

Assessor's Parcel Number: N/A

Date: OCTOBER 12, 2017

Recording Requested By:

Name: KAREN BECKERBAUER, SOCIAL SERVICES

Address: _____

City/State/Zip: _____

Real Property Transfer Tax: \$ N/A



KAREN ELLISON, RECORDER

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

FILED

State of Nevada



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

NO. 2017.197

2017 OCT 12 PM 2:47

DOUGLAS COUNTY
CLERK

[Handwritten Signature]
DEPUTY

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:

Decedent George I. Kishimura		
Date of Death October 23, 2014	Place of Death Gardnerville, NV	Social Security Number [REDACTED]-0841
Current Place of Burial Eastside Memorial Park		
Place of New Burial or Interment Gavilan Hills Memorial Park		

Person Requesting to Disinter Remains:

Print Name Robert H. Kishimura	Signature <i>Robert H. Kishimura</i>
Relationship brother	
Address 770 Dawn Way, Gilroy, CA 95020	
Name of Funeral Director in Charge of Arrangements Rick Hearn	

Approval for Disinterment with Reburial or Cremation in Nevada (NRS 451.045)

District Health Officer Signature <i>John R. Holman</i>	Print Name John R. Holman	Date 9/18/17
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Approval for Disinterment with Removal Out of State (NRS 451.050)

County Commissioner Signature <i>William B. Penzel</i>	Print Name William B. Penzel	Date 10/5/17
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 Bureau of Preparedness, Assurance, Inspections and Statistics
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<http://dppbh.nv.gov>

PERMIT FOR DISINTERMENT OF HUMAN REMAINS

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Decedent George I. Kishimura		
Date of Death October 23, 2014	Place of Death Gardnerville, NV	Social Security Number [REDACTED] 0841
Current Place of Burial Eastside Memorial Park		
Place of New Burial or Interment Gavilan Hills Memorial Park		

Person Requesting to Disinter Remains:

Print Name Judy K. Kishimura	Signature <i>Judy K. Kishimura</i>
Relationship niece	
Address 527 McCormick Court, Capitola, CA 95010	
Name of Funeral Director in Charge of Arrangements Rick Hearn	

Approval for Disinterment with Reburial or Cremation in Nevada (NRS 451.045)

District Health Officer Signature <i>John R. Holman</i>	Print Name John R. Holman	Date 9/15/17
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Approval for Disinterment with Removal Out of State (NRS 451.050)

County Commissioner Signature <i>William B Penzel</i>	Print Name William B Penzel	Date 10/5/17
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PERMIT FOR DISINTERMENT OF HUMAN REMAINS

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Decedent George I. Kishimura		
Date of Death October 23, 2014	Place of Death Gardnerville, NV	Social Security Number [REDACTED] 0841
Current Place of Burial Eastside Memorial Park		
Place of New Burial or Interment Gavilan Hills Memorial Park		

Person Requesting to Disinter Remains:

Print Name Emiko R. Kishimura	Signature <i>Emiko R. Kishimura</i>
Relationship sister	
Address 200 W. 2nd Street, #602, Reno, Nevada	
Name of Funeral Director in Charge of Arrangements Rick Hearn	

Approval for Disinterment with Reburial or Cremation in Nevada (NRS 451.045)

District Health Officer Signature <i>[Signature]</i>	Print Name John Helman	Date 9/18/17
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Approval for Disinterment with Removal Out of State (NRS 451.050)

County Commissioner Signature <i>[Signature]</i>	Print Name William B. Penzel	Date 10/5/17
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STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3799079

CERTIFICATE OF DEATH

2014018566
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) George I KISHIMURA		2. DATE OF DEATH (Mo/Day/Year) October 23, 2014		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and inpatient)(Specify) Gardnerville Health and Rehabilitation Nursing Home		4. SEX Male	
5. RACE (Specify) Japanese		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 87	
7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) April 04, 1927	
9a. STATE OF BIRTH (if not US/CA, name country) California		9b. CITIZEN-OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER 0841		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1490 Wild Iris Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Uichi KISHIMURA			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Hayame YAMANE		
18a. INFORMANT- NAME (Type or Print) Judy KISHIMURA		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State; Zip) 527 McCormick Ct, Capitola, California 95010			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Gavilan Hills Memorial Park		19c. LOCATION City or Town State Gilroy California 95020	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N. Gardnerville, NV 89410	
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) JOSE AGUIRRE MD SIGNATURE AUTHENTICATED		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)			
21b. DATE SIGNED (Mo/Day/Yr) November 12, 2014		21c. HOUR OF DEATH 20:10		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
22e. PRONOUNCED DEAD AT (Hour)					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print): Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 11479	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 14, 2014		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I				Interval between onset and death	
(a) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF:					
(b) Known Coronary Artery Disease DUE TO, OR AS A CONSEQUENCE OF:					
(c) DUE TO, OR AS A CONSEQUENCE OF:					
(d) DUE TO, OR AS A CONSEQUENCE OF:					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. unknown etiology				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED					
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office, building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR
Information Corrected, State Affidavit# 66036, 08/30/2017 - 18b 19c 19c



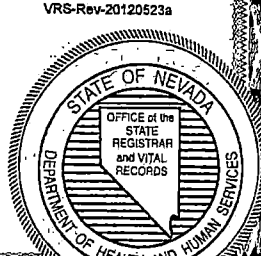
CERTIFIED COPY OF VITAL RECORDS

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: **AUG 30 2017**

[Signature]
STATE REGISTRAR

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**

00000000232490

BURIAL TRANSIT PERMIT

2014018566

PERMIT NUMBER		STATE FILE NUMBER	
1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) George I KISHIMURA		2. DATE OF DEATH (Mo/Day/Year) October 23, 2014	3a. COUNTY OF DEATH Douglas
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or Inpatient(Specify) Gardnerville Health and Rehabilitation Nursing Home	
5. RACE Japanese (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 87
9a. STATE OF BIRTH (if not U.S.A., California)		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 12
13. SOCIAL SECURITY NUMBER 0841		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Farmer	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville
16. FATHER/PARENT - NAME (First Middle Last, Suffix) Uichi KISHIMURA		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Hayame YAMANE	
18a. INFORMANT- NAME (Type or Print) Judy KISHIMURA		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 527 McCormick Ct, Capitola, California 95010	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Gavilan Hills Memorial Park	19c. LOCATION City or Town State Gilroy California 95020
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 217	20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410
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) JOSE AGUIRRE MD SIGNATURE AUTHENTICATED		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)	
21b. DATE SIGNED (Mo/Day/Yr) November 12, 2014		21c. HOUR OF DEATH 20:10	22b. DATE SIGNED (Mo/Day/Yr)
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703		23b. LICENSE NUMBER 11479	
24a. REGISTRAR (Signature) Pena, Rhonda SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 03, 2014	24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			Interval between onset and death
PART I (a) Cardiopulmonary Arrest			Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death
(b) Known Coronary Artery Disease			Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death
(c)			Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death
(d)			Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. unknown etiology			26. AUTOPSY (Specify Yes or No) No
			27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes

AUTHORITY FOR BURIAL, TRANSPORTATION, REMOVAL, CREMATION OR OTHER DISPOSITION

Having complied with all rules and regulations governing the preparation of dead human bodies and upon receiving the signatures of the person who is to certify the cause of death, the funeral director or person acting as funeral director, and the local registrar, permission is granted to dispose of this body. The burial-transit permit must be signed below by the cemetery or crematory authority. Where there is no full time person in charge of the cemetery the funeral director may sign as sexton.

Information Corrected, State Affidavit # 86038, 08/30/2017, 19b 19c 19c 19c
Upon completion the permit must be returned to the local registrar where death occurred or to the funeral director.

Gavilan Hills Memorial Park

(Name of Cemetery or Crematory)

Signature of person in charge _____

Date _____

VRS-Rev-20120523a

BURIAL PERMIT

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

3799079

Print Date: 08/30/2017 11:43:33

COPY

Douglas County State of Nevada

CERTIFIED COPY

I certify that the document to which this certificate is attached is a full and correct copy of the original record on file in the Clerk-Treasurer's Office on this

12th day of August, 2017

By [Signature] Deputy