DOUGLAS COUNTY, NV

Rec:\$35.00

\$35.00 Pgs=6

2018-911500 03/13/2018 02:40 PM

ETRCO

KAREN ELLISON, RECORDER

Recording Requested By:	()
Western Title Company	
When Recorded Mail To: Erin M. Farrell 12450 Peseo Cerro Saratoga, CA 95070	
Mail Tax Statements to: (deeds only	y)
	(space above for Recorder's use only)
submitted for recording does contain the 440.3 Signature	the attached document, including any exhibits, hereby e social security number of a person or persons. (Per NRS 80 (1)(5) & 40.535 (5))
Wendy Dunba	Escrow Officer
	in counterpart and is to be deemed
one document	
Affida	vit Death of Trustee

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

APN#: 1420-34-610-021

AFFIDAVIT – DEATH OF TRUSTEE

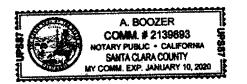
Andrew Alves and Erin M. Farrell, of legal age, being first duly sworn, deposes and says:

- 1. Jonathan Gary Brown and Nancy Louise Brown, the decedents mentioned in the attached certified copy of Certificate of Death, is the same person as J. Gary Brown and Nancy L. Brown named as Trustees in the Declaration of Trust dated 9/12/2007 and executed by J. Gary Brown and Nancy L. Brownas Trustor(s).
- 2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 2760 Squires StreetMinden, NV 89423, which property is described in a Deed which was executed by Jonathan G. Brown and Nancy L. Brown, husband and wife as joint tenants as Grantor(s) on February 19, 2009 and recorded as Instrument No. 0738916, in Book 0309, Page 554, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas. State of Nevada:
- 3. The legal description of said property is as follows: All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 34 in Block 1, as set forth on the Final Subdivision Map LDA 01-069 for BRAMWELL HOMESTEAD, filed for record in the office of the Douglas County Recorder on August 12, 2002, in Book 802 of Official Records, at Page 3324, as Document No. 549307.

- I am the named successor Trustee under the above-referenced Trust, which was in 4. effect at the time of the death of the decedent mentioned in Paragraph 1, above. and which has not been revoked, and I hereby consent to act as such.
- There is no federal estate tax as the result of the death of the decedent mentioned 5. in Paragraph 1, above.

I declare unde foregoing is tru	r penalty of perjury, under the laws of the State of Nevada, that the
Dated 3.3.20	1 - 1 (60) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	Andrew Aives Cri M. Famell
	Erin M. Farrell,
	STATE OF <u>Callefornia</u> iss
	COUNTY OF Santa Clava
	This instrument was acknowledged before me on 3/3/8
	By Erin M. Favrell



AFFIDAVIT – DEATH OF TRUSTEE

Andrew Alves and Erin M. Farrell, of legal age, being first duly sworn, deposes and says:

- Jonathan Gary Brown and Nancy Louise Brown, the decedents mentioned in the attached certified copy of Certificate of Death, is the same person as J. Gary Brown and Nancy L. Brown named as Trustees in the Declaration of Trust dated 9/12/2007 and executed by J. Gary Brown and Nancy L. Brown as Trustor(s).
- 2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as <u>2760 Squires StreetMinden</u>, <u>NV 89423</u>, which property is described in a Deed which was executed <u>by Jonathan G. Brown and Nancy L. Brown</u>, <u>husband and wife as joint tenants as Grantor(s) on February 19, 2009</u> and recorded as Instrument No. 0738916, in Book <u>0309</u>, Page <u>554</u>, of Official Records of <u>Douglas</u> County, Nevada, covering the following described property situated in the County of <u>Douglas</u>, State of Nevada:
- 3. The legal description of said property is as follows: All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 34 in Block 1, as set forth on the Final Subdivision Map LDA 01-069 for BRAMWELL HOMESTEAD, filed for record in the office of the Douglas County Recorder on August 12, 2002, in Book 802 of Official Records, at Page 3324, as Document No. 549307.

- 4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
- 5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

I declare under penalty of perjury, under the laws of the State of Nevada, that the

Notary Public

foregoing is true and correct.

A notary public or other officer completing this certificat document to which this certificate is attached, and not the	e verifies only the identity of the individual who signed the truthfulness, accuracy, or validity of that document.
State of California (OS angeles) County of	Mina V Garrey, Notary Public
Date	
personally appeared	Name(s) of Signer(s)
subscribed to the within instrument and acknowle	evidence to be the person(s)—whose name(s) is/are adged to me that he/she/they executed the same in the instrument the person(s); ed, executed the instrument.
	certify under PENALTY OF PERJURY under the laws if the State of California that the foregoing paragraph true and correct.
COMM.#2090522 m	viTNESS my hand and official seal. lignature / Signature of Notary Public
Place Notary Seal Above	IONAL
Though this section is optional, completing this in	of the document or form to an unintended document.
Description of Attached Document Title or Type of Document: Document Date: Signer(s) Other Than Named Above:	Number of Pages: 2 Eron M. Farrelp
Capacity(ies) Claimed by Signer(s) Signer's Name:	Signer's Name:
☐ Corporate Officer — Title(s): ☐ Partner — ☐ Limited ☐ General ☐ Individual ☐ Attorney in Fact ☐ Trustee ☐ Guardian or Conservator ☐ Other:	□ Corporate Officer — Title(s): □ Partner — □ Limited □ General □ Individual □ Attorney in Fact □ Trustee □ Guardian or Conservator □ Other:
Signer Is Representing:	Signer Is Representing:





VITAL STATISTICS

~ 	LE NO. 3936115		CERTIFI	CATE OF	DEATH			170011 TE FILE NUM	
E OR	18. DECEASED-NAME (FIRST,M	IIDDLE,LAST,SUFFIX)	101 AV 1 AV 1			. DATE OF DEATH (Y OF DEATH
ANENT	Jonathan	Gary		BROWN		January 16			Douglas
KINK	36. CITY, TOWN, OR LOCATION	OF DEATH 3c. HOSPI	TAL OR OTHER IN	STITUTION -Name	(If not either, give :			OA,OP/Emer.	
•	Minden		276	30 Squire Stree	at mile elem	Inpatient(Sp	ecify) Hom	۱ ۱	Ma
DENT	5. RACE (Specify)		Hispanic Origin?			b. UNDER 1 YEAR			
·	Wh		No - Non-His		ന് ് ്		HOURS MIN	5.1	pril 04. 1940
EATH	9a, STATE OF BIRTH (If not US/C	A 96 CITIZEN OF	WHAT COUNTRY	10 EDUCATION	76 1. MARITAL STATUS	(Specify) 12. SURV	VING SPOUSES		prior to frat marriage;
EATH RRED IN TION SEE	name country) District Of Colur	6. 7	States	16	Married		Nanc	y ROWL	AND
ROING	13. SOCIAL SECURITY NUMBER		CUPATION (Give I	Kind of Work Done	During Most of	146. KIND OF BUS	INESS OR INDU	STRY	Ever in US An
etion of Dence	5516			Stock Broke	- 117 117 1	· · · · · · · · · · · · · · · · · · ·	Financial		Forces? Yes
ems .	15a. RESIDENCE - STATE 1	5b. COUNTY	15c. CITY, 1	TOWN OR LOCATI	ION 15d STRE	ET AND NUMBER			15e, INSIDE CITY LIMITS (Specify Y
	Nevada	Douglas	Tir Frankriti	Minden		Squire Street			or No.
RENTS	16. FATHER/PARENT - NAME (F				17 MOTHER/PA	RENT - NAME (Firs			
ш.т.		amuel Jack BRC					Marian ROD	DBORD	3
	188. INFORMANT- NAME (Type of		18b. N	MAILING ADDRESS	# :	D. No, City or Town,			THE STATE OF THE S
196		and BROWN				uires St. Minder			
SITION	19a. BURIAL, CREMATION, REM Cremation) 190. CEMETERY		nation Service	1.55 T	19c. LOCATION		wn State vada 89701
	20a. FUNERAL DIRECTOR - SIG	NATURE (Or Person Ac			ECTOF 20c. NAME	AND ADDRESS OF	FACILITY		•
	JOHN	LAWRENCE	ļ.	CENSE NUMBER	1	35	r Funerals &		T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		JRE AUTHENTICATI	in i	304R				n City NV	89701
						15/5 N LOR	THAT LIT CARSO	ii Oity 111	20701
E CALL	TRADE CALL - NAME AND ADDR	RESS wiedge, death occurred		d place and due	A	15/5 N Lon asis of exemination and te and place and due to	for investigation, i	n my opinion d	eath occurred
E CALL	21s. To the best of my kno to the cause(s) stated (Signal 21b. DATE SIGNED (Mortuge 24, 2017	RESS wiedge, death occurred nature & Title) EVEN L PHILL Day(Yr) 21c.	at the time, date and IGNATURE AUT: IPS M.D. HOUR OF DEATH 15:55	d place and due MENTICATED	at the time, de	asis of exemination and	for investigation, in the cause(s) sta	in my opinion d ted. (Signature c. HOUR OF E	eeth occurred & Title)
	21s. To the best of my kno to the cause(s) stated (Sig ST 21b. DATE SIGNED (Mort January 24, 2017 21d. NAME OF ATTENDR (Type or Print) 23s. NAME AND ADDRESS OF (RESS wiedge, death occurred nature & Title) EVEN L PHILLI Day/Yr) 21c. NG PHYSICIAN IF OTHE ERTIFIER (PHYSICIAN	at the time, date and GNATURE AUT: IPS M.D. HOUR OF DEATH 15:55 ER THAN CERTIFIE	d place and due MENTICATED ER SIGIAN, MEDICAL	22b. DATE 22b. DATE 22c. PRON 22d. PRON 25 EXAMINER, OR C	asis of exemination and to and place and due to SIGNED (Mo/Day/Yr OUNCED DEAD (Mo CORONER) (Type or	for investigation, it is cause(s) star 22 /Day/Yr) 22	in my opinion d ted. (Signature c. HOUR OF E	eeth occurred & Titte) DEATH CED DEAD AT (He
	21s. To the best of my kno to the cause(s) stated (Sig ST 21b. DATE SIGNED (Mort January 24, 2017 21d. NAME OF ATTENDR (Type or Print) 23s. NAME AND ADDRESS OF (RESS wiedge, death occurred nature & Title) EVEN L PHILLI Day/YI) 21c. NG PHYSICIAN IF OTHER	at the time, date and GNATURE AUT: IPS M.D. HOUR OF DEATH 15:55 ER THAN CERTIFIE	d place and due NENTICATED ER SIGIAN, MEDICAL 1 Rd Ste #207	22b. DATE 22b. DATE 22d. PRON EXAMINER, OR OR	ssis of exemination and to and place and due to SIGNED (Mo/Day/Yr OUNCED DEAD (Mo CORONER) (Type or 502	/or investigation, in the cause(s) star 22 /Oay/Yr) 22 Print)	in my opinion di ted (Signature c. HOUR OF E e. PRONOUN 23b. LICENS	esh occurred & Title) DEATH CED DEAD AT (He E NUMBER 6596
	21s. To the best of my kno to the cause(s) stated (Sig ST 21b. DATE SIGNED (Mort January 24, 2017 21d. NAME OF ATTENDR (Type or Print) 23s. NAME AND ADDRESS OF (RESS wiedge, death occurred nature & Title) EVEN L PHILL Dey(Yr) 21c. NG PHYSICIAN IF OTHE ERTIFIER (PHYSICIAN Steven L Phillips N SHERRIE	at the time, date and gonature auti- PS M.D. 15:55 ER THAN CERTIFIE ATTENDING PHY A.D. 5250 Nei A CONNELL	d place and due HENTICATED SICIAN, MEDICAL I Rd Ste #207	22b. DATE 22b. DATE 22c. DATE 22d. PRON 22d. PRON EXAMINER OF CREIO, NV 89: DATE RECEIVED	asis of exemination and to and place and due to SIGNED (Mo/Day/Y) OUNCED DEAD (Mo CORONER) (Type or 5002 BY REGISTRAR	/or investigation, at the cause(s) state 22 //Oey/Yr) 22 //Oey/Yr) 22 //Oey/Yr) 24c, DEATH	in my opinion of ted (Signature c. HOUR OF E e. PRONOUN 23b. LICENS DUE TO COM	eeth occurred & Title) DEATH CED DEAD AT (Ho E NUMBER 6596
TIFIER	21a. To the best of my kno to the cause(s) stated (Sig ST 21b. DATE SIGNED (Mort January 24, 2017 21d. NAME OF ATTENDR (Type or Print) 23a. NAME AND ADDRESS OF (24a. REGISTRAR (Signature)	RESS wiedge, death occurred nature & Tide) EVEN L PHILL Dey/Yr) 21c. NG PHYSICIAN IF OTHE ERTIFIER (PHYSICIAN Steven L Phillips N SHERRIE BIGNATURE AU	at the time, date and government of Death 15:55 ER THAN CERTIFIE ATTENDING PHY A.D. 5250 Nei A CONNELL THENTICATED	d place and due NENTICATED FR SICIAN, MEDICAL 1 Rd Ste #207 [24b.	EXAMINER OR OR OBJECT OF CHARLES OF CREICH OF	ssis of exemination and to and place and due to SIGNED (Mo/Day/Yr OUNCED DEAD (Mo CORONER) (Type or 502	/or investigation, at the cause(s) state 22 //Oey/Yr) 22 //Oey/Yr) 22 //Oey/Yr) 24c, DEATH	in my opinion of ted (Signature of Hour OF E) e. PRONOUN 23b. LICENS DUE TO COM ES	BEATH CED DEAD AT (HE E NUMBER 6596 MUNICABLE DISI
TIFIER	21s. To the best of my kno to the cause(s) stated. (Signature) 21b. DATE SIGNED (Mort January 24, 2017 21d. NAME OF ATTENDIR (Type or Print) 23s. NAME AND ADDRESS OF (24s. REGISTRAR (Signature)	RESS wiedge, death occurred nature & Tide) EVEN L PHILLI Dey(rr) 21c. NG PHYSICIAN IF OTHE ERTIFIER (PHYSICIAN Steven L Phillips N SHERRIE SHERRIE GENTER ONLY ONE C	at the time, date and government of Death 15:55 ER THAN CERTIFIE ATTENDING PHY A.D. 5250 Nei A CONNELL THENTICATED	d place and due NENTICATED FR SICIAN, MEDICAL 1 Rd Ste #207 [24b.	EXAMINER OR OR OBJECT OF CHARLES OF CREICH OF	asis of exemination and to and place and due to SIGNED (Mo/Day/Y) OUNCED DEAD (Mo CORONER) (Type or 5002 BY REGISTRAR	/or investigation, at the cause(s) state 22 //Oey/Yr) 22 //Oey/Yr) 22 //Oey/Yr) 24c, DEATH	in my opinion of ted (Signature of HOUR OF E) e. PRONOUN 23b. LICENS DUE TO COM interval be	BEATH CED DEAD AT (HE E NUMBER 6596 MUNICABLE DISI NO X
TIFIER	21a. To the best of my kno to the cause(s) stated (Signature) 21b. DATE SIGNED (Mort January 24, 2017 21d. NAME OF ATTENDIR (Type or Print) 23a. NAME AND ADDRESS OF (24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE PART (a) Respirato	RESS wiedge, death occurred nature & Tide) EVEN L PHILLI Dey(Yr) 21c. NG PHYSICIAN IF OTHE ERTIFIER (PHYSICIAN Steven L Phillips N SHERRIE BIGNATURE AU (ENTER ONLY ONE C TY AFTEST	at the time, date and gonature auti- IPS M.D. 15:55 ER THAN CERTIFIE ATTENDING PHY A.D. 5250 Nei A CONNELL ITMENTICATED AUSE PER LINE FR	d place and due MENTICATED ER SICIAN, MEDICAL 1 Rd Ste #207 240. (Mol	EXAMINER OR OR OBJECT OF CHARLES OF CREICH OF	asis of exemination and to and place and due to SIGNED (Mo/Day/Y) OUNCED DEAD (Mo CORONER) (Type or 5002 BY REGISTRAR	/or investigation, at the cause(s) state 22 //Oey/Yr) 22 //Oey/Yr) 22 //Oey/Yr) 24c, DEATH	in my opinion of ted (Signature C HOUR OF E PRONOUN 23b. LICENS DUE TO COMES	esth occurred & Title) DEATH CED DEAD AT (He E NUMBER 6596 MUNICABLE DISI NO X stween onset and o
TIFIER STRAR ISE OF EATH	21s. To the best of my kno to the cause(s) stated (Signature) 21b. DATE SIGNED (Mort January 24, 2017 21d. NAME OF ATTENDIR (Type or Print) 23s. NAME AND ADDRESS OF (Control of the cause Part I (a) Respirato Due to, or as	RESS wiedge, death occurred nature & Tide) EVEN L PHILLI Dey(Yr) 21c. ING PHYSICIAN IF OTHE ERTIFIER (PHYSICIAN STEVEN L PHIITIPS N SHERRIE SIGNATURE AU (ENTER ONLY ONE C TY AITEST S A CONSEQUENCE OF	at the time, date and GNATURE AUTO IPS M.D. 15:55 ER THAN CERTIFIE ATTENDING PHY A.D. 5250 Nei A CONNELL ITHENTICATED AUSE PER LINE R	d place and due NENTICATED FR SICIAN, MEDICAL 1 Rd Ste #207 [24b.	EXAMINER OR OR OBJECT OF CHARLES OF CREICH OF	asis of exemination and to and place and due to SIGNED (Mo/Day/Y) OUNCED DEAD (Mo CORONER) (Type or 5002 BY REGISTRAR	/or investigation, at the cause(s) state 22 //Oey/Yr) 22 //Oey/Yr) 22 //Oey/Yr) 24c, DEATH	in my opinion of ted (Signature C HOUR OF E PRONOUN 23b. LICENS DUE TO COMES	BEATH CED DEAD AT (HE E NUMBER 6596 MUNICABLE DISI NO X stween onset and of 8
TIFIER STRAR ISE OF	21a. To the best of my kno to the cause(s) stated (Signature) 21b. DATE SIGNED (Mort January 24, 2017 21d. NAME OF ATTENDRY (Type or Print) 23a. NAME AND ADDRESS OF (24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE PART I (a) Chronic F	RESS wiedge, death occurred nature & Tide) EVEN L PHILL Dey/Yr) 21c. NG PHYSICIAN IF OTHE ERTIFIER (PHYSICIAN Steven L Phillips N SHERRIE BIGNATURE AU (ENTER ONLY ONE O TY Arrest S A CONSEQUENCE OF RESPIRATORY Fail	at the time, date and gonature autities. PS M.D. 15:55 ER THAN CERTIFIE ATTENDING PHY A.D. 5250 Neil A CONNELL IMENTICATED AUSE PER LINE FR	d place and due MENTICATED R SICIAN, MEDICAL 1 Rd Ste #207 24b. (Ma) OR (a). (b). AND (c	EXAMINER OR OR OBJECT OF CHARLES OF CREICH OF	asis of exemination and to and place and due to SIGNED (Mo/Day/Y) OUNCED DEAD (Mo CORONER) (Type or 5002 BY REGISTRAR	/or investigation, a the cause(s) star 22 //Osy/Yr) 22 Print) 24c, DEATH	in my opinion of ted (Signature C HOUR OF E PRONOUN 23b. LICENS DUE TO COMES Interval be Minute:	esth occurred & Title) DEATH CED DEAD AT (He E NUMBER 6596 MUNICABLE DISI NO X stween onset and of between onset and of
TIFIER STRAR SE OF SATH HOUSE IF MAGE! HISE TO DOATE	21s. To the best of my kno to the cause(s) stated. (Signature) 21b. DATE SIGNED (Mort January 24, 2017 21d. NAME OF ATTENDIR (Type or Print) 23s. NAME AND ADDRESS OF (Constitution of the cause Part I (a) Respirato Due to, or as (b) Due to, or as (constitution of the cause Part I (a) Chronic F	RESS wiedge, death occurred nature & Tide) EVEN L PHILLI Dey(Yr) 21c. ING PHYSICIAN IF OTHE SHERRIE SHERRIE SHORATURE AU (ENTER ONLY ONE O TY AITEST SA CONSEQUENCE OF RESPIRATORY Fail S A CONSEQUENCE OF	at the time, date and gonature autities. PS M.D. 15:55 ER THAN CERTIFIE ATTENDING PHY A.D. 5250 Neil A CONNELL IMENTICATED AUSE PER LINE FR	d place and due MENTICATED R SICIAN, MEDICAL 1 Rd Ste #207 24b. (Ma) OR (a). (b). AND (c	EXAMINER OR OR OBJECT OF CHARLES OF CREICH OF	asis of exemination and to and place and due to SIGNED (Mo/Day/Y) OUNCED DEAD (Mo CORONER) (Type or 5002 BY REGISTRAR	/or investigation, a the cause(s) star 22 //Osy/Yr) 22 Print) 24c, DEATH	in my opinion of ted (Signature C HOUR OF E PRONOUN 23b. LICENS DUE TO COMES Interval be Minutes Interval be Months Interval be Interval be	BEATH CED DEAD AT (HE E NUMBER 6596 MUNICABLE DISI NO X stween onset and of 8
TIFIER STRAR SE OF SATH HOUSE IF MACH RISE TO DAATE USE USE USE USE USE USE USE USE USE US	21a. To the best of my kno to the cause(s) stated (Signature) 21b. DATE SIGNED (Mort January 24, 2017 21d. NAME OF ATTENDIR (Type or Print) 23a. NAME AND ADDRESS OF C 24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE PART I (a) Respirato DUE TO, OR AS (b) Chronic F DUE TO, OR AS (c) Chronic I.	RESS wiedge, death occurred nature & Tide) EVEN L PHILLI Dey(r) 21c. ING PHYSICIAN IF OTHE ERTIFIER (PHYSICIAN SHERRIE SIGNATURE AU (ENTER ONLY ONE O TY AITEST S A CONSEQUENCE OF RESPIRATORY Fail S A CONSEQUENCE O LUNG Disease	et the time, date and gonature autities M.D. 15:55 ER THAN CERTIFIE ATTENDING PHY A.D. 5250 Nei A CONNELL ITHENTICATED AUSE PER LINE FR	d place and due MENTICATED R SICIAN, MEDICAL 1 Rd Ste #207 24b. (Ma) OR (a). (b). AND (c	EXAMINER OR OR OBJECT OF CHARLES OF CREICH OF	asis of exemination and to and place and due to SIGNED (Mo/Day/Y) OUNCED DEAD (Mo CORONER) (Type or 5002 BY REGISTRAR	/or investigation, a the cause(s) star 22 //Osy/Yr) 22 Print) 24c, DEATH	in my opinion of ted (Signature of Hour of E) e. PRONOUN 23b. LICENS DUE TO COM ES Interval be Months Interval be Years	esth occurred & Title) DEATH CED DEAD AT (He E NUMBER 6596 MUNICABLE DISI NO X stween onset and of stween onset and of
TIFIER STRAR SE OF SATH HOUSE IF MAGE! HISE TO DOATE	21a. To the best of my kno to the cause(s) stated (Sig ST) 21b. DATE SIGNED (Mor. January 24, 2017 21d. NAME OF ATTENDR (Type or Print) 23a. NAME AND ADDRESS OF C 24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE PART I (a) Chronic F DUE TO, OR AS (b) Chronic I CHRONI	RESS wiedge, death occurred nature & Tide) EVEN L PHILLI Dey(Yr) 21c. ING PHYSICIAN IF OTHE SHERRIE SHERRIE SHORATURE AU (ENTER ONLY ONE O TY AITEST SA CONSEQUENCE OF RESPIRATORY Fail S A CONSEQUENCE OF	et the time, date and gonature autities. PS M.D. HOUR OF DEATH 15:55 ER THAN CERTIFIE ATTENDING PHY ALD. 5250 Nei A CONNELL ITHENTICATED AUSE PER LINE R	d place and due MENTICATED R SICIAN, MEDICAL 1 Rd Ste #207 24b. (Ma) OR (a). (b). AND (c	EXAMINER OR OR OBJECT OF CHARLES OF CREICH OF	asis of exemination and to and place and due to SIGNED (Mo/Day/Y) OUNCED DEAD (Mo CORONER) (Type or 5002 BY REGISTRAR	/or investigation, a the cause(s) star 22 //Osy/Yr) 22 Print) 24c, DEATH	in my opinion of ted (Signature of Hour of E) e. PRONOUN 23b. LICENS DUE TO COM ES Interval be Months Interval be Years	esth occurred & Title) DEATH CED DEAD AT (He E NUMBER 6596 MUNICABLE DISI NO X stween onset and of between onset and of
TIFIER STRAR SSE OF EATH TIONS IF MISCH TIONS IF MI	21a. To the best of my kno to the cause(s) stated. (Signature) 21b. DATE SIGNED (Mor. January 24, 2017) 21d. NAME OF ATTENDIF (Type or Print) 23a. NAME AND ADDRESS OF (Control of Control of Contr	Wedge, death occurred instare & Tide) EVEN L PHILLIDEY(T) PHYSICIAN IF OTHER ERTIFIER (PHYSICIAN STEVEN L PHIIIIPS N SHERRIE SIGNATURE AU (ENTER ONLY ONE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF TY HYPERTENSION	at the time, date and GNATURE AUT: IPS M.D. 15:55 ER THAN CERTIFIE ATTENDING PHY A CONNELL THENTICATED AUSE PER LINE FO	SIGIAN, MEDICAL 1 Rd Ste #207 (Mo) OR (a), (b), AND (c	EXAMINER OR	ssis of exemination and the and place and clue to SIGNED (Mo/Day/Yr OUNCED DEAD (Mo CORONER) (Type or 502 BY REGISTRAR Pary 24, 2017	/or investigation, a the cause(s) star 22 /Osy/Yr) 22 Print) 24c. DEATH Yt 28. AUT	in my opinion of ted (Signature c. HOUR OF E. PRONOUN 23b. LICENS DUE TO COMES Interval by Months Interval by Years Interval of Years Years OPSY (Specific control of the cont	BEATH CED DEAD AT (He E NUMBER 6596 MUNICABLE DISI NO X Stween onset and of shween onset and of shween onset and of shween onset and of
TIFIER STRAR SSE OF EATH TIONS IF MISCH TIONS IF MI	21a. To the best of my kno to the cause(s) stated (Signature) 21b. DATE SIGNED (Mort January 24, 2017 21d. NAME OF ATTENDRI (Type or Print) 23a. NAME AND ADDRESS OF C 24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE PART I (a) Chronic F DUE TO, OR AS (b) Chronic L DUE TO, OR AS (c) Chronic L DUE TO, OR AS (d) OUE TO, OR AS (d) OUE TO, OR AS (d) OUE TO, OR AS (d)	Wedge, death occurred instare & Tide) EVEN L PHILLIDEY(T) PHYSICIAN IF OTHER ERTIFIER (PHYSICIAN STEVEN L PHIIIIPS N SHERRIE SIGNATURE AU (ENTER ONLY ONE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF TY HYPERTENSION	at the time, date and GNATURE AUT: IPS M.D. 15:55 ER THAN CERTIFIE ATTENDING PHY A CONNELL THENTICATED AUSE PER LINE FO	SIGIAN, MEDICAL 1 Rd Ste #207 (Mo) OR (a), (b), AND (c	EXAMINER OR	ssis of exemination and the and place and clue to SIGNED (Mo/Day/Yr OUNCED DEAD (Mo CORONER) (Type or 502 BY REGISTRAR Pary 24, 2017	/or investigation, it the cause(s) star 22 //Oey/Yr) 22 Print) 24c, DEATH Yt	in my opinion of ted (Signature G. HOUR OF E. PRONOUN 23b. LICENS DUE TO COMES	BEATH CED DEAD AT (He E NUMBER 6596 MUNICABLE DISI NO X Stween onset and of shween onset and of shween onset and of shween onset and of
TIFIER STRAR SSE OF EATH TIONS IF MISCH TIONS IF MI	21a. To the best of my kno to the cause(s) stated (Signature) 21b. DATE SIGNED (Mort January 24, 2017 21d. NAME OF ATTENDRY (Type or Print) 23a. NAME AND ADDRESS OF COMMENT (Signature) 25. IMMEDIATE CAUSE PART I (a) Chronic Four To, OR AS (b) Chronic L DUE TO, OR AS (c) CHRONIC I PART II OTHER SIGNIFICANT (c)	Wedge, death occurred instare & Tide) EVEN L PHILLIDEY(T) PHYSICIAN IF OTHER ERTIFIER (PHYSICIAN STEVEN L PHIIIIPS N SHERRIE SIGNATURE AU (ENTER ONLY ONE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF TY HYPERTENSION	at the time, date and gonature AUT: PS M.D. 15:55 ER THAN CERTIFIE ATTENDING PHY ATTENDING PHY A CONNELL THENTICATED AUSE PER LINE FOR AUSE PER LINE	SIGIAN, MEDICAL 1 Rd Ste #207 (Mo) OR (a), (b), AND (c	EXAMINER OR OR CRETION DATE RECEIVED Dayler)	ssis of exemination and the and place and clue to SIGNED (Mo/Day/Yr OUNCED DEAD (Mo CORONER) (Type or 502 BY REGISTRAR Pary 24, 2017	/or investigation, in the cause(s) star 22 //Day/Yr) 22 //Day/Yr) 22 //Day/Yr) 24c. DEATH	in my opinion of ted (Signature c. HOUR OF E. PRONOUN 23b. LICENS DUE TO COMES Interval by Months Interval by Years Interval of Years Years OPSY (Specific control of the cont	esth occurred & Tritle) DEATH CED DEAD AT (He E NUMBER 6596 IMUNICABLE DISI NO X stween onset and of stween onset and of stween onset and of stween onset and of
TIFIER STRAR SSE OF EATH TIONS IF MISCH TIONS IF MI	21a. To the best of my kno to the cause(s) stated (Signature) 21b. DATE SIGNED (Mort January 24, 2017 21d. NAME OF ATTENDRI (Type or Print) 23a. NAME AND ADDRESS OF C 24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE PART I (a) Chronic F DUE TO, OR AS (b) Chronic L DUE TO, OR AS (c) Chronic L DUE TO, OR AS (d) OUE TO, OR AS (d) OUE TO, OR AS (d) OUE TO, OR AS (d)	Wedge, death occurred instate & Title) EVEN L PHILLIDEY(T) NG PHYSICIAN IF OTHER SHERRIE SHORATURE AU (ENTER ONLY ONE C TY Arrest SA CONSEQUENCE OF CASPITATORY Fail SA CONSEQUENCE OF UNG Disease SA CONSEQUENCE OF UNG DISEASE SA CONSEQUENCE OF UNG DISEASE SA CONSEQUENCE OF TY HYPERTENSION CONDITIONS CONDITIONS CONDITIONS CONDITIONS	at the time, date and gonature AUT: PS M.D. 15:55 ER THAN CERTIFIE ATTENDING PHY ATTENDING PHY A CONNELL THENTICATED AUSE PER LINE FOR AUSE PER LINE	d place and due NENTICATED SICIAN, MEDICAL 1 Rd Ste #207 24b. (Moi OR (a), (b), ANO (c	EXAMINER OR OR CRETION DATE RECEIVED Dayler)	asis of exemination and to and place and place and due to SIGNED (Mo/Day/Yr OUNCED DEAD (Mo:DORONER) (Type or 502. BY REGISTRAR Dary 24, 2017.	/or investigation, in the cause(s) star 22 /Osy/Yr) 22 Print) 24c. DEATH Yt 26. AUT Yes or N	in my opinion of ted (Signature G. HOUR OF E. PRONOUN 23b. LICENS DUE TO COMES	BEATH CED DEAD AT (He E NUMBER 6596 MUNICABLE DISI NO X Stween onset and of shween onset and of shween onset and of shween onset and of
TIFIER STRAR SSE OF EATH TIONS IF MISCH TIONS IF MI	21a. To the best of my kno to the cause(s) stated (Signature) 21b. DATE SIGNED (Mort January 24, 2017 21d. NAME OF ATTENDRY (Type or Print) 23a. NAME AND ADDRESS OF COMMENT (Signature) 25. IMMEDIATE CAUSE PART I (a) Chronic Four To, OR AS (b) Chronic L DUE TO, OR AS (c) CHRONIC I PART II OTHER SIGNIFICANT (c)	Wedge, death occurred instare & Tide) EVEN L PHILLIDEY(T) POPUL PHILLIDEY(T) POPUL PHILLIDEY(T) POPUL PHILLIDEY(T) POPUL PHILLIDEY(T) SHERRIE SHERRIE	at the time, date and gonature auticipes M.D. 15:55 ER THAN CERTIFIE ATTENDING PHY A.D. 5250 Nei A CONNELL ITHENTICATED AUSE PER LINE FR UTC SCONDING TO dea	d place and due HENTICATED SICIAN, MEDICAL I Rd Ste #207 (Mol OR (a), (b), ANO (c	EXAMINER OR (Reno, NV 89: DATE RECEIVED DATE	ssis of exemination and the and place and due to SIGNED (Mo/Day/Yr OUNCED DEAD (Mo CORONER) (Type or 502 BY REGISTRAR Pary 24, 2017	/or investigation, a the cause(s) star 22 /Osy/Yr) 22 Print) 24c. DEATH Yt 28: AUT Yes or h	in my opinion of ted (Signature G. HOUR OF E. PRONOUN 23b. LICENS DUE TO COMES	esh occurred & Tride) DEATH CED DEAD AT (He E NUMBER 6596 MUNICABLE DISI NO X stween onset and of stween onset and of stween onset and of 27. WAS CASE REFERED TO COR (Specify Yes or No)

VRS-Rev-20120523#





CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on tile in the office of the State Registrar and Vital Records.

DATE ISSUED: 1/30/

1/30/2017

Codyd Phingy SIGNATURE NOTHENTICATED



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



DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

So. CITY, TOWN, OR LOCATION OF DEATH 32. HOSPITAL OR OTHER INSTITUTION Name(if not either, give stream at 35 if hosp, or its indicate DOC, OP/Emir Fin. S. RACE (Specify) White S. RACE (Specify) S. RACE (Spe				E OF DEATH		STATE FIL	00125 Le number
Sa. CITY, TOWN, OR LOCATION OF DEATH 3s. HOSPITAL OR OTHER INSTITUTION Hamelf for either, give street art Salf Hosp. of Inst. Indicate DOX, OPERAR RIT. Carson City Evergreen at CC Health and Rehab Ctr Evergreen at CC Health and Rehab Ctr Special Manual Company of the Comp	r Nanc		,	M Ti	i .		COUNTY OF DEA
White No-Nort-Hispanic (Years) 73 NOTS DAYS DOURS MINS April 18 Secretary (Years) 73 NOTS DAYS DOURS MINS April 18 Secretary (Years) 73 NOTS DAYS DOURS MINS April 18 Secretary (Years) 73 NOTS DAYS DOURS MINS April 18 NOTS DAYS DAYS NOT	36. CITY, TOWN, OR LOCAT	ION OF DEATH 3c. HOS	PITAL OR OTHER INSTITUTE	ON -Name(If not either, give			
White No-Nort-Hispanic (Years) 73 NOTS DAYS DOURS MINS April 18 Secretary (Years) 73 NOTS DAYS DOURS MINS April 18 Secretary (Years) 73 NOTS DAYS DOURS MINS April 18 Secretary (Years) 73 NOTS DAYS DOURS MINS April 18 NOTS DAYS DAYS NOT	T .	y		and the second of the second second	Inpatient(Spe	Nursing Home	a \
TIS IS A COLOR OF BUSINESS OF INDUSTRY 15. CITY, TOWN OR LOCATION 15. STREET AND NUMBER 14. USUAL OCCUPATION (Give kind of Wert Done During Most of 14. KIND OF BUSINESS OR INDUSTRY 15. CITY, TOWN OR LOCATION 15. STREET AND NUMBER 14. USUAL OCCUPATION (Give kind of Wert Done During Most of 14. KIND OF BUSINESS OR INDUSTRY 15. KIND OF BUSINESS OR I	5. RACE (Specify)		No - Non-Hispanic	((Years) 73	MOS DAYS P	- W. D. W. L.	DATE OF BIRTH (April 22, 1
13. SOCIAL SECURITY NUMBER 14. USUAL OCCUPATION (Give kind of Work Done During Most of 149. KIND OF BUSINESS OR INDUSTRY Hold 195. GIVE		US/CA, 96. CITIZEN (F WHAT COUNTRY 10.EDU	CATION 11. MARITAL STAT	US (Specify) 12, SURVIV	ING SPOUSE'S NAME (L	net name prior to liret
ISA. RESIDENCE - STATE SR. COUNTY ISA. CITY, TOWN OR LOCATION ISA. STREET AND NUMBER F. New York ISA. RESIDENCE - STATE SR. COUNTY ISA. CITY, TOWN OR LOCATION ISA. STREET AND NUMBER ISA. RESIDENCE - STATE SR. COUNTY ISA. CITY, TOWN OR LOCATION ISA. STREET AND NUMBER ISA. RESIDENCE - STATE SR. COUNTY ISA. CITY, TOWN OR LOCATION ISA. STREET AND NUMBER ISA. RESIDENCE - STATE SR. COUNTY ISA. CENTER OF NO. CITY, TOWN OR LOCATION ISA. SURINY Validy ROWLAND 190. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) Erin FARRELL ISA. CREMATION, REMOVAL, OTHER (Specify) ISB. CEMETERY OR CREMATORY NAME (Park ADADDRESS OF FACULTY SALUTION COMMENT ISA. CREMATORY NAME ISA. CONTROL OR OF TOWN CREMATORY NA	THE PARTY OF THE P				145. KIND OF BUSI	VESS OR INDUSTRY	Ever in
Nevada Douglas Minden 2760 Squires Street 18. FATHER/FARENT - NAME (FIRM Midde Last Suffix) Wally ROWLAND 18a. INFORMANT - NAME (First Midde Last Suffix) Volanda CHARLANTINI 18a. INFORMANT - NAME (Type or Print) Erin FARRELL 18b. MAILING ADDRESS (Street or R.F.D. No. City or Town. State, 27) Erin FARRELL 12450 Paseo Cerro Sarratoga, California 95070 18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) [16a. CEMETERY OR CREMATORY - NAME Cremation Cremation Services 19b. LOCATION Cay or Town Autumn Cremation Services 19c. LOCATION Cay or Town Carson City Nevad 20b. FUNERAL DIRECTOR 20c. NAME AND ADDRESS OF FACILITY JOHN LAWRENCE LICENSE NUMBER FD3.04 1575 N Lompa Ln Carson City NV 897 21b. DATE SIGNED (MoDey/Yr) 21c. HOUR OF DEATH 3 anuary 08, 2018 21d. HOUR OF HAST 21d. DATE SIGNED (MODey/Yr) 22a. DATE SIGNED (MODEY/Yr) 22b. DATE SIGNED (MODEY/Yr) 22c. PRONOUNCED DEAD (MODEY/Yr) 22c. PRONOUNCED DEAD (MODEY/Yr) 22d. DATE RECEIVED BY REGISTRAR (Signature 3 Tite) SIGNATURE AUTHENTICATED 24d. REGISTRAR (Signature) MELISSA KNIGHT 24d. DATE RECEIVED BY REGISTRAR (Signature) MELISSA KNIGHT 24d. DATE RECEIVED BY REGISTRAR (SIGNATURE) 25d. IMMEDIATE CAUSE ENTER ONLY ONE CAUSE PRE LINE FOR (a), (b), AND (c).) PART I (b) THER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 25d. Authorys (Speediz N. Years) 10 DUE TO, OR AS A CONSEQUENCE OF: 10 DUE TO, OR	9536					The state of the s	Forces?
115 18. FATHERPARENT - NAME (First Middle Last Surfix) Wally ROWLAND 196. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 198. INFORMANT-NAME (Type or Print) 198. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 1180. CEMETERY OR CREMATION? - NAME Cremation Cremation 208. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE 199. PUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE 190. FUNERAL DIRECTOR - SIGNATURE AND ADDRESS OF FACILITY LICENSE NUMBER FORMATURE AND ADDRESS 1575 N Lompa Ln Carson City NV 897 1575 N Lompa Ln Carson City NV 897 218. DATE SIGNED (MODey/Yr) 219. DATE SIGNED (MODey/Yr) 220. DATE SIGNED (MODey/Yr) 2210. DATE SIGNED (MODEY	15a RESIDENCE - STATE		nd di¥iyr#i oo	it am er Lakili 🗀	1.4		15e, INS LIMITS (
Wally ROWLAND Yolanda CHARLANTINI 18a. INFORMANT-NAME (Type or Print) Erin FARRELL 12450 Paseo Cerro Saratoga, California 95070 18a. BURIAL, CREMATION, REMOVAL, OTHER (Speedy) 18b. CEMETERY OR CREMATORY -NAME CCITY OF COMMITTEE (OF Person Acting as Such) 20b. FUNERAL DIRECTOR - SIGNATURE (OF Person Acting as Such) JOHN LAWRENCE SIGNATURE (OF Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED TRADE CALL - NAME AND ADDRESS 21a. To the best of my Innovinded, death occurred of the time, date and place and due SIGNATURE AUTHENTICATED TRADE CALL - NAME AND ADDRESS 22a. To the best of my Innovinded, death occurred of the time, date and place and due SIGNATURE AUTHENTICATED TRADE CALL - NAME AND ADDRESS 21b. DATE SIGNED (MorDey/Yr) 21c. HOUR OF DEATH 33:00 22b. DATE SIGNED (MorDey/Yr) 22c. HOUR OF DEATH 33:00 22c. DATE SIGNED (MorDey/Yr) 22c. HOUR OF DEATH 22d. NAME OF ATTENDINIS PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER: OR CORONERY (Type or Print) 22a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER: OR CORONERY (Type or Print) 22a. LOADE STARK (Signature) MELISSA KNIGHT SHOMATURE AUTHENTICATED MELISSA KNIGHT SHOMATURE AUTHENTICATED DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: Interval between (c) DUE TO, OR AS A CONSEQUENCE OF: Interval between (r) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 22c. AUTOPSY (Speedize) 12d. Author or AS A Lautopsy (Speedi							or Ho)
18a. INFORMANT-NAME (Type or Print) Erin FARRELL 19b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) Erin FARRELL 12450 Paseo Cerro Saratoga, California 95070 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME Cremation 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE ESCHARTURE AUTHENTICATED 20b. FUNERAL DIRECTOR 20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations FD304 1575 N Lomps Lin Carson City NV 897 ALL TRADE CALL - NAME AND ADDRESS SIGNATURE AUTHENTICATED 15c. SIGNATURE	S PAINER/PARENI - NAM	•	•	17; MOTHERA			76.
19a. BURIAL CREMATION, REMOVAL, OTHER (Specify) 19b. CEMBERRY OR CREMATORY - NAME Carson City Nevad Carson City Nevad 20a. FUNERAL DIRECTOR - SIGNATURE (OF Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED TRADE CALL - NAME AND ADDRESS TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN, MEDICAL EXAMINER; OR CORONER) (Type or Print) TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN, MEDICAL EXAMINER; OR CORONER) (Type or Print) TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN, MEDICAL EXAMINER; OR CORONER) (Type or Print) TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN, MEDICAL EXAMINER; OR CORONER) (Type or Print) TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN, MEDICAL EXAMINER; OR CORONER) (Type or Print) TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN, MEDICAL EXAMINER; OR CORONER) (Type or Print) TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN, MEDICAL EXAMINER; OR CORONER) (Type or Print) TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN, MEDICAL EXAMINER; OR CORONER) (Type or Print) TRADE CAL	184 INFORMANT- NAME (T)			ADDRESS (Street or R			1111
Cremation Cremation Cremation Autumn Cremation Services Carson City Nevad 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED LICENSE NUMBER RITADE CALL - NAME AND ADDRESS TRADE CALL - NAME AND ADDRESS SIGNATURE AUTHENTICATED TRADE CALL - NAME AND ADDRESS SIGNATURE AUTHENTICATED SIGNATURE SIGNED (MorDey/Yr) 21b. DATE SIGNED (MorDey/Yr) 22c. HOUR OF DEATH SIGNATURE AUTHENTICATED 22d. DATE SIGNED (MorDey/Yr) 22a. 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) 23b. LICENSE NI. Reed Dopf MD 907 Mountain Street Carson City, NV 89703 24c. PERSONATURE AUTHENTICATED MELISSA KNIGHT SIGNATURE AUTHENTICATED MELISSA KNIGHT SIGNATURE AUTHENTICATED MELISSA KNIGHT (MorDay/Yr) January 08, 2018 YES NO DUE TO, OR AS A CONSEQUENCE OF: Interval between Interval between Interval between LICENSE NI. LICENSE NI. Authurin Funeral school Authuring Cause given in Part 1. 25. AUTOPSY (Speciez V. Yes or No) No INSERT					seo Cerro Saratog	a, California 950	70
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED TRADE CALL - NAME AND ADDRESS LICENSE NUMBER FD304 TRADE CALL - NAME AND ADDRESS 21a. To the best of my knowledge, death occurred at the time, date and place and due SIGNATURE AUTHENTICATED TRADE CALL - NAME AND ADDRESS 21a. To the best of my knowledge, death occurred at the time, date and place and due SIGNATURE AUTHENTICATED TRADE CALL - NAME AND ADDRESS 21a. To the best of my knowledge, death occurred at the time, date and place and due SIGNATURE AUTHENTICATED 22a. On the best of eministion and/or investigation, in my opinion death signature & Title) SIGNATURE AUTHENTICATED 22b. DATE SIGNED (MorDey/Yr) 22c. HOUR OF DEATH 22d. PRONOUNCED DEAD (MorDey/Yr) 22d. DEATH DUE TO COMMUN SIGNATURE AUTHENTICATED 22d. DEATH DUE TO COMMUN SIGNATURE AUTHENTICATED 22d. DEATH DUE TO COMMUN MORDEY (MorDey/Yr) 22d. DATE SIGNED (MorDey/Yr) 22d. DEATH DUE TO COMMUN MORDEY (MorDey/Yr) 22d. DATE SIGNED							
ALL TRADE CALL - NAME AND ADDRESS ALL TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN - ATTENDING PHYSICIAN MEDICAL EXAMINER. OR CORONER) (Type or Print) ALL TRADE CALL - NAME AND ADDRESS ALL TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN - ATTENDING PHYSICIAN MEDICAL EXAMINER. OR CORONER) (Type or Print) ALL TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN - ATTENDING PHYSICIAN MEDICAL EXAMINER. OR CORONER) (Type or Print) ARR TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN - ATTENDING PHYSICIAN MEDICAL EXAMINER. OR CORONER) (Type or Print) ARR TRADE CALL - NAME AND ADDRESS	0.011		1776	11, 11, 11, 11, 11, 11, 11, 11, 11, 11,			ny Nevada 89
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) SIGNATURE AUTHENTICATES TO BE 21b. DATE SIGNED (Mo/Dey/Yr) 21c. HOUR OF DEATH 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 22d. DATE SIGNED (Mo/Dey/Yr) 22a. DATE SIGNED (Mo/Dey/Yr) 22a. HOUR OF DEATH 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) 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23b. DATE SIGNED (Mo/Dey/Yr) 22c. HOUR OF DEATH 23c. DATE SIGNED (Mo/Dey/Yr) 23c. LICENSE NI. Reed Dopf MD 907 Mountain Street Carson City, NV 89703 24c. REGISTRAR (Signature) MELISSA KNIGHT 24d. DATE RECEIVED BY REGISTRAR 2			LICENSE N	NUMBER			nations
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature a Trite) 21b. DATE SIGNED (MorDey/Yr) 21c. HOUR OF DEATH 21d. HAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER. 22a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER; OR CORONER) (Type or Print) 22a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER; OR CORONER) (Type or Print) 22a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER; OR CORONER) (Type or Print) 22b. DATE RECEIVED BY REGISTRAR 24c. DEATH DUE TO COMMUN. 24c. REGISTRAR (Signature) MELISSA KNIGHT 24d. DATE RECEIVED BY REGISTRAR 24d. DATE RECEIVED BY REGISTRAR (MODBY/Yr) (MODBY/Yr) 24d. DATE RECEIVED BY REGISTRAR (MODBY/Yr) (MODBY/Yr) 24d. DATE RECEIVED BY REGISTRAR (MODBY/Y			reo F	D304	1575 N Long	a Ln Carson City	NV 89701
The cause(s) stated (Signature & Title) SEGNATURE AUTHENTICATED REFO DOPF MD 21b. DATE SIGNED (Mo/Dey/Yr) January 08, 2018 13:00 21c. HOUR OF DEATH January 08, 2018 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER. 22d. PRONOUNCED DEAD (Mo/Dey/Yr) 22d. DATE REFERENCE (M				i in dinami			
21b. DATE SIGNED (Mo/Dey/Yr) January 08, 2018 January 08, 2018 January 08, 2018 22c. HOUR OF DEAT 13:00 22c. HOUR OF DEAT 13:00 22c. HOUR OF DEAT 22c. HOUR OF 22c. HOUR O					h - 1 - 1 - 1 - 11 - 11		- 1 - 2 - 2
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER; OR CORONER) (Type or Print) 23b. LICENSE NL Reed Dopf MD 907 Mountain Street Carson City, NV 89703 24a. REGISTRAR (Signature) MELISSA KNIGHT SIGNATURE AUTHENTICATED 24b. DATE RECEIVED BY REGISTRAR (MorDay/Yr) January 08, 2018 YES NO 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART 1 (a) Terminal Complications Of Malignant, Metastatic Bladder Carcinoma (b) DUE TO, OR AS A CONSEQUENCE OF: Interval between (d) PART 11 OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 25. AUTOPSY (Specialize) (d) PART 11 OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 26. AUTOPSY (Specialize) NO 10	3 ±	REED DOM	SIGNATURE AUTHENTIC:				
Reed Dopf MD 907 Mountain Street Carson City, NV 89703 24a. REGISTRAR (Signature) MELISSA KNIGHT SIGNATURE AUTHENTICATED 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART 1 (a) Terminal Complications Of Malignant, Metastatic Bladder Carcinoma (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: Interval between (d) PART 11 OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 26. AUTOPSY (Specialize) NO NO NO NO NO NO NO PART 11 OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Yes or No) NO NO NO NO NO NO NO NO NO N	ទី January 08, 20	REFD DOP1 Ma/Dey/Y1) 210 018	SIGNATURE AUTHENTICS MED: HOUR OF DEATH 13:00	ATED 2 is the time.	date and place and due to t E SIGNED (Mo/Day/Yr)	he cause(s) stated. (Si	gnature & Title) JR OF DEATH
SIGNATURE AUTHENTICATED SIGNATURE AUTHENTICATED SIGNATURE AUTHENTICATED (Mo/Day/Yr) January 08, 2018 YES NO NO PART I OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the undertying cause given in Part 1. SIGNATURE AUTHENTICATED (Mo/Day/Yr) January 08, 2018 YES NO Interval between (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the undertying cause given in Part 1. Yes or No) NO NO NO NO NO NO NO NO NO N	January 08, 20	Ma/Dey/Yr) 210)18 NDING PHYSICIAN IF OTH	SIGNATURE AUTHENTICE MD3 HOUR OF DEATH 13:00 HER THAN CERTIFIER	ATES 2 at the time.	date and place and due to the ESIGNED (Mo/Dey/Yr) DNOUNCED DEAD (Mo/L	22c. HOL 22p. PRO 22p. PRO	gnature & Title) JR OF DEATH
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART 1 (a) Terminal Complications Of Malignant, Metastatic Bladder Carcinoma There is a consequence of: (b) DUE TO, OR AS A CONSEQUENCE OF: Interval between the consequence of: (c) DUE TO, OR AS A CONSEQUENCE OF: Interval between the consequence of: (d) PART 11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in Part 1. 26. AUTOPSY (Specialize Model) No. (Gispecialize)	January 08, 20 21d. NAME OF ATTER (Type or Print) 23a. NAME AND ADDRESS C	Mo/Day/Yr) 210 018 NDBING PHYSICIAN IF OTH OF CERTIFIER (PHYSICIA Reed Dopf MD	SIGNATURE AUTHENTICE MD HOUR OF DEATH 13:00 HER THAN CERTIFIER N, ATTENDING PHYSICIAN, I 907 Mountain Street (ATES G at the time, and a second control of the second control of	date and place and due to the SIGNED (Mo/Dey/Yr) DNOUNCED DEAD (Mo/CR CORONER) (Type or P.703	22c. HOL 22c. HOL 22e. PRO 23b. L	greture & Title) UR OF DEATH DNOUNCED DEAE LICENSE NUMBER 13920
PART 1 OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in Part 1. 26. AUTOPSY (Specialize United Section No.) No. No.	January 08, 20 Languary 08, 20 Languar	MO(Day)Y() 210 018 NDING PHYSICIAN IF OTH OF CERTIFIER (PHYSICIA Reed Dopf MD MELISS	SIGNATURE AUTHENTICE NOTE: HOUR OF DEATH 13:00 HER THAN CERTIFIER N, ATTENDING PHYSICIAN, I 907 Mountain Street (SA KNIGHT	MEDICAL EXAMINER; OF CARSON City, NV 89	date and place and due to the ESIGNED (Mo/Dey/Yr) DNOUNCED DEAD (Mo/C R CORONER) (Type or P 703 ED BY REGISTRAR	22c. HOL 22c. HOL 23c. HOL 23c. HOL 24c. DEATH DUE T	greatre & Title) UR OF DEATH DNOUNCED DEAD LICENSE NUMBER 13920 O COMMUNICAB
DUE TO, OR AS A CONSEQUENCE OF: Doc TO, OR AS A CONSEQUENCE OF: Due TO, OR AS A CONSEQUENCE OF: Interval between the construction of the co	January 08, 20 Languary 08, 20	MO(DayNY) 216 018 NDING PHYSICIAN IF OTH OF CERTIFIER (PHYSICIA Reed Dopf MD MELISS SIGNATURE A	SONATURE AUTHENTICE NOTE OF DEATH 13:00 HER THAN CERTIFIER N; ATTENDING PHYSICIAN, I 907 Mountain Street (IA KNIGHT UTHENTICATED	MEDICAL EXAMINER; OF Carson City, NV 89	date and place and due to the ESIGNED (Mo/Dey/Yr) DNOUNCED DEAD (Mo/C R CORONER) (Type or P 703 ED BY REGISTRAR	22c. HOL Day/Yr) 22e. PRO tink) 23b. L 24c. DEATH DUE T YES	UR OF DEATH DNOUNCED DEAD JCENSE NUMBER 13920 O COMMUNICABI J NO X
DUE TO, OR AS A CONSEQUENCE OF: [c] DUE TO, OR AS A CONSEQUENCE OF: Interval between [d] PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the undertying cause given in Part 1. [26. AUTOPSY (Specifiz) INDEPENDENT CONDITIONS CONDITI	January 08, 20 Languary 08, 20 Languar	MATCH DOPP MATCH DEPTH	SONATURE AUTHENTICA NOTE: NOT	MTRD 2 at the time, 2	date and place and due to the SIGNED (Mo/Dey/Yr) DNOUNCED DEAD (Mo/L R CORONER) (Type or P 703 ED BY REGISTRAR INUARY 08, 2018	te ceuse(s) stated (Si 22c. HOL Day/Yr) 22e. PRO 10k) 23b. L 24c. DEATH DUE T YES Interpretation	greture & Title) UR OF DEATH DNOUNCED DEAD LICENSE NUMBER 13920 O COMMUNICABI NO X acvel between one
Co DUE TO, OR AS A CONSEQUENCE OF: Interval between Interval between DUE TO, OR AS A CONSEQUENCE OF: Interval between OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the undertying cause given in Part 1. 26. AUTOPSY (Specifiz) REFERENCE Candiovascular Disease, Diabetes No. No. (Specific) No. (Specific) (Specific) No. (Specific)	January 08, 20 21d. NAME OF ATTER (Type or Print) 23a. NAME AND ADDRESS C 24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE PART 1 (a) Termina Due to, or	MO(Dey/Yr) 216 018 NDENG PHYSICIAN IF OTO Reed Dopf MD MELISS SIGNATURE A (ENTER ONLY ONE al Complications	HOUR OF DEATH 13:00 HER THAN CERTIFIER IN, ATTENDING PHYSICIAN, IN 907 Mountain Street COMMENT AND THE STREET CAUSE PER UNE FOR (a), (b) GO Malignant, Mel	MTRD 2 at the time, 2	date and place and due to the SIGNED (Mo/Dey/Yr) DNOUNCED DEAD (Mo/L R CORONER) (Type or P 703 ED BY REGISTRAR INUARY 08, 2018	te ceuse(s) stated (Si 22c. HOL Day/Yr) 22e. PRO 11ft) 23b. L 24c. DEATH DUET YES [1rt Y	grature & Title) UR OF DEATH DNOUNCED DEAD LICENSE NUMBER 13920 O COMMUNICABI NO X acvel between ons ears
DUE TO, OR AS A CONSEQUENCE OF: (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 26. AUTOPSY (Special 27. W. Yes or No.) IND. (SPECIAL 27. W. Yes or No.) NO. (No.)	January 08, 20 21d. NAME OF ATTER 2 to (Type or Print) 23a. NAME AND ADDRESS C 24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE PART 1 (a) Termina DUE TO, OF	MODBYNY) 210 210 210 210 210 210 210 21	SONATURE AUTHENTICE NOTE: 13:00 HER THAN CERTIFIER N, ATTENDING PHYSICIAN, I 907 Mountain Street C A KNIGHT UTHENTICATED CAUSE PER LINE FOR (a), (b) 6 Of Malignant, Mel	MTRD 2 at the time, 2	date and place and due to the SIGNED (Mo/Dey/Yr) DNOUNCED DEAD (Mo/L R CORONER) (Type or P 703 ED BY REGISTRAR INUARY 08, 2018	te ceuse(s) stated (Si 22c. HOL Day/Yr) 22e. PRO 11ft) 23b. L 24c. DEATH DUET YES [1rt Y	gretire & Title) UR OF DEATH DNOUNCED DEAE LICENSE NUMBER 13920 O COMMUNICAB NO X arvel between one ears
(d) PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the undertying cause given in Part 1. 26. AUTOPSY (Special 7. W. Altherosclerosc Cardiovascular Disease, Diabetes 26. AUTOPSY (Special 7. W. Altherosclerosc Cardiovascular Disease, Diabetes) 10. No. (Special 7. W. Altherosclerosc Cardiovascular Disease, Diabetes)	January 08, 20 January 08, 20	MODBYNY) 210 210 210 210 210 210 210 21	SONATURE AUTHENTICE NOTE: 13:00 HER THAN CERTIFIER N, ATTENDING PHYSICIAN, I 907 Mountain Street C A KNIGHT UTHENTICATED CAUSE PER LINE FOR (a), (b) Of Malignant, Mel	MEDICAL EXAMINER; OF Carson City, NV 89 24b, DATE RECEIVI (Mo/Day/Yr) Jai), AND (c).) castaffic Bladder	date and place and due to the ESIGNED (Mo/Dey/Yr) DNOUNCED DEAD (Mo/CR CORONER) (Type or P. 703 ED BY REGISTRAR nuary 08, 2018 Carcinoma	the cause(s) stated (Si 22c. HOL Day/Yr) 22e. PRO inti) 23b. L 24c. DEATH DUE T YES int Y: tot	grature & Tide) UR OF DEATH DNOUNCED DEAD LICENSE NUMBER 13920 O COMMUNICAB NO X arval between ons ears
Yes or No) IREFE	January 08, 20 21d. NAME OF ATTER (Type or Print) 23a. NAME AND ADDRESS C 24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE PART 1 (a) Termina DUE TO, OF (b) DUE TO, OF	MACDAY/Y) 216 MODBY/Y) 216 DE CERTIFIER (PHYSICIA Reed Dopf MD MELISS SIGNATURE A (ENTER ONLY ONE AL COMPLICATIONS R AS A CONSEQUENCE OF	SONATURE AUTHENTICE NOTE: 13:00 HER THAN CERTIFIER N; ATTENDING PHYSICIAN, I 907 Mountain Street C A KNIGHT UTHENTICATED CAUSE PER LINE FOR (a), (b) OF Malignant, Mel DE:	MEDICAL EXAMINER; OF Carson City, NV 89 24b, DATE RECEIVI (Mo/Day/Yr) Jai), AND (c).) castaffic Bladder	date and place and due to the ESIGNED (Mo/Dey/Yr) DNOUNCED DEAD (Mo/CR CORONER) (Type or P. 703 ED BY REGISTRAR nuary 08, 2018 Carcinoma	re cause(s) stated. (Si 22c. HOL Day/Yr) 22e. PRO 11th() 23b. L 24c. DEATH DUET YES Int Y Int Int	grature & Title) UR OF DEATH DNOUNCED DEAE 13920 O COMMUNICAB NO X inval between one ears erval between one
The state of the s	January 08, 20 21d. NAME OF ATTER (Type or Print) 23a. NAME AND ADDRESS C 24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE PART 1 (a) Termina DUE TO, OF (b) DUE TO, OF	MACDAY/Y) 216 MODBY/Y) 216 DE CERTIFIER (PHYSICIA Reed Dopf MD MELISS SIGNATURE A (ENTER ONLY ONE AL COMPLICATIONS R AS A CONSEQUENCE OF	SONATURE AUTHENTICE NOTE: 13:00 HER THAN CERTIFIER N; ATTENDING PHYSICIAN, I 907 Mountain Street C A KNIGHT UTHENTICATED CAUSE PER LINE FOR (a), (b) OF Malignant, Mel DE:	MEDICAL EXAMINER; OF Carson City, NV 89 24b, DATE RECEIVI (Mo/Day/Yr) Jai), AND (c).) castaffic Bladder	date and place and due to the ESIGNED (Mo/Dey/Yr) DNOUNCED DEAD (Mo/CR CORONER) (Type or P. 703 ED BY REGISTRAR nuary 08, 2018 Carcinoma	re cause(s) stated. (Si 22c. HOL Day/Yr) 22e. PRO 11th() 23b. L 24c. DEATH DUET YES Int Y Int Int	grature & Title) UR OF DEATH DNOUNCED DEAD LICENSE NUMBER 13920 O COMMUNICABI NO X Invalidation ons ears erval between ons erval between ons
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	January 08, 20 January 08, 20	MODEYNY) DISS NOTE OF CERTIFIER (PHYSICIAN REED DOPF MD REED DOPF MD MELISS SIGNATURE A (ENTER ONLY ONE AL COMPLICATIONS R AS A CONSEQUENCE OF THE COMPLICATIONS R AS A CONSEQUENCE OF THE COMPLICATIONS R AS A CONSEQUENCE OF THE COMPLICATIONS TO CONDITIONS CONTINUES NOT CONDITIONS CONTINUES TO TO TO THE CONDITIONS CONTINUES TO TO TO THE CONDITIONS CONTINUES TO THE CONTINUES TO T	HOUR OF DEATH 13:00 HER THAN CERTIFIER IN: ATTENDING PHYSICIAN, 907 Mountain Street C A KNIGHT UTHENTICATED CAUSE PER LINE FOR (a), (b) Of Malignant, Mel	MEDICAL EXAMINER; OF Carson City, NV 89 24b. DATE RECEIVI (Mo/Day/Yr) Jai), AND (c).) (astatic Bladder	date and place and due to the ESIGNED (Mo/Dey/Yr) DNOUNCED DEAD (Mo/C R CORONER) (Type or P 703 ED BY REGISTRAR nuary 08, 2018 Carcinoma	te ceuse(s) stated (Si 22c. HOL Day/Yr) 22e. PRO 1nti) 23b. L 24c. DEATH DUE T YES int Y: 1nt Int 1nt 25c. AUTOPSY Yes or No)	JR OF DEATH DNOUNCED DEAD LCENSE NUMBEF 13920 O COMMUNICABI NO Enval between one ears erval between one terval between one (Specifiz, WAS CARRETERRED

STATE REGISTRAR

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:

1/11/2018

STATE REGISTRAR
SIGNATURE AUTHENTICATED

GNATURE AUTHENTICATED



