**DOUGLAS COUNTY, NV** Rec:\$35.00 Total:\$35.00

2019-925644

02/12/2019 09:37 AM

Pgs=3

LEON R. COLEY



00086755	2019092564	40030036	

APN: 1121-05-516-020
Recording requested by and mail documents and tax statements to:

Name LEON R. COLEY Address: 276 WALKER ST.

City/State/Zip: GARDINERVILLE, HU.

**AFF111** 

Nevada Legal Forms & Tax Services, Inc. www.nevadalegalforms.com

KAREN ELLISON, RECORDER

AFFIDAVIT-TERMINATION OF JOINT TENANT
Death of a Joint Tenant
I, LEONI R. COLEY
the Affiant, being of legal age, and being first duly sworn, deposes and says:
That PATRICIA S. COLEY
the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as,
PATRICIA 5. COLÉY
named as one of the parties in that certain (type of deed) <u>SUB</u> <u>LERSE</u>
dated on the 10 TH day of TULY 2006, 2006, and executed by JOHNSON
DEVELOPMENT, LLC
known as Grantor(s), to LEON R. COLEY + PATRICIA S. COLEY HUSBOND + WIFE
known as Grantees, as joint tenants, and recorded as instrument number <u>6679237</u>
on the <u>l v7d</u> day of <u>VULY 2006</u> , in Book <u>0706 PAGE 2960</u> of Official Records
of Dough this County, Nevada, covering the following described property situated
in the City of GARDNER VILLE, County of DOUGLAS, State of Nevada.
(Set forth legal description and commonly known address)
276 WALKER ST.
GARDNERVILLE, NV. 89410
APN -1121-05-516-020
APN -1121-05-516-020 LOT 184, AS SET FORTH ON THE RECORD OF SURVEY FOR PINEVIEW DEVELOPMENT, UNIT NO. 6, FILED IN OFFICE OF THE
PINEVIEW DEVELOPMENT, ONLY NOW OF FIRE OF THE
DOUGLAS COUNTY RECORDER ON SEPTEMBER 26, 2005 IN
BOOK 0905, PAGE 9644, FILE NO. 655937; SUBJECT TO THAT CERTAIN DECLAPATION OF COVENANTS, CONDITIONS AND RESTRICTIONS FOR
FOR PINE VIEW FILED IN THE OFFICE OF THE DOUGLAS COUNTY
RECORDER ON OCTOBER 13, 1997,

IN BOOK 1097, PAGE 2388, FILE NO. 0423883, EXCLUDING ANY AND ALL WATER RIGHTS, INCLUDING, BUT NOT LIMITED TO; APPLICATIONS AND PERMITS TO APPROPRIATE ANY OF THE PUBLIC WATERS; CERTIFICATES OF APPROPRIATION; ADJUDICATED OR UNADITUDICATED WATER RIGHTS; APPLICATIONS OR PERMITS TO CHANGE THE PLACE OF DIVERSION, MANNER OF USE OR PLACE OF USE OF WATER; AND FEDERAL RESERVED WATER RIGHTS.

In Witness Whereof, I have hereunto set my	hand this 12 7H day of FERUARY	_, 20 <u>69</u>
--	--------------------------------	-----------------

Leon	R	alex
Signature		07

Print or type name here

STATE OF Nevada

COUNTY OF YOUSIAS

On this 12 day of February, 20 19, personally appeared before me, a Notary Public, Leon R. Coley

personally known to me OR proved to me on the basis of satisfactory evidence to be the person(s) described in and who executed the foregoing instrument in the capacity set forth therein, who acknowledged to me that they executed the same freely and voluntarily and for the uses and purposes therein mentioned. Witness my hand and official seal.

Yotary Public

My/commission expires: OCH 15, 2022

Consult an attorney if you doubt this forms fitness for your purpose.

ELIZABETH DEL REAL Notary Public - State of Nevada Appointment Recorded in Carson City No: 18-4420-3 - Expires Oct. 15, 2022



## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH **VITAL STATISTICS** 

<b>.</b>					VITAL ST	AHSH	U O							
-1,	E NO. 3868795			CERT	IFICATE	OF DI	EATH					0228 FILE NUMB		
TYPE OR T	a. DECEASED-NAME (FIRST	MIDDLE,	,LAST,SUFFIX)	·				2. DATE C	F DEATH	(Mo/Day/Y	ear) 3	a. COUNTY	OF DEATH	
PERMANENT	Patricia S			COL				Dec	cember 1	17, 2015	\ I		arson Cit	у
BLACK INK	3b, CITY, TOWN, OR LOCATIO	N OF DE	ATH 3c. HOSPIT	AL OR OTHE	RINSTITUTION	I -Name(If no	ot either, give	street an	3e.if Hosp.	or Inst. ind	icate DOA,	OP/Emer. R	m. 4. S	ΕX
	Carson City		ļ	Carson Ta	thoe Regiona	al Medica	al Center		Inpatient(Sp	жеспу) 1	npatient	1		emal
DECEDENT 5	RACE White			. Hispanic Orig		7a. AGE-	-Last birthday	7b. UNDE	R 1 YEAR	7c. UNDE	R 1 DAY	B. DATE OF	BIRTH (Mo	/Day/Y
10	Specify)			ło - Non-His	•	(Years)	71	MOS	DAYS	-	1 1/1		ber 30, 1	
IF DEATH	a. STATE OF BIRTH (If not U.	S.A.,	9b, CITIZEN OF	WHAT COUN	TRY 10 EDUCA	TION 11. M	ARITAL STATU	S (Specify)	12. SUR	VIVING SPO	USE'S NAME	(Last name p		
IF DEATH OCCURRED IN INSTITUTION SEE	Californ			d States	13		arried	/		The Real Property lies, the Post of the Po				R COL
REGARDING 1	13. SOCIAL SECURITY NUMB	ER	14a. USUAL OC					14b. KI	ND OF BU	SINESS O	RINDUST		Ever in US	S Arm
COMPLETION OF RESIDENCE	2179		1		ce President				The state of the s	Bankin	g		Forces?	- omi
ITEMS 1	15a. RESIDENCE - STATE	15b, CO	HUNTY	15c. CI	ITY, TOWN OR				NUMBER	The second name of	Name and Address of the Owner, where the Owner, which is the Ow	,	15e. INSIDE	
<u> </u>	Nevada	<u> </u>	Douglas		Gardnervi	-		ker Street			-	The same of the sa	or No)	Yes
PARENTS	16. FATHER/PARENT - NAME					17.	. MOTHER/P	ARENT - I						
L	<del></del>		A GRASTE								OWENS	5 1	-	7
[1	18a. INFORMANT- NAME (Typ			]1	86. MAILING AD		(Street or R.	796	10.		•	1440	1	- 74
Ļ		n COLE		Vac- OFMET			276 Walke	er Street	Gardne			City or Toy	m State	
ISPOSITION	19a. BURIAL, CREMATION, R Crema		OTHER (Specify	) 190. CEME!	ERT OR CREM	henry's C	AME Crematory	1		196. LO		City Nev	79	L 47
· L	20a. FUNERAL DIRECTOR - S		DC (Or Prison And	Van an Prints	20b. FUNER	76	<u> </u>		DDDEES O	E EACILIT		City 1464	aua 037 (	
1			BINSON	ung as sucin	LICENSE NU		OF 200. NAM	BE AND A			ociety of	Reno		
			UTHENTICATI	ED	8	70	1					8 VV or	9509	
RADE CALL	TRADE CALL - NAME AND A					1	- N.	/						
	≥ 21a. To the best of my l					due bu	22a. On the					yopinion de		
ŀ	문항 to the cause(s) stated (				AUTHENTICA	TED 3	at the time,	date and pla	ace and due	to the cause	e(s) stated.	(Signature 8	Title)	
CERTIFIER	21b. DATE SIGNED (M		O SANCHE	HOUR OF DE	ATH	Completed by	22b DAT	E SIGNED	(Mo/Day/Y	'r)	22c. H	OUR OF D	EATH	
CERTIFIER	F @ ,		,		796	. ∤∈≏		- T.	(	.,				
	্র ≛ January 06, 20	16 』	P	03:	:36 "	182	Ž	79	No.		1			
i	January 06, 20		YSICIAN IF OTHE	03 ER THAN CER		88.0	22d. PRC	NOUNCE	D DEAD (N	lo/Day/Yr)	22e. F	RONOUNC	ED DEAD A	T (Ho
	21d. NAME OF ATTEN	IDING PH		ER THAN CER	RTIFIER	To Be	22d. PRC	<b>N</b>	**************************************		22e. F	PRONOUNC	ED DEAD A	AT (Hot
		DING PH	FIER (PHYSICIAN	R THAN CER	RTIFIER S PHYSICIAN, M	EDICAL EX	22d. PRO	CORONE	**************************************			PRONOUNC	NUMBER	T (Hot
	21d. NAME OF ATTEN	DING PH F CERTIF Su	FIER (PHYSICIAN le O Sanchez	R THAN CER , ATTENDING M.D. 166	RTIFIER SPHYSICIAN, M S1 Lucerne S	EDICAL EX Minden	22d. PRO AMINER, OR I, NV 894	CORONE 23	ER) (Type o	r Print)	23	b. LICENSE	NUMBER 9360	
	21d. NAME OF ATTEN	DING PH F CERTIF Su	FIER (PHYSICIAN IE O Sanchez VERALYNI	HATTENDING M.D. 166	RTIFIER SPHYSICIAN, M S1 Lucerne S ACK	EDICAL EX Minden	AMINER, OF N. NV 894	CORONE 23 D BY REC	ER) (Type o	r Print)	23 DEATH DU	E TO COM	NUMBER 9360 MUNICABLE	
REGISTRAR	21d. NAME OF ATTEN (Type or Print) 23a. NAME AND ADDRESS O 24a. REGISTRAR (Signature)	DING PH F CERTIF Su	FIER (PHYSICIAN IE O Sanchez VERALYNI SIGNATURE AU	HATTENDING M.D. 166 MA BOYA THENTICAT	RTIFIER  PHYSICIAN, M  1 Lucerne S  ACK  TED	EDICAL EX St Minden 24b. DA (Mo/Day	AMINER, OF N. NV 894	CORONE 23	ER) (Type o	r Print)	23	E TO COM	NUMBER 9360 MUNICABLE	DISE
REGISTRAR CAUSE OF	21d. NAME OF ATTEN (Type or Print)  23a. NAME AND ADDRESS O  24a. REGISTRAR (Signature)  25. IMMEDIATE CAUSE	F CERTIF Su (ENT	FIER (PHYSICIAN IO O SANCHOZ VERALYNI BIGNATURE AU TER ONLY ONE C	HATTENDING M.D. 166 MA BOYA THENTICAT	RTIFIER  PHYSICIAN, M  1 Lucerne S  ACK  TED	EDICAL EX St Minden 24b. DA (Mo/Day	AMINER, OF N. NV 894	CORONE 23 D BY REC	ER) (Type o	r Print)	23 DEATH DU	E TO COM	NUMBER 9360 MUNICABLE	DISE
REGISTRAR	21d. NAME OF ATTEN (Type or Print)  23a. NAME AND ADDRESS O  24a. REGISTRAR (Signature)  25. IMMEDIATE CAUSE PART 1 (a) Myocard	F CERTIF Su (ENT	FIER (PHYSICIAN BE O Sanchez VERALYNI BIGNATURE AU ER ONLY ONE C FARCTION	A BOYATHENTICATE  AUSE PER LI	RTIFIER  PHYSICIAN, M  1 Lucerne S  ACK  TED	EDICAL EX St Minden 24b. DA (Mo/Day	AMINER, OF N. NV 894	CORONE 23 D BY REC	ER) (Type o	r Print)	23 DEATH DU	E TO COMI	NUMBER 9360 MUNICABLE NO X	DISE
REGISTRAR CAUSE OF DEATH	21d. NAME OF ATTEN (Type or Print)  23a. NAME AND ADDRESS O  24a. REGISTRAR (Signature)  25. IMMEDIATE CAUSE PART 1  (a) Myocaro Due To, on	F CERTIF Su (ENT dial Int	FIER (PHYSICIAN 10 O Sanchez VERALYNI 15 GNATURE AU 15 FR ONLY ONE C 16 FARCTION DISSEQUENCE OF	ATTENDING M.D. 166 M.A. BOYA THENTICAT AUSE PER LI	RTIFIER  PHYSICIAN, M  1 Lucerne S  ACK  TED	EDICAL EX St Minden 24b. DA (Mo/Day	AMINER, OF N. NV 894	CORONE 23 D BY REC	ER) (Type o	r Print)	23 DEATH DU	E TO COMI	NUMBER 9360 MUNICABLE	DISE
REGISTRAR  CAUSE OF  DEATH  CONDITIONS IF  ANY WHICH	21d. NAME OF ATTEN (Type or Print)  23a. NAME AND ADDRESS O  24a. REGISTRAR (Signature)  25. IMMEDIATE CAUSE PART ( (a) Myocard DUE TO, OR (b) Corona	ENT GAS A CO	FIER (PHYSICIAN IE O Sanchez  VERALYNI BIGNATURE AU TER ONLY ONE C FARCTION INSEQUENCE OF ERY DISEASE	I, ATTENDING M.D. 166 M.A. BOYA THENTICAT AUSE PER LI	RTIFIER  PHYSICIAN, M  1 Lucerne S  ACK  TED	EDICAL EX St Minden 24b. DA (Mo/Day	AMINER, OF N. NV 894	CORONE 23 D BY REC	ER) (Type o	r Print)	23 DEATH DU	E TO COMI	9360 MUNICABLE NO X tween onset	DISE.
REGISTRAR  CAUSE OF DEATH  CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE	21d. NAME OF ATTEN (Type or Print)  23a. NAME AND ADDRESS O  24a. REGISTRAR (Signature)  25. IMMEDIATE CAUSE PART ( (a) Myocard DUE TO, OR (b) Corona	ENT GAS A CO	FIER (PHYSICIAN 10 O Sanchez VERALYNI 15 GNATURE AU 15 FR ONLY ONE C 16 FARCTION DISSEQUENCE OF	I, ATTENDING M.D. 166 M.A. BOYA THENTICAT AUSE PER LI	RTIFIER  PHYSICIAN, M  1 Lucerne S  ACK  TED	EDICAL EX St Minden 24b. DA (Mo/Day	AMINER, OF N. NV 894	CORONE 23 D BY REC	ER) (Type o	r Print)	23 DEATH DU	E TO COMI	NUMBER 9360 MUNICABLE NO X	DISE.
REGISTRAR  CAUSE OF DEATH  CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATUS THE	21d. NAME OF ATTEN (Type or Print)  23a. NAME AND ADDRESS O  24a. REGISTRAR (Signature)  25. IMMEDIATE CAUSE PART ( (a) Myocard DUE TO, OR (b) Corona  DUE TO, OR (c)	ENT AS A CO	FIER (PHYSICIAN DE O SANCHEZ VERALYNI SIGNATURE AU TER ONLY ONE C FARCTION DISSEQUENCE OF DISSEQUENCE OF DISSEQUENCE OF	I, ATTENDING M.D. 166 M.A. BOYA THENTICAT AUSE PER LI	RTIFIER  PHYSICIAN, M  1 Lucerne S  ACK  TED	EDICAL EX St Minden 24b. DA (Mo/Day	AMINER, OF N. NV 894	CORONE 23 D BY REC	ER) (Type o	r Print)	23 DEATH DU	E TO COMI	NUMBER 9360 MUNICABLE NO X tween onset	E DISE
REGISTRAR  CAUSE OF  DEATH  CONDITIONS IF  ANY WHICH  GAVE RISE TO  IMMEDIATE  CAUSE	21d. NAME OF ATTEN (Type or Print)  23a. NAME AND ADDRESS O  24a. REGISTRAR (Signature)  25. IMMEDIATE CAUSE PART ( (a)  DUE TO, OR  (b)  COrona  DUE TO, OR  (c)  DUE TO, OR	ENT AS A CO	FIER (PHYSICIAN IE O Sanchez  VERALYNI BIGNATURE AU TER ONLY ONE C FARCTION INSEQUENCE OF ERY DISEASE	I, ATTENDING M.D. 166 M.A. BOYA THENTICAT AUSE PER LI	RTIFIER  PHYSICIAN, M  1 Lucerne S  ACK  TED	EDICAL EX St Minden 24b. DA (Mo/Day	AMINER, OF N. NV 894	CORONE 23 D BY REC	ER) (Type o	r Print)	23 DEATH DU	E TO COMI	9360 MUNICABLE NO X tween onset	E DISE
REGISTRAR CAUSE OF DEATH CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING	21d. NAME OF ATTEN (Type or Print)  23a. NAME AND ADDRESS O  24a. REGISTRAR (Signature)  25. IMMEDIATE CAUSE PART ( (a) Myocard DUE TO, OR (b) CORONA  DUE TO, OR (c)  DUE TO, OR (d)	F CERTIFICATION OF CERT	FIER (PHYSICIAN DIE O Sanchez VERALYNI SIGNATURE AU FER ONLY ONE C FARCTION DISSEQUENCE OF DISSEQUENCE OF DISSEQUENCE OF	I, ATTENDING M.D. 166 MABOY  THENTIGAT AUSE PER LI  F: F: F: F:	SPHYSICIAN, M ST Lucerne S ACK TED NE FOR (a), (b),	EDICAL EX St Minden 24b. DA (Mo/Da)	AMINER, OF I, NV 894 ATE RECEIVE YYYr) Jan	R CORONE 23 ED BY REC nuary 06	ER) (Type o	r Print)	23 DEATH DU YES	E TO COMI	NUMBER 9360 MUNICABLE NO X tween onset tween onset	DISE
REGISTRAR CAUSE OF DEATH CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING	21d. NAME OF ATTEN (Type or Print)  23a. NAME AND ADDRESS O  24a. REGISTRAR (Signature)  25. IMMEDIATE CAUSE PART ( (a)  DUE TO, OR  (b)  COrona  DUE TO, OR  (c)  DUE TO, OR	F CERTIFICATION OF CERT	FIER (PHYSICIAN DIE O Sanchez VERALYNI SIGNATURE AU FER ONLY ONE C FARCTION DISSEQUENCE OF DISSEQUENCE OF DISSEQUENCE OF	I, ATTENDING M.D. 166 MABOY  THENTIGAT AUSE PER LI  F: F: F:	SPHYSICIAN, M ST Lucerne S ACK TED NE FOR (a), (b),	EDICAL EX St Minden 24b. DA (Mo/Da)	AMINER, OF I, NV 894 ATE RECEIVE YYYr) Jan	R CORONE 23 ED BY REC nuary 06	ER) (Type o	r Print) 24c. I	23 DEATH DU YES	E TO COMI	NUMBER 9360 MUNICABLE NO X tween onset tween onset	DISE
REGISTRAR CAUSE OF DEATH CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING	21d. NAME OF ATTEN (Type or Print)  23a. NAME AND ADDRESS O  24a. REGISTRAR (Signature)  25. IMMEDIATE CAUSE PART I (a)  DUE TO, OR (b)  COTONA  DUE TO, OR (d)  PART II OTHER SIGNIFICAL	SU S	FIER (PHYSICIAN IN O Sanchez  VERALYNI BIGNATURE AU FER ONLY ONE C FARCTION DISEQUENCE OF DISEQUENCE	I, ATTENDING M.D. 166 MA BOYA THENTIGAT AUSE PER LI F: F: F: S contributing	PHYSICIAN, M 1 Lucerne S ACK TED NE FOR (a), (b),	EDICAL EXST Minden  24b. DA  (Mo/Da)  , AND (c).)	Z2d. PRO AMINER, OF N. 894: ATE RECEIVE y/Yr) Jai	R CORONE 23 ED BY REC nuary 06	ER) (Type of GISTRAR 6, 2016	r Print)  24c. I	DEATH DU YES	E TO COMI	NUMBER 9360 MUNICABLE NO X tween onset tween onset	DISE/ t and de t and de t and de t and de
REGISTRAR CAUSE OF DEATH CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING	21d. NAME OF ATTEN (Type or Print)  23a. NAME AND ADDRESS O  24a. REGISTRAR (Signature)  25. IMMEDIATE CAUSE PART ( (a) Myocard DUE TO, OR (b) CORONA  DUE TO, OR (c)  DUE TO, OR (d)	SU S	FIER (PHYSICIAN DIE O Sanchez VERALYNI SIGNATURE AU FER ONLY ONE C FARCTION DISSEQUENCE OF DISSEQUENCE OF DISSEQUENCE OF	I, ATTENDING M.D. 166 MA BOYA THENTIGAT AUSE PER LI F: F: F: S contributing	SPHYSICIAN, M ST Lucerne S ACK TED NE FOR (a), (b),	EDICAL EXST Minden  24b. DA  (Mo/Da)  , AND (c).)	AMINER, OF I, NV 894 ATE RECEIVE YYYr) Jan	R CORONE 23 ED BY REC nuary 06 nuary 06	ER) (Type of GISTRAR 6, 2016	r Print)  24c. I	DEATH DU YES	E TO COMI	NUMBER 9360 MUNICABLE NO X tween onset tween onset	DISE
REGISTRAR CAUSE OF DEATH CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING	21d. NAME OF ATTEN (Type or Print)  23a. NAME AND ADDRESS O  24a. REGISTRAR (Signature)  25. IMMEDIATE CAUSE PART I (a)  DUE TO, OR (b)  COTONA  DUE TO, OR (d)  PART II OTHER SIGNIFICAL	SU S	FIER (PHYSICIAN IN O Sanchez  VERALYNI BIGNATURE AU FER ONLY ONE C FARCTION DISEQUENCE OF DISEQUENCE	I, ATTENDING M.D. 166 MA BOYA THENTIGAT AUSE PER LI F: F: F: S contributing	PHYSICIAN, M 1 Lucerne S ACK TED NE FOR (a), (b),	EDICAL EXST Minden  24b. DA  (Mo/Da)  , AND (c).)	Z2d. PRO AMINER, OF N. 894: ATE RECEIVE y/Yr) Jai	R CORONE 23 ED BY REC nuary 06 nuary 06	ER) (Type of GISTRAR 6, 2016	r Print)  24c. I	DEATH DU YES	E TO COMI	NUMBER 9360 MUNICABLE NO X tween onset tween onset	DISE
REGISTRAR  CAUSE OF DEATH  CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE CAUSE UNDERLYING CAUSE LAST	21d. NAME OF ATTEN (Type or Print)  23a. NAME AND ADDRESS O  24a. REGISTRAR (Signature)  25. IMMEDIATE CAUSE PART I (a)  DUE TO, OR (b)  COTONA  DUE TO, OR (d)  PART II OTHER SIGNIFICAL	GENTI COND	FIER (PHYSICIAN IN O Sanchez  VERALYNI BIGNATURE AU FER ONLY ONE C FARCTION DISEQUENCE OF DISEQUENCE	ATTENDING M.D. 166 M.A. BOYA THENTICAT AUSE PER LI F: F: F: S contributing	PHYSICIAN, M Thuceme S ACK FED NE FOR (a), (b), to death but not	REDICAL EXST Minden  24b. DA (Mo/Da) , AND (c).)	Z2d. PRO AMINER, OF N. 894: ATE RECEIVE y/Yr) Jai	g cause gi	ER) (Type of GISTRAR 6, 2016	( Print) 24c. I	DEATH DU YES	E TO COMI	NUMBER 9360 MUNICABLE NO X tween onset tween onset tween onset	t and did
REGISTRAR  CAUSE OF DEATH  CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	21d. NAME OF ATTEN (Type or Print)  23a. NAME AND ADDRESS O  24a. REGISTRAR (Signature)  25. IMMEDIATE CAUSE PART (	GENTH SU STAND STA	FIER (PHYSICIAN IN O Sanchez  VERALYNI BIGNATURE AU  ER ONLY ONE C  Farction  DISEQUENCE OF  DIS	ATTENDING M.D. 166 M.A. BOYA THENTICAT AUSE PER LI F: F: F: S contributing	TIFIER  PHYSICIAN, M  Lucerne S  ACK  FED  NE FOR (a), (b),  to death but not  28c. HOUR OF II	resulting in the ray, office 2	22d. PRO AMINER, OR N. NV 894 TE RECEIVE YYYY) Jan the underlyin 28d, DESCRIBE	g cause gi	ER) (Type of GISTRAR 6, 2016	( Print) 24c. I	DEATH DU YES	Interval be Interval be Interval be Interval be Interval be Interval be Interval books	NUMBER 9360 MUNICABLE NO X tween onset tween onset tween onset	t and do
REGISTRAR  CAUSE OF DEATH  CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	21d. NAME OF ATTEN (Type or Print)  23a. NAME AND ADDRESS O  24a. REGISTRAR (Signature)  25. IMMEDIATE CAUSE PART 1  (a) Myocar  (b) Corona  DUE TO, OF  (c)  DUE TO, OF  (d)  PART II OTHER SIGNIFICAL  28a. ACC., SUICIDE, HOM., UNDE OR PENDING INVEST. (Specify)  28e. INJURY AT WORK (Spec	GENTH SU STAND STA	FIER (PHYSICIAN IN O Sanchez  VERALYNI BIGNATURE AU  TER ONLY ONE C  Farction  DISEQUENCE OF  DI	ATTENDING M.D. 166 M.A. BOYA THENTICAT AUSE PER LI F: F: F: S contributing	TIFIER  PHYSICIAN, M  Lucerne S  ACK  FED  NE FOR (a), (b),  to death but not  28c. HOUR OF II	REDICAL EXST Minden  24b. DA (Mo/Da) , AND (c).)	22d. PRO AMINER, OR N. NV 894 TE RECEIVE YYYY) Jan the underlyin 28d, DESCRIBE	g cause gi	ER) (Type of GISTRAR 6, 2016	( Print) 24c. I	DEATH DU YES	Interval be Interval be Interval be Interval be Interval be Interval be Interval books	NUMBER 9360 MUNICABLE NO X tween onset tween onset tween onset	t and de t a
REGISTRAR  CAUSE OF DEATH  CONDITIONS IF ANY WHICH GAVE RUSE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	21d. NAME OF ATTEN (Type or Print)  23a. NAME AND ADDRESS O  24a. REGISTRAR (Signature)  25. IMMEDIATE CAUSE PART 1  (a) Myocar  (b) Corona  DUE TO, OF  (c)  DUE TO, OF  (d)  PART II OTHER SIGNIFICAL  28a. ACC., SUICIDE, HOM., UNDE OR PENDING INVEST. (Specify)  28e. INJURY AT WORK (Spec	GENTH SU STAND STA	FIER (PHYSICIAN IN O Sanchez  VERALYNI BIGNATURE AU  TER ONLY ONE C  Farction  DISEQUENCE OF  DI	ATTENDING M.D. 166 M.A. BOYA THENTICAT AUSE PER LI F: F: F: S contributing	TIFIER  PHYSICIAN, M  Lucerne S  ACK  FED  NE FOR (a), (b),  to death but not  28c. HOUR OF II	resulting in the ray, office 2	22d. PRO AMINER, OR N. NV 894 TE RECEIVE YYYY) Jan the underlyin 28d, DESCRIBE	g cause gi	ER) (Type of GISTRAR 6, 2016	( Print) 24c. I	DEATH DU YES	Interval be Interval be Interval be Interval be Interval be Interval be Interval books	NUMBER 9360 MUNICABLE NO X tween onset tween onset tween onset	DISE/ t and de t and de t and de t and de
REGISTRAR  CAUSE OF DEATH  CONDITIONS IF ANY WHICH GAVE RUSE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	21d. NAME OF ATTEN (Type or Print)  23a. NAME AND ADDRESS O  24a. REGISTRAR (Signature)  25. IMMEDIATE CAUSE PART 1  (a) Myocar  (b) Corona  DUE TO, OF  (c)  DUE TO, OF  (d)  PART II OTHER SIGNIFICAL  28a. ACC., SUICIDE, HOM., UNDE OR PENDING INVEST. (Specify)  28e. INJURY AT WORK (Spec	GENTH SU STAND STA	FIER (PHYSICIAN IN O Sanchez  VERALYNI BIGNATURE AU  TER ONLY ONE C  Farction  DISEQUENCE OF  DI	ATTENDING M.D. 166 M.A. BOYA THENTICAT AUSE PER LI F: F: F: S contributing	TIFIER  PHYSICIAN, M  Lucerne S  ACK  FED  NE FOR (a), (b),  to death but not  28c. HOUR OF II	resulting in the ray, office 2	22d. PRO AMINER, OR N. NV 894 TE RECEIVE YYYY) Jan the underlyin 28d, DESCRIBE	g cause gi	ER) (Type of GISTRAR 6, 2016	( Print) 24c. I	DEATH DU YES	Interval be Interval be Interval be Interval be Interval be Interval be Interval books	NUMBER 9360 MUNICABLE NO X tween onset tween onset tween onset	t and do
REGISTRAR  CAUSE OF DEATH  CONDITIONS IF ANY WHICH GAVE RUSE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	21d. NAME OF ATTEN (Type or Print)  23a. NAME AND ADDRESS O  24a. REGISTRAR (Signature)  25. IMMEDIATE CAUSE PART 1  (a) Myocar  (b) Corona  DUE TO, OF  (c)  DUE TO, OF  (d)  PART II OTHER SIGNIFICAL  28a. ACC., SUICIDE, HOM., UNDE OR PENDING INVEST. (Specify)  28e. INJURY AT WORK (Spec	GENTH SU STAND STA	FIER (PHYSICIAN IN O Sanchez  VERALYNI BIGNATURE AU  TER ONLY ONE C  Farction  DISEQUENCE OF  DI	ATTENDING M.D. 166 M.A. BOYA THENTICAT AUSE PER LI F: F: F: S contributing	TIFIER  PHYSICIAN, M  Lucerne S  ACK  FED  NE FOR (a), (b),  to death but not  28c. HOUR OF II	resulting in the ray, office 2	22d. PRO AMINER, OR N. NV 894 TE RECEIVE YYYY) Jan the underlyin 28d, DESCRIBE	g cause gi	ER) (Type of GISTRAR 6, 2016	( Print) 24c. I	DEATH DU YES	Interval be Interval be Interval be Interval be Interval be Interval be Interval books	NUMBER 9360 MUNICABLE NO X tween onset tween onset tween onset	t and did
REGISTRAR  CAUSE OF DEATH  CONDITIONS IF ANY WHICH GAVE RUSE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	21d. NAME OF ATTEN (Type or Print)  23a. NAME AND ADDRESS O  24a. REGISTRAR (Signature)  25. IMMEDIATE CAUSE PART 1  (a) Myocar  (b) Corona  DUE TO, OF  (c)  DUE TO, OF  (d)  PART II OTHER SIGNIFICAL  28a. ACC., SUICIDE, HOM., UNDE OR PENDING INVEST. (Specify)  28e. INJURY AT WORK (Spec	GENTH SU STAND STA	FIER (PHYSICIAN IN O Sanchez  VERALYNI BIGNATURE AU  TER ONLY ONE C  Farction  DISEQUENCE OF  DI	ATTENDING M.D. 166 M.A. BOYA THENTICAT AUSE PER LI F: F: F: S contributing	TIFIER  PHYSICIAN, M  Lucerne S  ACK  FED  NE FOR (a), (b),  to death but not  28c. HOUR OF II	resulting in the ray, office 2	22d. PRO AMINER, OR N. NV 894 TE RECEIVE YYYY) Jan the underlyin 28d, DESCRIBE	g cause gi	ER) (Type of GISTRAR 6, 2016	( Print) 24c. I	DEATH DU YES	Interval be Interval be Interval be Interval be Interval be Interval be Interval books	NUMBER 9360 MUNICABLE NO X tween onset tween onset tween onset	t and did
REGISTRAR  CAUSE OF DEATH  CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE CAUSE UNDERLYING CAUSE LAST	21d. NAME OF ATTEN (Type or Print)  23a. NAME AND ADDRESS O  24a. REGISTRAR (Signature)  25. IMMEDIATE CAUSE PART 1  (a) Myocar  (b) Corona  DUE TO, OF  (c)  DUE TO, OF  (d)  PART II OTHER SIGNIFICAL  28a. ACC., SUICIDE, HOM., UNDE OR PENDING INVEST. (Specify)  28e. INJURY AT WORK (Spec	GENTH SU STAND STA	FIER (PHYSICIAN IN O Sanchez  VERALYNI BIGNATURE AU  TER ONLY ONE C  Farction  DISEQUENCE OF  DI	ATTENDING M.D. 166 M.A. BOYA THENTICAT AUSE PER LI F: F: F: S contributing	TIFIER  PHYSICIAN, M  Lucerne S  ACK  FED  NE FOR (a), (b),  to death but not  28c. HOUR OF II	resulting in the ray, office 2	22d. PRO AMINER, OR N. NV 894 TE RECEIVE YYYY) Jan the underlyin 28d, DESCRIBE	g cause gi	ER) (Type of GISTRAR 6, 2016	( Print) 24c. I	DEATH DU YES	Interval be Interval be Interval be Interval be Interval be Interval be Interval books	NUMBER 9360 MUNICABLE NO X tween onset tween onset tween onset	t and did
REGISTRAR  CAUSE OF DEATH  CONDITIONS IF ANY WHICH GAVE RUSE TO CAUSE STATING THE UNDERLYING CAUSE LAST	21d. NAME OF ATTEN (Type or Print)  23a. NAME AND ADDRESS O  24a. REGISTRAR (Signature)  25. IMMEDIATE CAUSE PART 1  (a) Myocar  (b) Corona  DUE TO, OF  (c)  DUE TO, OF  (d)  PART II OTHER SIGNIFICAL  28a. ACC., SUICIDE, HOM., UNDE OR PENDING INVEST. (Specify)  28e. INJURY AT WORK (Spec	GENTH SU STAND STA	FIER (PHYSICIAN IN O Sanchez  VERALYNI BIGNATURE AU  TER ONLY ONE C  Farction  DISEQUENCE OF  DI	ATTENDING M.D. 166 M.A. BOYA THENTICAT AUSE PER LI F: F: F: S contributing	TIFIER  PHYSICIAN, M  Lucerne S  ACK  FED  NE FOR (a), (b),  to death but not  28c. HOUR OF II	resulting in the ray, office 2	22d. PRO AMINER, OR N. NV 894 TE RECEIVE YYYY) Jan the underlyin 28d, DESCRIBE	g cause gi	ER) (Type of GISTRAR 6, 2016	( Print) 24c. I	DEATH DU YES	Interval be Interval be Interval be Interval be Interval be Interval books	NUMBER 9360 MUNICABLE NO X tween onset tween onset tween onset	t and do
REGISTRAR  CAUSE OF DEATH  CONDITIONS IF ANY WHICH GAVE RUSE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. NAME AND ADDRESS OF ATTEN (Type or Print)  23a. NAME AND ADDRESS OF ATTEN (Type or Print)  24a. REGISTRAR (Signature)  25. IMMEDIATE CAUSE PART 1 (a) Myocar( (b) Corona DUE TO, OF (c) (d)  PART II OTHER SIGNIFICAL (DUE TO, OF (c) (d)  PART II OTHER SIGNIFICAL (Specify)  28a. ACC , SUICIDE, HOM., UNDEFOR PENDING INVEST. (Specify)  28a. INJURY AT WORK (Specify)	GENTH SU STAND STA	FIER (PHYSICIAN IN O Sanchez  VERALYNI BIGNATURE AU  ER ONLY ONE C  Farction  DISEQUENCE OF  DIS	ATTENDING M.D. 166 M.A. BOY THENTICAT AUSE PER LI  F: Corbay/Yr)  Y- At home, fa	TIFIER  PHYSICIAN, M  Lucerne S  ACK  FED  NE FOR (a), (b),  to death but not  28c. HOUR OF II	resulting in the state of the s	22d. PRO AMINER, OF, NV 894. ATE RECEIVE y/Yr) Jan the underlyin 28d. DESCRIBE	g cause givenous	ER) (Type of GISTRAR 6, 2016	( Print) 24c. I	DEATH DU YES	Interval be Interval be Interval be Interval be Interval be Interval books	NUMBER 9360 MUNICABLE NO X  tween onset tween onset tween onset tween onset	t and do
REGISTRAR  CAUSE OF DEATH  CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	21d. NAME OF ATTEN (Type or Print)  23a. NAME AND ADDRESS O  24a. REGISTRAR (Signature)  25. IMMEDIATE CAUSE PART 1  (a) Myocar  (b) Corona  DUE TO, OF  (c)  DUE TO, OF  (d)  PART II OTHER SIGNIFICAL  28a. ACC., SUICIDE, HOM., UNDE OR PENDING INVEST. (Specify)  28e. INJURY AT WORK (Spec	GENTH SU STAND STA	FIER (PHYSICIAN IN O Sanchez  VERALYNI BIGNATURE AU  ER ONLY ONE C  Farction  DISEQUENCE OF  DIS	ATTENDING M.D. 166 M.A. BOY THENTICAT AUSE PER LI  F: Corbay/Yr)  Y- At home, fa	TIFIER  PHYSICIAN, M  Lucerne S  ACK  FED  NE FOR (a), (b),  to death but not  28c. HOUR OF II	resulting in the state of the s	22d. PRO AMINER, OF, NV 894. ATE RECEIVE y/Yr) Jan the underlyin 28d. DESCRIBE	g cause givenous	ER) (Type of GISTRAR 6, 2016	( Print) 24c. I	DEATH DU YES	Interval be Interval be Interval be Interval be Interval be Interval books	NUMBER 9360 MUNICABLE NO X  tween onset tween onset tween onset tween onset	t and do
REGISTRAR  CAUSE OF DEATH  CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE CAUSE UNDERLYING CAUSE LAST	21d. NAME OF ATTEN (Type or Print)  23a. NAME AND ADDRESS O  24a. REGISTRAR (Signature)  25. IMMEDIATE CAUSE PART 1  (a) Myocard DUE TO, OR (b) COrona DUE TO, OR (c) DUE TO, OR (d)  PART II OTHER SIGNIFICAL  28a. ACC , SUICIDE, HOM., UNDE OR PENDING INVEST. (Specify)  28a. INJURY AT WORK (Specify)  28a. OR No)	GENTIFICATION OF CONTRACT COND. T. 285. C. T	FIER (PHYSICIAN IN O Sanchez  VERALYNI BIGNATURE AU  ER ONLY ONE C  Farction  DISEQUENCE OF  DIS	ATTENDING M.D. 166 M.D. 166 M.A. BOYA THENTICAT AUSE PER LI  E.  E.  S. contributing  Y- At home, fa	to death but not  28c. HOUR OF II  STA	resulting in the property of t	22d. PRO AMINER, OF, NV 894 ATE RECEIVE y/Yr) Jan the underlyin 28d. DESCRIBE AL RECO	g cause given on the control of the	ER) (Type of GISTRAR 6, 2016	( Print)  24c.    1.	DEATH DU YES 26. AUTOP Yes or No)	Interval be Interval be Interval be Interval be Interval be Interval books	NUMBER 9360 MUNICABLE NO X  tween onset tween onset tween onset tween onset	t and do

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**DATE ISSUED:** 

1/6/2016

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



SIGNATURE AUTHENTICATED

