**DOUGLAS COUNTY, NV**This is a no fee document
NO FEE

2017-905562 10/13/2017 11:01 AM

DC/SOCIAL SERVICES

Pgs=7

Assessor's Parcel Number:N/A	
Date: OCTOBER 12, 2017	00063319201709055620070071
Recording Requested By:	KAREN ELLISON, RECORDER
Name: <u>karen beckerbauer, social services</u>	
Address:	
City/State/Zip:	
Real Property Transfer Tax: \$ N/A	

PERMIT FOR DISINTERMENT OF HUMAN REMAINS #2017.197
(Title of Document)

# **BoCC APPROVED 10/5/17 ITEM #D**

State of Nevada



Division of Public and Behavioral Health Burgan of Propurations. Assurance, Inspections and Statistics Office of Vital Records and Mutistics 4150 Technology Way, Antic 104 Carson City. Nevada 89706 Telephone (\*\*75) 684-4242 http://doi.org/1050/194684 FILED

2017 OCT 12 PM 2: 47

DOUGLAS COUNTY

### PERMIT FOR DISINTERMENT OF HUMAN REMAINS

A completed Affidavit for Correction correction fee must be sub	T
Permission is Requested to	
Decedies George I. Kishimura	
October 23, 2014 Place of Death Gardnerville, NV	Social Security Number - 0841
Carrent Place of Barial Eastside Memorial Park	
Pace of New Burist or Interment Gavilan Hills Memorial Park	
Person Requesting to	Dixinter Remains:
Print Name Robert H. Kishimura	Lilit H. Kishimura
Relationship brother	The state of the s
776 Dawn Way, Gilroy, CA 95020	
Tank of Funeral Director in Charge of Arrangements Rick Hearn	A Proposition of the Control of the
Approval for Disinterment with Rebarial s	or Cremation in Nevada (NRS 451.045)
Obstriet Health Offiger Signature Print S	kur Holman Gils 17
Approval for Disinsermens with Ren	noval Out of State (NRS 451-050)
With Bound With Manual Commission of the Street of the Str	Jilliam B. Penzel 10/5/17

State of Nevada



Division of Public and Behavioral Health
Bureau of Preparedness, Assurance, Inspections and Statistics
Office of Vital Records and Statistics
4150 Technology Way, Suite 104
Carson City, Nevada 89706
Telephone (775) 684-4242
<a href="http://dpbh.nv.gcv">http://dpbh.nv.gcv</a>

## PERMIT FOR DISINTERMENT OF HUMAN REMAINS

A completed Affidavit for Correction of a Record form and the proper correction fee must be submitted with this permit.

Permission is Requested to Disinter the Remains of:

Place of Death

Decedent George I. Kishimura

Date of Death

October 23, 2014	Gardnerville, NV	\ \	0841		
Current Place of Burial Eastside Memorial Park					
Place of New Burial or Interment Gavilan Hills Memorial Pa	rk				
Person Requesting to Disinter Remains:					
Print Name Judy K. Kishimura	Sig	nature Usung P. &	Seshimeisa	)	
Relationship NIECE		/ /			
527 Mccormick Court, Cap					
Name of Funeral Director in Charge Rick Hearn	of Arrangements				
Approval for Disinterment with Reburial or Cremation in Nevada (NRS 451.045)					
District Health Officer Signature	Print Nan	ne R. Holi	nan	Date // 8/17	
Approval for Disinterment with Removal Out of State (NRS 451.050)					
County Complissioner Signature	Print Nan Willia	m B lenz	zel	Date 10/5/17	
07. 53.2017 U					





Division of Public and Behavioral Health Bureau of Preparedness, Assurance, Inspections and Statistics Office of Vital Records and Statistics 4150 Technology Way, Suite 104 Carson City, Nevada 89706 Telephone (775) 684-4242 http://dpbh.nv.gcv

## PERMIT FOR DISINTERMENT OF HUMAN REMAINS

A completed Affidavit for Correction of a Record form and the proper correction fee must be submitted with this permit.

Permission is Requested to Disinter the Remains of:

Place of Death Gardnerville, NV

Gavilar Filis Welfield Fark					
Person Requesting to Disinter Remains:					
Print Name Emiko R. Kishimura	Signature T. Riskime	ut			
Relationship SISTET	/_/				
200 W. 2nd Street, #602, Reno, Ne	vada				
Name of Funeral Director in Charge of Arrangen Rick Hearn					
$\bigcirc$	Reburial or Cremation in Nevada (NR				
District Health Officer Signature	Print Name Holman	9/18/17			
Approval for Disinterment	with Removal Out of State (NRS 451.				
County Cyffmissioner Signature	Print Name	Date / /			
alle of engl	William B. Penzel	10/5/17			
UT. 13.2027		•			

Decedent George I. Kishimura

Current Place of Burial Eastside Memorial Park

Place of New Burial or Interment
Gavilan Hills Memorial Park

Date of Death October 23, 2014



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

CASE FILE NO. 3799079

## CERTIFICATE OF DEATH

2014018566

TYPE OR	10 DECEACED HAME (CIDO						STATE FILE	UMBER
PRINT IN PERMANENT	1a. DECEASED-NAME (FIRST				2.	DATE OF DEATH (Mo/D)	ay/Year) 3a. CO	UNTY OF DEATH
BLACK INK	Geo	rge I	<b>,</b> , , , , , , , , , , , , , , , , , ,	(ISHIMURA		October 23, 20	14 -	Douglas
ì .	3b. CITY, TOWN, OR LOCATIO					reet an 3e. If Hosp. or Inst	indicate DOA, OP/Er	ner. Rm. 4. SEX
DECEDENT	Gardnerville		Gardnerville	Health and Rel		inpatient(Specify)	indicate DOA, OP/Er	Male
	5. RACE (Specify)  Jap	anese	6. Hispanic Origin No - Non-Hispan	Specify 7a. A nic (Year	5); : : · · · · · · · · · · · · · · · · ·	UNDER 1 YEAR 7c. UN		E OF BIRTH (Mo/Day/Yr)
IF DEATH OCCURRED IN	9a. STATE OF BIRTH (If not US	S/CA, 96 CITIZE	N OF WHAT COUNTR	VID EDUCATION I	. MARITAL STATUS	Specify) 12 SURVIVING	SPOUSES NAME (Last)	April 04, 1927
INSTITUTION SEE	name country) Californ		United States	12	Divorced		ar occurrence (cast)	impo brox m mar umusõa)
HARDBOOK 13. SOCIAL SECURITY NUMBER: 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of 14b. KIND OF BUSINESS OR INDUSTRY						Ever in US Armed		
RESIDENCE ITEMS	-0841	<u></u>	<u> </u>	Farmer		Fam	ning	Forces? Yes
112.13	15a. RESIDENCE - STATE	15b. COUNTY	15c, CITY	TOWN OR LOCATION	N 15d STREE	T AND NUMBER		15e. INSIDE CITY LIMITS (Specify Yes
<b></b>	<u>Nevada</u>	<u> </u>	is / C	Sardnerville -	1490 W	Vild Iris Ct		or No) Yes
PARENTS	16. FATHER/PARENT - NAME	(First Middle Last Uichi KISHII			17. MOTHER/PAR	ENT - NAME (First Mide		
	18a. INFORMANT- NAME (Type	e or Print)		MAILING ADDRESS	(Street or R E D	. No, City or Town, State,	YAMANE	
		(ISHIMURA : ::			527 McCom	nick Ct, Capitola, Ca		
SPOSITION	19a BURIAL CREMATION, RE	MOVAL, OTHER (S)	ecify) 19b. CEMETER	Y OR CREMATORY	NAME	. 19c.	LOCATION City o	r Town State
	Buria			76.	Memorial Park	E E 24	Gilroy Cali	fornia 95020
	20s. FUNERAL DIRECTOR - SI	GNATURE (Or Personal SMOLENSK)	on Acting as Such) 🗀 2	206. FUNERAL DIREC LICENSE NUMBER	TOF 20c NAME	AND ADDRESS OF FACI	LITY	·
}	ľ	TURE AUTHENTIC		217	- N.	FitzHenry's Cars	on Valley Funer	al Home
RADE CALL	TRADE CALL - NAME AND ADD	DRESS	AIGD.			1380 Highway 395	N. Gardnerville	NV 89410
1	21a. To the best of my kn	owiedge, death occu	med at the time, date an	nd place and due	22a On the best	s of examination and/or inve	etia etian in manistra	
	to the cause(s) stated.(SI	ignature & Title)	SIGNATURE AUT	HENTICATED		and place and due to the ca	use(s) stated (Signat	re & Title)
CERTIFIER	21b. DATE SIGNED (Mo	JOSE AGUI	21c. HOUR OF DEATH	796	ö	<u>. Jan sain a in sain</u>		
(C)	IER 21b. DATE SIGNED (Mo/Day/Yr) 21c. HOUR OF DEATH 20:10 DATE SIGNED (Mo/Day/Yr) 22c. HOUR OF DEATH							F DEATH
	November 12, 2014  20:10  21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER  (Type or Print)  22d. PRONOUNCED DEAD (Mo/Day/Yr)  22e. PRONOUNCED DEAD (Mo/Day/Yr)  22e. PRONOUNCED DEAD (Mo/Day/Yr)							
	23a. NAME AND ADDRESS OF	CERTIFIER (PHYSI	CIAN, ATTENDING PHY	SICIAN MEDICAL F	XAMINER OF CO	RONER) (Type or Print):		NSE NUMBER
ì		Jose Aguirre M	D 1600 Medical I	Parkway Carson	City, NV 8970	03	Z30. LIÇE	11479
EGISTRAR	24a. REGISTRAR (Signature)	NICC	DLE SHORE	24b. D	ATE RECEIVED B		DEATH DUE TO C	OMMUNICABLE DISEASE
	25. IMMEDIATE CAUSE	SIGNATURE	AUTHENTICATED		<sup>y/Yr)</sup> Novemi	per 14, 2014	YES 🔲	NO X
CAUSE OF	DADTI Cordina.	ENTER ONLY OF	E CAUSE PER LINE F	OR (a), (b), AND (c).)			Interva	between onset and death
DEATH		S A CONSEQUENC		<u> </u>		<u> </u>		
CONDITIONS IF	Known C	Oronary Arte	ry Disease			: :	Interva	between onset and death
CONDITIONS IF ANY WHICH GAVE RISE TO		AS A CONSEQUENC			<u> </u>	<u>ii</u>		
IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(c)		LOP		/		Interva	between onset and death
UNDERLYING	DUE TO, OR A	S A CONSEQUENCI	E OF:			<del></del>	1	10-6
	(d)				/45 a 35.		: interva	between onset and death
/ /	PART II OTHER SIGNIFICANT unknown etiology	CONDITIONS-Cond	tions contributing to dea	ath but not resulting in	the underlying cau	se given in Part 1.	26, AUTOPSY (Spe	OHIOT WAS CASE
	and lower arroingly	· · · · · ·				• · · · · · · · · · · · · · · · · · ·	Yes or No)	REFERRED TO CORONER (Specify Yes or No.) Yes
	28s. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	28b. DATE OF INJURY	(Mo/Day/Yr) 28c.	HOUR OF INJURY	28d. DESCRIBE HOW	INJURY OCCURRED	l No	Yes
\ \				ļ		184814		
\ \	28e. INJURY AT WORK (Specify	28f. PLACE OF IN.	IURY- At home, farm, st	reet, factory office	28a LOCATION	STREET OR R.F.D.	No. CITY OR TO	1401
_\	Yes or No)	building, etc. (Spec	n) _ /	.,,		OINCEL OR K.F.D.	NO. CITTURIO	WN STATE
\ \	Information Corrected, State	A Maine positi	0010010-4=	STATE REG	ISTRAR		<del>· · · · · · · · · · · · · · · · · · · </del>	<del></del>
1	Information Corrected, State	Amuavier 66038,	U8/30/2017 - 195 19	lc 19c 19c	-m1777 a			•



CERTIFIED COPY OF VITAL RECOR

STATE REGISTRAR

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:

AUG 3 0 2017

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

VRS-Rev-20120523a



# STATE OF NEVADA - DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH - SECTION OF VITAL STATISTICS

TYPE OR	000000000232490 PERMIT_NUMBER	<b>BURIAL TRANSIT PERMIT</b>		4018566 FILE NUMBER
PRINT IN	1a. DECEASED-NAME (FIRST, MIDDLE, LAS	T,SUFFIX)	2. DATE OF DEATH (Mo/Day/Year)	3a. COUNTY OF DEATH
PERMANENT	George I	KISHIMURA	October 23, 2014	Douglas
BLACK INK	3b. CITY, TOWN, OR LOCATION OF DEATH	3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, gi		
DECEDENT	Gardnerville	Gardnerville Health and Rehabilitation	ive street ar 3e. If Hosp, or Inst. indicate I Inpatient(Specify) Nursing	Home Male
DECEDENT	5. RACE Japanese		2) 7b. UNDER 1 YEAR 7c. UNDER 1 D	Y 8. DATE OF BIRTH (Mo/Dav/Yr)
	(Specify)	No - Non-Hispanic (Years)	MOS DAYS HOURS MIN	S April 04, 1927
IF DEATH	9a. STATE OF BIRTH (If not U.S.A., 9b. 0	CITIZEN OF WHAT COUNTRY 10.EDUCATION 11. MARRIED, N	NEVER MARRIED, WIDOWED, 12, 8	URVIVING SPOUSE (Maiden name)
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK	California	United States 12 DIVORCED (Sp	ecify)Divorced	(
REGARDING COMPLETION OF		USUAL OCCUPATION (Give Kind of Work Done During Most of	14b. KIND OF BUSINESS OR INDI	(Ever in covaines
RESIDENCE ITEMS	0841 //	Farmer	Farming	Forces? Yes
t Lino	15a. RESIDENCE - STATE 15b. COUNT		STREET AND NUMBER	15e. INSIDE CITY LIMITS (Specify Yes
<del></del>			90 Wild Iris Ct	or No) Yes
PARENTS	16. FATHER/PARENT - NAME (First Middle		PARENT - NAME (First Middle Last	Suffix)
	18a. INFORMANT- NAME (Type or Print)	SHIMURA	Hayame YAM	Suffix) ANE
	Judy KISHIMURA	C	R.F.D. No, City or Town, State, Zip) Cormick Ct, Capitola, California	Ç
		ER (Specify) 19b. CEMETERY OR CREMATORY - NAME	والمستحدد والمستحد المستحد المستحد	N City or Town State
DISPOSITION	Burial	Gavilan Hills Memorial F	. 76	Iroy California 95020
	20s. FUNERAL DIRECTOR - SIGNATURE (O.	r Person Acting as Such)   20b. FUNERAL DIRECTOR 20c. NA		iio) Gaineilla GGGZG
	JAMES SMOLEI	NSKI LICENSE NUMBER	FitzHenry's Carson Vall	ey Funeral Home
	SIGNATURE AUTH	ENTICATED 217	1380 Highway 395 N Gar	dnerville NV 89410
TRADE CALL	TRADE CALL - NAME AND ADDRESS		/ /	
		h occurred at the time, date and place and due 222 On the	e basis of examination and/or investigation, , date and place and due to the cause(s) sta	in my opinion death occurred
		GUIRRE MD	, date and prace and due to the cause(s) sta	ted. (Signature & Title)
CERTIFIER	21b. DATE SIGNED (Mo/Day/Yr)		TE SIGNED (Mo/Day/Yr) 22	c. HOUR OF DEATH
	10 E 140Vellibel 12, 2014			
	요분 21d. NAME OF ATTENDING PHYSICI 은 병 (Type or Print)	AN IF OTHER THAN CERTIFIER 220 PR	ONOUNCED DEAD (Mo/Day/Yr) 22	e. PRONOUNCED DEAD AT (Hour)
	<u></u>	PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER OF	20001150	Tool LIGHTON AND THE PROPERTY OF THE PROPERTY
	Jose Aguir	re MD 1600 Medical Parkway Carson City, NV	R GORONER) (Type of Print) 89703	23b. LICENSE NUMBER 11479
REGISTRAR	24a REGISTRAD (Signature)	104h DATE DECEN		DUE TO COMMUNICABLE DISEASE
REGISTRAR	Pena, i Signa	Rhonda TURE AUTHENTICATED (Mo/Day/Yr) No.	vember 03, 2014 Y	ES □ NO 区 □
CAUSE OF	25. IMMEDIATE CAUSE (ENTER OF	VLY ONE CAUSE PER LINE FOR (a), (b), AND (c),)	Y A D	Interval between onset and death
DEATH	PARTI (a) Cardiopulmonary	Arrest	4//27	1
	DUE TO, OR AS A CONSEQ		V //	Interval between onset and death
CONDITIONS IF	(b) Known Coronary	Name of the second seco	Ç.	i
GAVE RISE TO	DUE TO, OR AS A CONSEC	UENCE OF:		Interval between onset and death
CAUSE STATING THE SUNDERLYING CAUSE LAST	(c)			1
UNDERLYING CAUSE LAST	DUE TO, OR AS A CONSEQ	UENCE OF:		Interval between onset and death
//	(d)			i
_/ /	unknown etiology	S-Conditions contributing to death but not resulting in the underlying	g cause given in Part 1. [26, AUT Yes or I	OPSY (Specifi27, WAS CASE REFERRED TO CORONER
/ /	undlown edology		100 51 7	No No REFERRED TO CORONER (Specify Yes or No) Yes
1 1	AUTHORITY FOR	<b>BURIAL, TRANSPORTATION, REMO</b>	VAL. CREMATION OR	OTHER DISPOSITION
		all rules and regulations governing the preparation		
1 \		on who is to certify the cause of death, the funeral		
ω <b>===</b>		ion is granted to dispose of this body. The burial-		
3799079	crematory authority. V	Where there is no full time person in charge of the	cemetery the funeral director r	nay sign as sexton.
99079	Upon completion the p	6038, 08/30/2017-19b 19c 19c 19c al registrar where	e death occurred or to the fune	ral director.
9		/ /		
	Gavila	n Hills Memorial Park		
		of Cemetery or Crematory)	<del> </del>	<del></del>
	Signature of person in charge	, , , , , , , , , , , , , , , , , , , ,	D-4-	UPO D. COMOSTOS
	_		Date	VRS-Rev-20120523a

**BURIAL PERMIT** 

