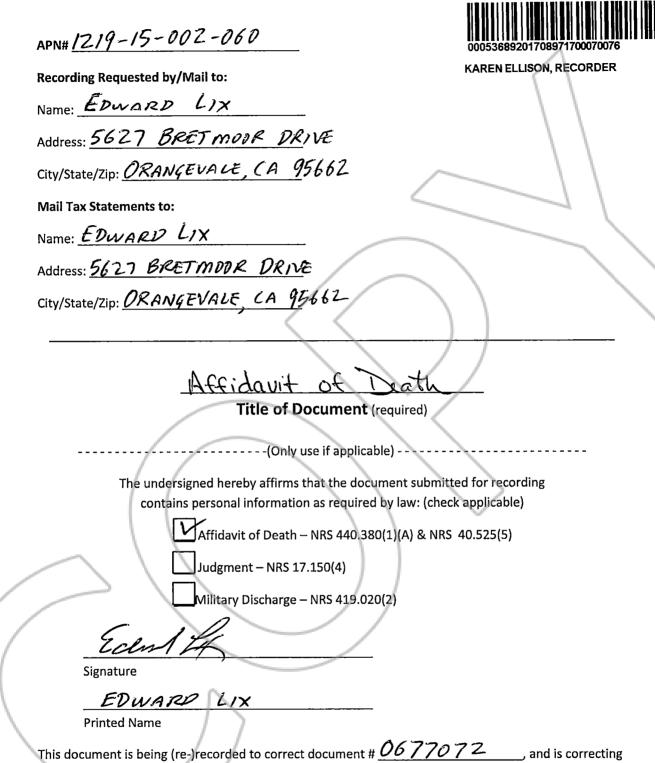


DOUGLAS COUNTY, NV Rec:\$20.00

2017-897170

04/12/2017 03:12 PM

Total:\$20.00 **EDWARD LIX**



Affidavit of Death

STATE OF Nevada COUNTY OF Douglas

I, Edward Lix, residing at 5627 Bretmoor Drive, Orangevale, California 95662, being of legal age, depose and say that:

That Dana Lookadoo, 5627 Bretmoor Drive, Orangevale, California 95662 died on September 14, 2015 as evidenced by a certified copy of the Certificate of Death, attached hereto;

That decedent owned the following property described in the real property deed attached hereto and incorporated herein;

That I am the successor to the estate of the decedent and to the decedents interest in the described property and no other person has a superior right to the interest of the decedent in the described property;

That no proceeding is being or has been conducted in California for administration of the decedent's estate;

That the funeral expenses, expenses of last illness, and all unsecured debts of decedent have been paid.

Oath or Affirmation:

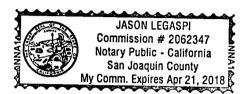
I certify under penalty of perjury under California law that I know the contents of this Affidavit signed by me and that the statements are true and correct.

ÉDWARD!

Date

STATE OF NEVADA, COUNTY OF DOUGLAS, SS:

This Affidavit was acknowledged before me on this 30 day of 700, day of 2007 by Edward Lix, who, being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated herein are true to the best of his/her information, knowledge and belief.



Notary Public

NOTAM PUBLEC

Title (and Rank)

My commission expires Almal, 2018

APN: 1219-15-002-060

RPTT \$#5 ☐ Full Value ☐ Full Value less liens

WHEN RECORDED MAIL TO: Edward S. Lix

Street Address P.O. Box 2347

City,State

Name

Minden, NV 89423

Zip

MAIL TAX STATEMENTS TO:

Name

Same as above

Street
Address
City,State
Zip
Order

No.

EDWARD LIX

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 2 Fee: 15.00
BK-0606 PG-3794 RPTT: #5

OFFICIAL RECORD Requested By:

(SPACE ABOVE THIS LINE FOR RECORDERS USE)

DOC

06/13/2006 09:00 AM

GRANT, BARGAIN AND SALE DEED

THIS INDENTURE WITNESSETH: That

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, Edward S. Lix, a married man who acquired title as an unmarried man, do(es) hereby GRANT(s) BARGAIN SELL and CONVEY to Edward S. Lix and Dana Lookado, Husband and Wife as Joint Tenants, and to the heirs and assigns of such Grantee forever, all the following real property situated in the City of N/A, County of Douglas, State of Nevada bounded and described as follows:

Parcel 4G as set forth on Parcel Map #3 LDA 01-015 Mikim Development, filed in the office of the County Recorder of Douglas County, State of Nevada, on August 13, 2002 in Book 0802 at Page 3356, as Document No. 549323.

TOGETHER with all tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

Dated: June 12, 2006

Grant, Bargain and Sale Deed - Page 2

Edward S. Lix

STATE OF NEVADA

COUNTY OF **Douglas**

This instrument was acknowledged before me on

by Edward S. Lix

Notary Public



LORI MAE SILVA
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 97-2081-5 - Expires April 26, 2009

ss

0677072 Page: 2 Of 2

BK- 0606 PG- 3795 06/13/2006

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

3052015182452			CERTIFICATE OF DEATH STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OF ALTERATIONS STATE OF THE OFFICE OF THE OFFI			3201534008544			
STATE FILE NUMBER							LOCAL REGISTRATION NUMBER		
_	1 NAME OF DECEDENT- FIRST (Given) DANA		2 MIDDLE LEA		LOO!	3. LAST (Family) LOOKADOO		()	
DECEDENT'S PERSONAL DATA	AKA. ALSO KNOWN AS - Include full AK			4. DATE OF BIR		m/dd/coyy 5 AGE Yrs IF UNDER ONE YEAR IF UNDER 24 HOURS			
					08/24/19		54	Conths Days	Hours Minutes F
RSO	9. BIRTH STATE/FOREIGN COUNTRY	10 SOCIAL SECURITY	NUMBER 11 EVER	IN U.S. ARMED FO				7. DATE OF DEATH # mm/c	
S PE	CA	3705		ES X NO	_	RRIED		09/14/2015	0424
ENT	13. EDUCATION - Highest Lever/Degree 14/1 (see worksheel on back)	7	LATINO(AVSPANISH? (II)	_	_	CEDENT'S RACE		y be listed (see worksheet	on back)
ECEL	BACHELOR L	YES	BETIGED I		<u></u>			on, employment agency, et	(c) 19. YEARS IN OCCUPATIO
ä	SEARCH ENGINE MA		I	MARKETIN		AT (a.g., grocesy:	store, road corspoci	uri, employment agency, co	20
	20. DECEDENT'S RESIDENCE (Street an	id number, or location)							
USUAL RESIDENCE	109 WOODVIEW CR						The state of the s		
	21 CITY		UNTY/PROVINCE		23. ZIP CODE	24	YEARS IN COUNT	100000000000000000000000000000000000000	COUNTRY
	FOLSOM 26. INFORMANT 6 NAME, RELATIONSH		CRAMENTO	27 INSOR	95630	ADDRESS (Street	8	CA mute number, city or fown	state and (vn)
INFOR-	EDWARD LIX, HUSB			109 W	OODVIE	W CRT.,	FOLSOM,	CA 95630	sale and zepi
z	28 NAME OF SURVING SPOUSE/SRD	DP*-F#RST	29 MIDDLE		30), LAST (BIRTH N	AME)		
E/SRDP AND INFORMATION	EDWARD		s		and the last	.IX	·	\	
SRDI	31 NAME OF FATHER/PARENT-FIRST		32 MIDDLE		-107	LAST OOKAD	20	\	34 BIRTH STATE
USE/ NT IN	JAMES 35 NAME OF MOTHER/PARENT-FIRST		38 MIDDLE	<i></i>	and the same of th	OOKAD	75	-	38 BIRTH STATE
SPOUSE/SRDP AND PARENT INFORMATIO	BETTY		RUTH			CHILDERS			AR
	39. DISPOSITION DATE mm/dd/ccyy	40 PLACE OF FINAL DISPO	SITION RES: ED	WARD LIX	HUSBA	ND			
FUNERAL DIRECTOR/ LOCAL REGISTRAR	09/22/2015	109 WOODVIE		750	756		_/		
DIRE	41 TYPE OF DISPOSITION(S)		l l	NATURE OF EMBAL	- 1	N	/ .	/	43. LICENSE NUMBER
ERAL CAL F	CR/RES 44. NAME OF FUNERAL ESTABLISHME	NT		ENSE NUMBER 4	No.	F LOCAL REGIS	TRAR		47 DATE mm/dd/ccyy
를 2	44 NAME OF FUNERAL ESTABLISHME MILLER FUNERAL H	OME	FD46	67	OLIVIA	KASIRYE	≣, MD	E	09/21/2015
	101. PLACE OF DEATH		-	No.		PITAL SPECIFY	ONE 103 IF C	THER THAN HOSPITAL	
监돈								[Nursing	
ËΕ	RESIDENCE - OWN	L AGE CACH TO ADDDESS	OD LOCATION WILLIAM	FOLIND (CL	IP IP	EPVOP		ospice Nursing	
PLACE OF DEATH	RESIDENCE - OWN 104 COUNTY SACRAMENTO	105 FACILITY ADDRESS	The state of the s	FOUND (Street and	П — "	الياتا		108. CITY FOLSON	C X Home L One
PLACE OF DEATH	104. COUNTY	109 WOODVII	EW COURT	ariono Ihai directh	number, or locati	ion) O NO Fenter terms		106, CITY FOLSON	C X Home Cone
PLACE OF DEATH	104 COUNTY SACRAMENTO 107 CAUSE OF DEATH IMMEDIATE CAUSE (A) PENDII	109 WOODVII Enler the chain of events — do as cardina errest respiratory er	EW COURT	ariono Ihai directh	number, or locati	ion) O NO Fenter terms		106. CITY FOLSON Important Between Onset and Death (AT)	A YES NO
PLACE OF	104 COUNTY SACRAMENTO 107 CAUSE OF DEATH IMMEDIATE CAUSE (A PENDII CONDITION TREATMENT)	109 WOODVII Enler the chain of events — do as cardina errest respiratory er	EW COURT	ariono Ihai directh	number, or locati	ion) O NO Fenter terms		106. CITY FOLSON Ilera Intensi Between Orace and Death (AT) PEND	15-04732
PLACE OF DEATH	107 CAUSE OF DEATH IMMEDIATE CAUSE (S) Sequentially list	109 WOODVII Enler the chain of events — do as cardina errest respiratory er	EW COURT	ariono Ihai directh	number, or locati	ion) O NO Fenter terms		106. CITY FOLSON Important Between Onset and Death (AT)	C X Home
	104 COUNTY SACRAMENTO 107 GAUSE OF DEATH IMMEDIATE CAUSE (A) PEND II (Final disease or conductor resulting or death) (3) Sequentially list conditions if any teading to cause	109 WOODVII Enler the chain of events — do as cardina errest respiratory er	EW COURT	ariono Ihai directh	number, or locati	ion) O NO Fenter terms		106. CITY FOLSON Ilera Intensi Between Orace and Death (AT) PEND	C X Home
	104 COUNTY SACRAMENTO 107 CAUSE OF DEATH IMMEDIATE CAUSE (A) PENDII (Final disease or or condition resulting in death) in death) (S) Sequentially, list conditions if any leading to cause or on the performance of the perf	109 WOODVII Enler the chain of events — do as cardina errest respiratory er	EW COURT	ariono Ihai directh	number, or locati	ion) O NO Fenter terms		108. CITY FOLSON International Between Oracl and Death (AT) PEND (91)	Na DEATH REPORTED TO GO FORE
	104 COUNTY SACRAMENTO 107 CAUSE OF DEATH IMMEDIATE CAUSE (I/Final disease or conditions if any leading to cause on Line A Errer UNDERLAND COUNTY in excess or conditions of the conditions of th	109 WOODVII Enler the chain of events — do as cardina errest respiratory er	EW COURT	ariono Ihai directh	number, or locati	ion) O NO Fenter terms		108. CITY FOLSON International Between Oracl and Death (AT) PEND (91)	No. No. No.
CAUSE OF DEATH DEATH	104 COUNTY SACRAMENTO 107 CAUSE OF DEATH IMMEDIATE CAUSE (A PENDII (Final disease or Condution resulting in death) (condition resulting in death) (conditions if any leading to cause on Line A Line) (CAUSE (disease or numry that	109 WOODVIII Enter the crean of events — di- as cardioc arrest resporatory at NG	EW COURT suggest number or compact rest or ventricular formula	ariona that directly in without showing th	number, or locati	D NOT enter terms		108. CITY FOL SON Isra Interval Between Oracle and Death (AT) PEND (91) (CT)	Na DEATH REPORTED TO GO FORE
	104 COUNTY SACRAMENTO 107 CAUSE OF DEATH IMMEDIATE CAUSE (IF) Final disease or condulon resulting in death) (3) Sequentially, list conditions if any leading to cause on Live A. Exist CAUSE (Iglease or thury that instance in the events resulting in death) LAST	109 WOODVIII Enter the crean of events — di- as cardioc arrest resporatory at NG	EW COURT suggest number or compact rest or ventricular formula	ariona that directly in without showing th	number, or locati	D NOT enter terms		108. CITY FOL SON Isra Interval Between Oracle and Death (AT) PEND (91) (CT)	No. No. No.
	104 COUNTY SACRAMENTO 107 CAUSE OF DEATH IMMEDIATE CAUSE (IF) Final disease or condulon resulting in death) (3) Sequentially, list conditions if any leading to cause on Live A. Exist CAUSE (Iglease or thury that instance in the events resulting in death) LAST	109 WOODVII Enter the cross of events — de as cordinc arrest responsively at NG	EW COURT posses, injuries, or compo- rest, or ventric der formalia	ariona that directly an without showing the street of	number, or location mumber, or location produced death DC entrology, DO NC	D NOT enter terms		106. CT) 108. CT) 109. CT) 109. CT)	Note Death Herofited To Company Note Death Herofited To Company Note That I was a series of the Company Note
CAUSE OF DEATH	104 COUNTY SACRAMENTO 107 GAUSE OF DEATH IMMEDIATE CAUSE (A) PENDII (Final disease or conductor resulting in cealth) (3) Secuentially list conditions if any leading to cause on Line A Enter UNDERLYMO CAUSE (disease or limpy that instance the overtise to conduct the overtise to the conductor of the conductor o	109 WOODVIII Enter the croin of events — di- as cardiac arrest respiratory at NG	EW COURT posses injuries, or compo- rest, or ventricular formation author resulting in or or 1127 (if yes, last by	arrona that directly in without showing the transfer of th	number, or location mumber, or location produced death DC entrology, DO NC	D NOT enter terms		108. CITY FOL SON I are interval Between Orace and Death (AT) PEND (CT) (CT)	A HOMO OPEN MARIE OF THE PERMALE, PREGNANT INLAST YES NO LIFE FEMALE, PREGNANT INLAST YEN YES NO LIFE FEMALE, PREGNANT YES NO LIFE FEMALE, PREGNANT YES NO LIFE FEMALE YES
CAUSE OF DEATH	104 COUNTY SACRAMENTO 107 GAUSE OF DEATH IMMEDIATE CAUSE (A) PENDII (Final disease or conductor resulting in cealth) (3) Secuentially list conditions if any leading to cause on Line A Enter UNDERLYMO CAUSE (disease or limpy that instance the overtise to conduct the overtise to the conductor of the conductor o	109 WOODVII Enter the crisin of events — di- as cordiac arrest respiratory at NG S CONTRIBUTING TO DEATH 6 DR ANY CONDITION IN ITEM 1 DOWNEDGE DEATH CONSESSIVED	EW COURT posses, injuries, or compo- rest, or ventric der formalia	arrona that directly in without showing the transfer of th	number, or location mumber, or location produced death DC entrology, DO NC	D NOT enter terms		108. CITY FOL SON I are interval Between Orace and Death (AT) PEND (CT) (CT)	Note Death Herofited To Company Note Death Herofited To Company Note That I was a series of the Company Note
SICIAN'S CAUSE OF DEATH	104 COUNTY SACRAMENTO 107 CAUSE OF DEATH MMEDIATE CAUSE (A PENDII (Final disease or content) (Final	Enter the cross of events — de as cardina arrest insporatory at NG	EW COURT posses injuries, or compo- rest, or ventricular formation author resulting in or or 1127 (if yes, last by	THE UNDERLYING THE OF CERTIFIER	number, or local. rouned death IX caused death DO AC	ONO! only terms 11 ABBREVIATE		108. CITY FOL SON I are interval Between Orace and Death (AT) PEND (CT) (CT)	A HOMO OPEN MARIE OF THE PERMALE, PREGNANT INLAST YES NO LIFE FEMALE, PREGNANT INLAST YEN YES NO LIFE FEMALE, PREGNANT YES NO LIFE FEMALE, PREGNANT YES NO LIFE FEMALE YES
SICIAN'S CAUSE OF DEATH	104 COUNTY SACRAMENTO 107 CAUSE OF DEATH MMEDIATE CAUSE (A PENDII (Final disease or content) (Final	Enter the cross of events — de as cardiac arrest respiratory at NG	EW COURT DOSSES. INJURIES, OF COMPACT THESE OF VENTING APPROVED TO THE SELECTION OF THESE OF THESE OF THE SELECTION OF THE	THE UNDERLYING THE OF CERTIFIER	number, or local. rouned death IX caused death DO AC	ONO! only terms 11 ABBREVIATE		108. CITY FOL SON I are interval Between Orace and Death (AT) PEND (CT) (CT)	A NOB DEATH REPORTED TO COPONE NOB DEATH REPORTED TO COPONE NO 15-04732 TO BIOPSY PERFORMED? YES X NO 110 AUTOPSY PERFORMED? X YES NO 111 USED IN DETERMINING CUSET X YES NO LIF FEMMLE, PREGNANT INLAST YEM YES NO X UNX
CAUSE OF DEATH	107 COUNTY SACRAMENTO 107 CAUSE OF DEATH IMMEDIATE CAUSE (IV) Final disease or conductions resulting or conduction resulting or conductions resulting on Leve A Excert (IV) LOCAUSE (Iglencase or triply that or a consulting or consulting or consulting or conductions of any leading to cause or triply that or conductions or conductions or conductions or conductions or consulting or conductions or consulting or conductions or	Enter the chain of events — dies cades arest respiratory at NG	EW COURT COURT COMPANY THE CO	THE UNDERLYING THE OF CERTIFIER HYSICIAN'S NAME	number, or local. rouned death IX caused death DO AC	D NOT enter termin I ABBREVANE 1 107 120. INJUREO 120. INJUREO	AT WORK?	106. CT) 108. CT) 109. CT) 109. CT) 109. CT) 1104. CT) 1105. LICENSE NUM	C X Home OF RECOVERY OF RECOVE
PHYSICIAN'S CAUSE OF DEATH	104 COUNTY SACRAMENTO 107 CAUSE OF DEATH IMMEDIATE CAUSE (INTERNAL SEASON OF CONDITIONS (IN	Enter the chain of events — dies cades arest respiratory at NG	EW COURT DOSSES INVITES OF COMPACT THE STATE OF THE STA	THE UNDERLYING TO OPERATION AND	number, or location of countries of the	D NOT entry terminal III ABBREVANE	Movems acci	106. CT) 108. CT) 109. CT) 109. CT) 109. CT) 1104. CT) 1105. LICENSE NUM	C X Home OF RECOVERY OF RECOVE
PHYSICIAN'S CAUSE OF DEATH	107 COUNTY SACRAMENTO 107 CAUSE OF DEATH IMMEDIATE CAUSE (IV) Final disease or conductions resulting or conduction resulting or conductions resulting on Leve A Excert (IV) LOCAUSE (Iglencase or triply that or a consulting or consulting or consulting or conductions of any leading to cause or triply that or conductions or conductions or conductions or conductions or consulting or conductions or consulting or conductions or	Enter the chain of events — dies cades arest respiratory at NG	EW COURT DOSSES INVITES OF COMPACT THE STATE OF THE STA	THE UNDERLYING THE OF CERTIFIER HYSICIAN'S NAME	number, or location of course death DO AC CAUSE GIVEN IN date) MAILING ADDR	D NOT enter termin I ABBREVANE 1 107 120. INJUREO 120. INJUREO	AT WORK?	106. CT) 108. CT) 109. CT) 109. CT) 109. CT) 1104. CT) 1105. LICENSE NUM	C X Home OF RECOVERY OF RECOVE
PHYSICIAN'S CAUSE OF DEATH	104 COUNTY SACRAMENTO 107 CAUSE OF DEATH IMMEDIATE CAUSE (INTERNAL SEASON OF CONDITIONS (IN	Enter the croin of events — discordance arrest responsively at NG	EW COURT DOSSES INJURIES, OF COMPACT THESE OF VENTING IN OF OR 1127 (If yes List by 15. SIGNATURE AND TO 18. TYPE ATTENDING P AND PLACE STATED FROM SUDDE X INV EC.)	THE UNDERLYING THE OF CERTIFIER HYSICIAN'S NAME	number, or location of course death DO AC CAUSE GIVEN IN date) MAILING ADDR	D NOT enter termin I ABBREVANE 1 107 120. INJUREO 120. INJUREO	AT WORK?	106. CT) 108. CT) 109. CT) 109. CT) 109. CT) 1104. CT) 1105. LICENSE NUM	A Home OPERATE TO CONTROL TO THE CON
PHYSICIAN'S CAUSE OF DEATH	104 COUNTY SACRAMENTO 107 CAUSE OF DEATH IMMEDIATE CAUSE (A PENDII Final disease or condition resulting in death) (5) Sequentially, list conditions if any leading to quare (7) UNDERLYING CAUSE (disease or linjury that instaled the events (D) inst	Enter the croin of events — discordance arrest responsively at the scandard arrest responsively at the scandard arrest responsively at the scandard arrest responsive at the scandard arrest the scandard last Seen Africa. COOLENGE DAT THE HOUR, DATE Accorders Hormcoolens are a construction site, wooded area.	EW COURT DOSSES. INJURIES, OF COMPACT THESE OF VENTING LAST PORTURE BUT NOT RESULTING IN TO OR 1127 (If yes, last by TS. SIGNATURE AND TO TS. TYPE ATTENDING P AND PLACE STATED FROM TO SLOOK X INV TOURY)	THE UNDERLYING THE OF CERTIFIER HYSICIAN'S NAME	number, or location of course death DO AC CAUSE GIVEN IN date) MAILING ADDR	D NOT enter termin I ABBREVANE 1 107 120. INJUREO 120. INJUREO	AT WORK?	108. CITY FOL SON I are interval Between Drace and Death (AT) (CT) (CT) (DT) (DT) (1104. LICENSE NUM	A Home OPERATE TO CONTROL TO THE CON
PHYSICIAN'S CAUSE OF DEATH	104 COUNTY SACRAMENTO 107 CAUSE OF DEATH IMMEDIATE CAUSE (IA PENDO) (Final disease or Condition results) (Gasse of Cause (IA PENDO) 112 OTHER SIGNIFICANT CONDITIONS 113 WAS OPERATION PERFORMED TO 114 I CORTIEY IN MY TO THE BEST OF MY KN AT THE HOLR DISE NO PACE SIGNED FR Decident Alterded Since (IA INVIDENCE OF INJUSTY (IB IN) 115 I CERTIFY THAT IN MY CHINON DEATH MANNER OF DEATH 123 PLACE OF INJUSTY (IC I), home co	Enter the croin of events — discordance arrest responsively at the scandard arrest responsively at the scandard arrest responsively at the scandard arrest responsive at the scandard arrest the scandard last Seen Africa. COOLENGE DAT THE HOUR, DATE Accorders Hormcoolens are a construction site, wooded area.	EW COURT DOSSES. INJURIES, OF COMPACT THESE OF VENTING LAST PORTURE BUT NOT RESULTING IN TO OR 1127 (If yes, last by TS. SIGNATURE AND TO TS. TYPE ATTENDING P AND PLACE STATED FROM TO SLOOK X INV TOURY)	THE UNDERLYING THE OF CERTIFIER HYSICIAN'S NAME	number, or location of course death DO AC CAUSE GIVEN IN date) MAILING ADDR	D NOT enter termin I ABBREVANE 1 107 120. INJUREO 120. INJUREO	AT WORK?	108. CITY FOL SON I are interval Between Drace and Death (AT) (CT) (CT) (DT) (DT) (1104. LICENSE NUM	A Home OPERATE TO CONTROL TO THE CON
SICIAN'S CAUSE OF DEATH	104 COUNTY SACRAMENTO 107 CAUSE OF DEATH IMMEDIATE CAUSE (A PENDII Final disease or condition resulting in death) (5) Sequentially, list conditions if any leading to quare (7) UNDERLYING CAUSE (disease or linjury that instaled the events (D) inst	Enter the chain of events — dissipation and as cardiac arrest responsively at NG. S CONTRIBUTING TO DEATH 6 DR ANY CONDITION IN ITEM 1 DOWNEDGE DEATH COLLEGES STATED TOWNEDGE DEATH COLLE	EW COURT Suggest injuries, or compact rest or ventricular formula BUT NOT RESULTING IN OF OR 1127 (if yes lastly) 15. SIGNATURE AND TO 18. TYPE ATTENDING P AND PLACE STATED FROM Injury) and 2p)	THE UNDERLYING THE OF CERTIFIER HYSICIAN'S NAME	number, or location of locatio	D NOT anter termin II ABBREVANE I 107 I 20 INJURED YES [AT WORK? NO UN	IOR. COTO IOR. COTO IOR. COTO INCOME AND INCOME.	A Home OF BEAT HEROTHED TO CONDUCT TO STATE TO S
PHYSICIAN'S CAUSE OF DEATH	107 CAUSE OF DEATH IMMEDIATE CAUSE (IV) SEQUENTIALLY INSTANCE (IV) SEQUENTIALLY INSTANCE (IV) SEQUENTIALLY INSTANCE (IV) SEQUENTIALLY INSTANCE (IV) CAUSE (INCREASE OF DEATH (IV) 112 OTHER SIGNIFICANT CONDITIONS 113 WAS OPERATION PERFORMED FOR INSTANCE (IV) 114 I CONTIFY THAT TO THE BEST OF MY INV AT THE HOLE AND PRACE SIXTED FIRE DECORATION OF INJURY (IV) 119 I CERTIFY THAT IN IMM OR INDOMEDIALLY INSTANCE (IV) 119 I CERTIFY THAT IN IMM OR INDOMEDIALLY INSTANCE (IV) 123 PLACE OF INJURY (IV) INDURY (IV) 124 DESCRIBE HOW INJURY OCCURI	Enter the chain of events — disascoding areast responsively at the scalar areast responsively. The control test scene have min/dis/copy 1 OCCUPYED AT THE HOUR DATE According 1 homode instruction site, wooded area. RED (Events which resulted in inumber, or location, and city, UTY CORONER	EW COURT DOSSES. INJURIES, OF COMPACT THESE OF VENTING LAST PORTURE BUT NOT RESULTING IN TO OR 1127 (If yes, last by TS. SIGNATURE AND TO TS. TYPE ATTENDING P AND PLACE STATED FROM TO SLOOK X INV TOURY)	THE UNDERLYING THE UNDERLYING THE OF CERTIFIER HYSICIAN'S NAME THE CAUSES STATED radio	number, or location of locatio	D NOT anter termin II ABBREVANE I 107 I 20 INJURED YES [AT WORK? NO UN	International In	A Home OF BEAT HEROTHED TO CONDUCT TO STATE TO S
CORONER'S USE ONLY CERTIFICATION CAUSE OF DEATH	104 COUNTY SACRAMENTO 107 CAUSE OF DEATH IMMEDIATE CAUSE (INTERNAL SEASON OF CONDUCTION OF CONDUCT	Enter the chain of events — disascoding areast responsively at the scalar areast responsively. The control test scene have min/dis/copy 1 OCCUPYED AT THE HOUR DATE According 1 homode instruction site, wooded area. RED (Events which resulted in inumber, or location, and city, UTY CORONER	EW COURT Suggest injuries, or compact rest or ventricular formula BUT NOT RESULTING IN OF OR 1127 (if yes lastly) 15. SIGNATURE AND TO 18. TYPE ATTENDING P AND PLACE STATED FROM Injury) and 2p)	THE UNDERLYING THE UNDERLYING THE OF CERTIFIER HYSICIAN'S NAME THE CAUSES STATED radio 127. DATE mm. 09/18/20	number, or location of locatio	D NOT enter termin II ABBREVANE 1 ABBREVANE 1 TOT 120 INJURED YES 28 TYPE NAME,	AT WORK? NO UN TITLE OF CORONE R BECKER	IOR. COTO IOR. COTO IOR. COTO INCOME AND INCOME.	A Home OF BEAT HEROTHED TO CONDUCT TO STATE TO S

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF SACRAMENTO

This is a true and exact reproduction of the document officially registered and placed on file with Sacramento County Department of Health and Human Services.

DATE ISSUED

August 24, 2016

Oliva Kange MD

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PHYSICIAN/CORONER'S AMENDMENT

3052015182452	NO ERASURES, WHITEOUTS, PHOTOCOPIES,	2201524000544
STATE FILE NUMBER	OR ALTERATIONS	LOCAL REGISTRATION NUMBER
1.1		.

□ BIRTH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

☑ DEATH ☐ FETAL DEATH

PARTI	INFORMATION TO LOCATE RECORD						
INFORMATION AS IT APPEARS	1A, NAME—FIRST DANA	: 1B. MIDDLE : LEA	1 10 LAST LOOKADOO	i 2. SEX F			
ON <u>ORIGINAL</u> RECORD	3. DATE OF EVENT—MM/DD/CCYY 09/14/2015	4. CITY OF EVENT FOLSOM	5. COUNTY OF EVENT SACRAMENTO				
PART II	STATEMENT OF CORRE	CTIONS		1			
	6. CERTIFICATE 7. INFORMATION AS I	TAPPEARS ON ORIGINAL RECORD	8. INFORMATION AS IT SHOULD APPEAR				

	6. CERTIFICATE	7. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8. INFORMATION AS IT SHOULD APPEAR		
	107A	PENDING	ASPHYXIA		
	107AT	PEND	MINUTES		
LIST ONE	112		NONE		
ITEM PER	113		NO		
LINE	119 PENDING INVESTIGATION		HOMICIDE		
	120		NO		
	121		09/14/2015		
	122		0411		
	123		RESIDENCE - OWN		
	124		THE DECEDENT ASPHYXIATED		
			AT THE HANDS OF ANOTHER.		
	125		109 WOODVIEW COURT,		
			FOLSOM, CA 95630		

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER

9. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER ZHANNA KHABATYUK	10. DATE SIGNED—MM/DD/CCYY 08/21/2016	11. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER DEPUTY CORONER		
12. ADDRESS—STREET and NUMBER	13. CITY		14. STATE	15. ZIP CODE
4800 BROADWAY, SUITE 100	SACRAMENTO		CA	95820

STATE/LOCAL REGISTRAR USE ONLY 16. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR STATE REGISTRAR - OFFICE OF VITAL RECORDS STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

08/23/2016

FORM VS 24Ae (REV. 1/08)

17. DATE ACCEPTED FOR REGISTRATION-MM/DD/CCYY



This is a true and exact reproduction of the document officially registered and placed on file with Sacramento County Department of Health and Human Services.

DATE ISSUED

August 24, 2016



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