DOUGLAS COUNTY, NV

Rec:\$16.00

\$16.00 Pgs=3

2017-901009 07/05/2017 01:33 PM

ETRCO

KAREN ELLISON, RECORDER

APN#: 1220-16-610-108

Recording Requested By: Western Title Company	\ \	
When Recorded Mail To: Christina A. Reger 1303 S. Riverview Dr.		
Gardnerville, NV 89460		
Mail Tax Statements to: (deeds on	dy)	
	(space above for Recorder's use only)	

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature

Anu Jansse

Escrow Officer

This document is being recorded as an accommodation only.

Affidavit Death of Joint Tenant

This page added to provide additional information required by NRS 111.312 (additional recording fee applies)

AFFIDAVIT - DEATH OF JOINT TENANT

Christina A. Reger, of legal age, being first duly sworn, deposes and says:

That Bryan T. Reger, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Bryan T. Reger named as one of the parties in that certain Grant. Bargain and Sale Deed dated 1/21/2013 executed by John Daniel Cowan and Carol Kay Gaidis, Husband and Wife who acquired title as John Daniel Cowan, an unmarried man and Carol Kay Gaidis, an unmarried woman, as joint tenants with right of survivorship to Bryan T. Reger and Christina A. Reger, Husband and Wife as Joint Tenants as joint tenants, recorded as instrument No. 817371, on 1/31/2013, in Book113, Page 9438, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

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

Lot 127, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 2, filed in the office of the County Recorder of Douglas County, State of Nevada, on June 1, 1965, in Book 31, Page 686, as Document No. 28309, and Amended Title Sheet recorded on June 4, 1965, in Book 31, Page 797, as Document No. 28377.

Dated 6/26/17

Christina A. Reger, Surviving Joint Tenant

STATE OF NEVADA

SSS

COUNTY OF

This instrument was acknowledged before me on

by Christina A. Reger.

Notary Public

ANU JANSSE
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 03-90889-5 - Expires March 20, 2018



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

EFE AR VETTA

VITAL STATISTICS

E NO. 3948212		CERTIFICATE			201700 STATE FILE N	
IB. DECEASED-NAME (FIRST,M				2. DATE OF DEATH (Mo/Day		UNTY OF DEATH
Bryan T		REGE	4 - 51	March 24, 2017		Douglas
3b. CITY, TOWN, OR LOCATION Minden	OF DEATH ISC HOSPITA	AL OR OTHER INSTITUTION Resider	, ,-	Innation(Specify)	1,176.4	- W 1777
RACE (Specify)		Hispanic Origin? Specify	market and an arrange	ZE UNDER 1 YEAR 7c. UND	Y Room / Outp	iatient M re of Birth (Mo/Di
Wh		No - Non-Hispanic	(Years) 38	MOS DAYS HOURS	S I MINS	ecember 22, 19
e. STATE OF BIRTH (If not US/C name country) California	CA, 96. CITIZEN OF V United	MHAT COUNTRY 10 EDUCA States 14	ATION 11. MARITAL STATU Marrie	S (Specify) 12 SURVIVING S C	Christina An	name prior to Arst marriag
13. SOCI <u>AL SECU</u> RITY NUMBER		UPATION (Give Kind of Wor	k Done During Most of	14b. KIND OF BUSINESS		Ever in US A
-3887	5b. COUNTY	Journeyma 15c. CITY, TOWN OR	an Lineman LOCATION 1 15d STR	Powe	nine	Forces? No 15e, INSIDE CI LUMBTS (Specify
Nevada	Douglas	Gardner	The second second	S. Riverside Dr		or No) Ye
16 FATHER/PARENT - NAME (F	· · · · · · · · · · · · · · · · · · ·	1. 178 (1971) 1. See Exp. 19. 19. 19.		ARENT - NAME (First Midd	700 a 1 77 a 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	w is th
18a. INFORMANT- NAME (Type	orthur Frank REGI	EK 18b. MAILING AC	DDRESS (Street or R.	F.D. No, Cily or Town, State,	nn MEADE	
Christina A	Ann REGER		1303 S. Rive	erview Dr. Gardnerville	, Nevada 8946	···
19a. BURIAL, CREMATION, REM Crematic			IATORY - NAME Thenry's Crematory	19 c . L	1311	or Town State
20a. FUNERAL DIRECTOR - SIG	T11 - 3 S - 1 S - 1 S - 1 S - 1 S - 1 S - 1 S - 1 S - 1 S - 1 S - 1 S - 1 S - 1 S - 1 S - 1 S - 1 S - 1 S - 1 S	Commence of the contract of th	The second of th	E AND ADDRESS OF FACIL		Nevada 89701
TAMAR	r robinson	LICENSE NI	JMBER	FitzHenry's Cars	on Valley Fune	20 20 20 20 20 20 20 20 20 20 20 20 20 2
سينم بالمطافعات المناثر المناثر	JRE AUTHENTICATED	25 digitari da da 18 di antonio de la 🗷				
		97 70	70	1380 Highway 395	N Gardnerville	NV 89410
TRADE CALL NAME AND ADD	RESS				18 5	
TRADE CALL NAME AND ADDI	RESS Wiedge, death occurred at	9 I the time, date and place and	I due 224. On the	basis of examination and/or inve late and place and due to the ca	eligation, in my opinio use(s) stated; (Signa	on death occurred ture & Title)
FRADE CALL - NAME AND ADDI	RESS wiedge, death occurred at nature & Title)		I due 22s. On the	basis of examined on and/or inve	eligation, in my opinio use(s) stated; (Signa	on death occurred ture & Title) TURE AUTHENTS
FRADE CALL: NAME AND ADDI 21s. To the best of my kno 25 to the cause(s) stated (Sig	RESS	the time, date and place and	due 23 actie tins, c 22 DATI	basis of examination and/or time tate and place and due to the ca LOETTE J SHITH E SIGNED (Me/Day/Yr) April 05, 2017	eligation, in my opinic uso(s) stated, (Signa SIGMA 22c. HOUR (on death occurred fure & Title) TURE AUTHENTI OF DEATH 17:03
RADE CALL - NAME AND ADDI 21s. To the best of my kno by the cause(s) stated (Sig 21b. DATE SIGNED (Mo/ 21b. DATE SIGNED (Mo/ 21c. NAME OF ATTENDI	RESS	the time, date and place and	due 23 actie tins, c 22 DATI	basis of examination and/or time to the car before J SMITH SIGNED (Mo/Day/Yr) April 05, 2017 NOUNCED DEAD (Mo/Day/Y)	eligation, in my opinic uso(s) stated, (Signa SIGMA 22c. HOUR (on death occurred ture & Title) TURE AUTHENTI OF DEATH 17:03 DUNCED DEAD AT (
TRADE CALL - NAME AND ADDI 2 21s. To the best of my kno by the cause(s) stated (Sig 2 21s. DATE SIGNED (Mo/	RESS Wiedge, deeth occurred at nature & Title) Dayn'() 21c. H NG PHYSICIAN IF OTHER ERTIFIER (PHYSICIAN.	OUR OF DEATH R THAN CERTIFIER ATTENDING PHYSICIAN; M	I due S 224. On the S 22 Con th	basis of examination and/or time that and place and due to the car DETTT J SHIFTH ESIGNED (MO/Day/Yr) April 05, 2017 NOUNCED DEAD (Mo/Day/Y March 24, 2017 CORONER) (Type or Print)	etgation, in my opinio use(a) stated; (Signa 9169A 22c. HOUR (7) 22e. PRONC	on death occurred fure & Title) TURE AUTHENTI OF DEATH 17:03
TRADE CALL: NAME AND ADDITION OF A THE COURSE	RESS Wiedge, deeth occurred at nature & Title) Dayn'() 21c. H NG PHYSICIAN IF OTHER ERTIFIER (PHYSICIAN.	OUR OF DEATH R THAN CERTIFIER ATTENDING PHYSICIAN: M 3 Smith P.O. Box 2	224. On the time, of	basis of examination and/or time to the and place and due to the cauded T = J SARTTH E SIGNED (Mo/Day/Yr) April 05, 2017 April 05, 2017 NOUNCED DEAD (Mo/Day/Y) March 24, 2017 CORONER) (Type or Print), 123	etgation, in my opinic use(s) stated; (Signa state) 22c. HOUR (7) 22e. PRONC 23b. LICE	on death occurred ture & Title) TURE AUTHENTS OF DEATH 17:03 DUNCED DEAD AT (17:03
TRADE CALL: NAME AND ADDITED TO THE CRUSH (Signature) 21b. DATE SIGNED (Monor Control of Control o	RESS wiedge, deeth occurred at nature & Title) Dayn'r) PHYSICIAN IF OTHER ERTIFIER (PHYSICIAN, Deputy Bernadette VERALYNN SIGNATURE AUT	CUR OF DEATH R THAN CERTIFIER ATTENDING PHYSICIAN M J Smith P.O. Box 2 A BOYAGK THENTICATED	EDICAL EXAMINER, OR 18 Minden, NV 89-24b, DATE RECEIVE (MoDay/Yr)	basis of examination and/or time to the and place and due to the cauded T = J SARTTH E SIGNED (Mo/Day/Yr) April 05, 2017 April 05, 2017 NOUNCED DEAD (Mo/Day/Y) March 24, 2017 CORONER) (Type or Print), 123	etgation, in my opinic use(s) stated; (Signa state) 22c. HOUR (7) 22e. PRONC 23b. LICE	on death occurred fure A Title) TURE AUTHEMT OF DEATH 17:03 DUNCED DEAD AT (17:03 ENSE NUMBER
TRADE CALL. NAME AND ADDITED TO THE CRUSE (S) Stated (S) Stated (S) 21b. DATE SIGNED (Moz 21b. DATE SIGNED (Moz 21c. NAME OF ATTENDAL 25. (Type or Print) 24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE	RESS wiedge, death occurred at nature & Title) Daynyr) 21c. H NG PHYSICIAN IF OTHER ERTIFIER (PHYSICIAN, Deputy Bernadette VERALYNN SIGNATURE AUT (ENTER ONLY ONE CA	CUR OF DEATH R THAN CERTIFIER ATTENDING PHYSICIAN M J Smith P.O. Box 2 A BOYACK	EDICAL EXAMINER, OR 18 Minden, NV 89-24b, DATE RECEIVE (MoDay/Yr)	basis of examination and/or time that and place and due to the car DOET TO J SAINT THE ESIGNED (MO/Day/Yr) April 05, 2017 NOUNCED DEAD (Mo/Day/Yr) March 24, 2017 CORONER) (Type or Print) 123 D BY REGISTRAR 240	etgation, in my opinic use(s) stated, (Signa \$1694A 22c, HOUR (r) 22e, PRONC 23e, LICI 23e, LICI 25e DEATH DUE TOO YES	on death occurred fure A Title) TURE AUTHEMT OF DEATH 17:03 DUNCED DEAD AT (17:03 ENSE NUMBER
TRADE CALL. NAME AND ADDITED TO THE CRUSH (Signature) 21b. DATE SIGNED (Morio 2 to the cause(s) stated (Signature) 21b. DATE SIGNED (Morio 2 to the cause(s) stated (Signature) 21c. NAME AND ADDRESS OF (2 to the cause part (signature)) 25c. IMMEDIATE CAUSE PART (signature)	RESS wiedge, death occurred at nature & Title) Dayn'r) PHYSICIAN IF OTHER ERTIFIER (PHYSICIAN, Deputy Bernadette VERALYNN SIGNATURE AUT (ENTER ONLY ONE CA	CUR OF DEATH R THAN CERTIFIER ATTENDING PHYSICIAN M J Smith P.O. Box 2 A BOYACK THENTICATED	EDICAL EXAMINER, OR 18 Minden, NV 89-24b, DATE RECEIVE (MoDay/Yr)	basis of examination and/or time that and place and due to the car DOET TO J SAINT THE ESIGNED (MO/Day/Yr) April 05, 2017 NOUNCED DEAD (Mo/Day/Yr) March 24, 2017 CORONER) (Type or Print) 123 D BY REGISTRAR 240	etgation, in my opinic use(s) stated, (Signa 31691A 22c, HOUR (7) 22c, PRONC 23c, LICI 23c, LICI 23c, LICI 25c, LICI	on death occurred ture & Title): TURE AUTHEMIT! OF DEATH: 17:03 DUNCED DEAD AT (17:03 ENSE NUMBER COMMUNICABLE DI NO X
TRADE CALL: NAME AND ADDITED TO THE CRUSH (S) STATE OF ATTENDATE OF AT	RESS wiedge, death occurred at nature & Title) Daynyr) 21c. H NG PHYSICIAN IF OTHER ERTIFIER (PHYSICIAN, Deputy Bernadette VERALYNN SIGNATURE AUT (ENTER ONLY ONE CA	CUR OF DEATH R THAN CERTIFIER ATTENDING PHYSICIAN M J Smith P.O. Box 2 A BOYACK THENTICATED	EDICAL EXAMINER, OR 18 Minden, NV 89-24b, DATE RECEIVE (MoDay/Yr)	basis of examination and/or time that and place and due to the car DOET TO J SAINT THE ESIGNED (MO/Day/Yr) April 05, 2017 NOUNCED DEAD (Mo/Day/Yr) March 24, 2017 CORONER) (Type or Print) 123 D BY REGISTRAR 240	etgation, in my opinic use(s) stated, (Signa 31691A 22c, HOUR (7) 22c, PRONC 23c, LICI 23c, LICI 23c, LICI 25c, LICI	on death occurred ture & Title): TURE AUTHEMIT! OF DEATH: 17:03 DUNCED DEAD AT (17:03 ENSE NUMBER COMMUNICABLE DI NO X
TRADE CALL - NAME AND ADDITED TO THE CRUSH (Signature) To the cause(s) stated (Signature) The Cause (signature	RESS wiedge, death occurred at nature & Title) Dayn'r) 210. H NG PHYSICIAN IF OTHER ERTIFIER (PHYSICIAN, Deputy Bernadette VERALYNN SIGNATURE AUT (ENTER ONLY ONE CANTICULIAR, ATTEST B A CONSEQUENCE OF	CUR OF DEATH R THAN CERTIFIER ATTENDING PHYSICIAN, M J. Smith P.O. Box 2 A BOYAGK PHENTICATED LISE PER LINE FOR (a), (b),	EDICAL EXAMINER, OR 18 Minden, NV 89-24b, DATE RECEIVE (MoDay/Yr)	basis of examination and/or time that and place and due to the car DOET TO J SAINT THE ESIGNED (MO/Day/Yr) April 05, 2017 NOUNCED DEAD (Mo/Day/Y) March 24, 2017 CORONER) (Type or Print) 123 D BY REGISTRAR 240	etgation, in my opinio use(s) stated, (Signa \$1694A 22c, HOUR (r) 22e, PRONC 23e, LICI 23e, LICI E DEATH DUE TO (YES	on death occurred ture & Title) TURE AUTHEBYT OF DEATH 17:03 DUNCED DEAD AT (17:03 ENSE NUMBER COMMUNICABLE DI NO X rel between poset an
TRADE CALL - NAME AND ADDITED TO THE CRUSH (Signature) To the cause(s) stated (Signature) The Cause (signature	RESS wiedge, deeth occurred at nature & Title) Dayn'r) PROPHYSICIAN IF OTHER ERTIFIER (PHYSICIAN, Deputy Bernadette VERALYNN SIGNATURE AUT (ENTER ONLY ONE CANTICULAR ATTREST S A CONSEQUENCE OF: Heart Disease S A CONSEQUENCE OF:	CUR OF DEATH R THAN CERTIFIER ATTENDING PHYSICIAN, M J. Smith P.O. Box 2 A BOYAGK PHENTICATED LISE PER LINE FOR (a), (b),	EDICAL EXAMINER, OR 18 Minden, NV 89-24b, DATE RECEIVE (MoDay/Yr)	basis of examination and/or time that and place and due to the car DOET TO J SAINT THE ESIGNED (MO/Day/Yr) April 05, 2017 NOUNCED DEAD (Mo/Day/Y) March 24, 2017 CORONER) (Type or Print) 123 D BY REGISTRAR 240	etgation, in my opinic use(s) stated, (Signation State) 22c. HOUR (22c. HOUR (23s. LIC) 23s. LIC) 23s. LIC) 10terv	on death occurred ture & Title) TURE AUTHEBYT OF DEATH 17:03 DUNCED DEAD AT (17:03 ENSE NUMBER COMMUNICABLE DO NO X rel between onset an
TRADE CALL - NAME AND ADDITED TO THE CRUSH (Signature) To the cause(s) stated (Signature) The Cause (signature	RESS Wiedge, deeth occurred at nature & Title) Dayn'r) PROPHYSICIAN IF OTHER ERTIFIER (PHYSICIAN, Deputy Bernadette VERALYNN SIGNATURE AUT (ENTER ONLY ONE CANTICULIAR ATTREST SIGNOSEQUENCE OF HEART DISEASE	CUR OF DEATH R THAN CERTIFIER ATTENDING PHYSICIAN, M J. Smith P.O. Box 2 A BOYAGK PHENTICATED LISE PER LINE FOR (a), (b),	EDICAL EXAMINER, OR 18 Minden, NV 89-24b, DATE RECEIVE (MoDay/Yr)	basis of examination and/or time that and place and due to the car DOET TO J SAINT THE ESIGNED (MO/Day/Yr) April 05, 2017 NOUNCED DEAD (Mo/Day/Y) March 24, 2017 CORONER) (Type or Print) 123 D BY REGISTRAR 240	etgation, in my opinic use(s) stated, (Signation State) 22c. HOUR (22c. HOUR (23s. LIC) 23s. LIC) 23s. LIC) 10terv	on death occurred ture & Title) TURE AUTHEBYT OF DEATH 17:03 DUNCED DEAD AT (17:03 ENSE NUMBER COMMUNICABLE DI NO X ral between poset an
TRADE CALL - NAME AND ADDITED TO THE CRUSH (Signature) To the cause(s) stated (Signature) The Cause (signature	RESS wiedge, deeth occurred at nature & Title) Dayn'r) PROPHYSICIAN IF OTHER ERTIFIER (PHYSICIAN, Deputy Bernadette VERALYNN SIGNATURE AUT (ENTER ONLY ONE CANTICULAR ATTREST S A CONSEQUENCE OF: S A CONSEQUENCE OF: S A CONSEQUENCE OF: S A CONSEQUENCE OF:	OUR OF DEATH R THAN CERTIFIER ATTENDING PHYSICIAN, M J Smith P.O. Box 2 A BOYACK THENTICATED LISE PER LINE FOR (a), (b),	EDICAL EXAMINER, OR 18 Minden, NV 89- 24b, DATE RECEIVE (McDay/Yi)	basis of examination and/or time to the and place and due to the car LOET TO J SARTTH E SIGNED (Mo/Day/Yr) April 05, 2017 CORONER) (Type or Print) 123 D BY REGISTRAR pril 05, 2017	etgation, in my opinic use(s) stated, (Signation State) 22c. HOUR (22c. HOUR (23c. LIC) 23c. LIC) 23c. LIC) 10c. DEATH DUE TOO YES	on death occurred fure & Title) TURE AUTHENTI OF DEATH 17:03 DUNCED DEAD AT (17:03 ENSE NUMBER COMMUNICABLE DI NO X rai between onset an rai between onset an rai between onset an
TRADE CALL: NAME AND ADDITED TO THE CRUSH (Signature) 21a. To the best of my know to the cause(s) stated (Signature) 21b. DATE SIGNED (More of the cause of the	RESS wiedge, deeth occurred at nature & Title) Dayn'r) PROPHYSICIAN IF OTHER ERTIFIER (PHYSICIAN, Deputy Bernadette VERALYNN SIGNATURE AUT (ENTER ONLY ONE CANTICULAR ATTREST S A CONSEQUENCE OF: S A CONSEQUENCE OF: S A CONSEQUENCE OF: S A CONSEQUENCE OF:	OUR OF DEATH R THAN CERTIFIER ATTENDING PHYSICIAN, M J Smith P.O. Box 2 A BOYACK THENTICATED LISE PER LINE FOR (a), (b),	EDICAL EXAMINER, OR 18 Minden, NV 89- 24b, DATE RECEIVE (McDay/Yi)	basis of examination and/or time to the and place and due to the car LOET TO J SARTTH E SIGNED (Mo/Day/Yr) April 05, 2017 CORONER) (Type or Print) 123 D BY REGISTRAR pril 05, 2017	etgation, in my opinic use(s) stated, (Signation State) 22c. HOUR (22c. HOUR (23s. LIC) 23s. LIC) 23s. LIC) 10terv	on death occurred fure & Title) TURE AUTHEMY OF DEATH 17:03 DUNCED DEAD AT (17:03 ENSE NUMBER COMMUNICABLE DI NO X rel between onset an eat an eat between onset an eat
TRADE CALL: NAME AND ADDITED TO THE CRUSH (Signature) 21a. To the best of my know to the cause(s) stated (Signature) 21b. DATE SIGNED (More of the cause of the	RESS wiedge, deeth occurred at nature & Title) Dayn'r) PROPHYSICIAN IF OTHER ERTIFIER (PHYSICIAN, Deputy Bernadette VERALYNN SIGNATURE AUT (ENTER ONLY ONE CANTICULAR ATTREST S A CONSEQUENCE OF: S A CONSEQUENCE OF: S A CONSEQUENCE OF: S A CONSEQUENCE OF:	COUR OF DEATH R THAN CERTIFIER ATTENDING PHYSICIAN, M. J. Smith P.O. Box 2 A BOYAGK PHENTICATED LISE PER LINE FOR (a), (b),	EDICAL EXAMINER, OR 18 Minden, NV 89-24b, DATE RECEIVE (Morbay) Yi)	basis of examination and/or time to the and place and due to the car LOET TO J SARTTH E SIGNED (Mo/Day/Yr) April 05, 2017 CORONER) (Type or Print) 123 D BY REGISTRAR pril 05, 2017	etgation, in my opinio use(s) statect, (Signa 19691A 22c. HOUR (23c. LICI 25c. AUTOPSY (Signature) 25c.	on death occurred ture & Title) TURE ALTHEMTI OF DEATH 17:03 DUNCED DEAD AT (17:03 ENSE NUMBER COMMUNICABLE DI NO X rel between onset an rel be
TRADE CALL - NAME AND ADDITED TO THE CRUSH (Signature) To the cause(s) stated (Signature) The Cause (signature	RESS Wiedge, death occurred at nature & Title) Dayn'r) PROPHYSICIAN IF OTHER ERTIFIER (PHYSICIAN, Deputy Bernadette VERALYNN SIGNATURE AUT (ENTER ONLY ONE CANTICULAR ATTREST B A CONSEQUENCE OF HEART DISEASE S A CONSEQUENCE OF S A CONSEQUENCE OF CONSEQU	COUR OF DEATH R THAN CERTIFIER ATTENDING PHYSICIAN, M. J. Smith P.O. Box 2 A BOYAGK PHENTICATED LISE PER LINE FOR (a), (b),	EDICAL EXAMINER, OR 18 Minden, NV 89-24b, DATE RECEIVE (Morbay) Yi)	basis of examination and/or inversate and place and due to the cause and place and due to the cause and place and due to the cause and the cause of	etgation, in my opinio use(s) statect, (Signa 19691A 22c. HOUR (23c. LICI 25c. AUTOPSY (Signature) 25c.	on death occurred fure & Title) TURE AUTHEMY OF DEATH 17:03 DUNCED DEAD AT (17:03 ENSE NUMBER COMMUNICABLE DI NO X rel between onset an eat an eat between onset an eat
RADE CALL: NAME AND ADDI 21s. To the best of my kno by 2 21s. To the best of my kno by 2 21s. To the best of my kno by 2 21s. To the best of my kno by 2 21s. To the best of my kno by 2 21s. To the best of my kno color col	RESS Wiedge, death occurred at nature & Title) Day/Yr) PROPHYSICIAN IF OTHER VERALYNN SIGNATURE AUT (ENTER ONLY ONE CA IT COULD ATTOCK B A CONSEQUENCE OF: HEART DISEASE S A CONSEQUENCE OF: S A CONSEQUENCE OF: CONDITIONS-CONDITIONS ZEE, DATE OF INJURY (Man)	COUR OF DEATH R THAN CERTIFIER ATTENDING PHYSICIAN, M. J. Smith P.O. Box 2 A BOYAGK PHENTICATED LISE PER LINE FOR (a), (b),	resulting in the underlying	basis of earrinellon and/or line bate and place and due to the cat	etgation, in my opinic use(a) stated; (Signation States) 22c. HOUR (23b. LIC) 23b. LIC) 23b. LIC) 23b. LIC) 10c. DEATH DUE TO (YES	on death occurred fure & Title) TURE AUTHEMY OF DEATH 17:03 DUNCED DEAD AT (17:03 ENSE NUMBER COMMUNICABLE DI NO X rel between priset an rel between priset an rel between onset an rel betw



DATE ISSUED:

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.

4/7/2017

Codyd Phiney SHANTURE ANTHENTY GATED

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

