify)	( Yes	estor No)	building, etc. (Specify)						

STATE REGISTRAR

605286

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DATE ISSUED:

11/23/2015
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