DOUGLAS COUNTY, NV

Rec:\$40.00

Pgs=3

**2020-942125** 02/12/2020 12:23 PM

\$40.00 ETRCO

KAREN ELLISON, RECORDER

Recording Requested Western Title Company	-
When Recorded Mail	То:
Susan Stone	
4277 Bitteroot Rd	
Reno, NV	and a financial content of the second of the second content co

**APN#:** 1220-09-417-004

89519

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

Signature Traci Adams Escrow Officer

## Affidavit Death of Trustee

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

## AFFIDAVIT – DEATH OF TRUSTEE

Susan M. Stone, of legal age, being first duly sworn, deposes and says:

- Garry D. Stone, the decedent mentioned in the attached certified copy of Certificate
  of Death, is the same person as Garry D. Stone named as Trustee in the
  Declaration of Trust dated <u>9/15/2005</u> and executed by Garry D. Stone and
  Susan M. Stone as Trustor(s).
- At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 1198 Sierra Vista Drive Gardnerville, NV 89460, which property is described in a Deed which was executed by Summit Homes LTD, A Nevada Corporation as Grantor(s) on February 22, 2006 and recorded as Instrument No. 0672172, in Book 0406, Page 1846, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:
- The legal description of said property is as follows:

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

Lot 4 as shown on that Final Subdivision Map LDA # 97-008-8 for SILVERANCH PHASE 8, filed for record in the office of the Douglas County Recorder, State of Nevada, on May 7, 2004, in Book 504, at Page 2789 as File No. 612542, Official Records.

- 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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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 foregoing is true and correct.

Dated 12-30-19 Susan M. Stone,

STATE OF NEVADA

}SS

COUNTY OF DOUGLAS

This instrument was acknowledged before me on,

By Susan M. Stone.

Notary Public





## DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

VITAL STATISTICS
CERTIFICATE OF DEATH

2016013996

TABLE CASED-NAME (FIRST MIDDLELAST SUPER)  Garry D  STONE  August 02, 2016  Washoe  The Care Center of Reno  Life Care Center of Reno  Life Care Center of Reno  Stack (specify)  August 02, 2016  Wishoe  The Care Center of Reno  Stack (specify)  August 04, 2016  August 05, 2016  Washoe  The Care Center of Reno  Stack (specify)  August 05, 2016  August 07, 2016  The Inspecific Origin Specify  August 07, 2017  The Inspecific Origin Specify  August 07, 2018  The Inspecific Origin Specify  The Inspecific Origin Specific Origi	12 DECEASED MANE /CIDET	MADOLE LANGE OF THE PARTY.	- <u> </u>			SIAI	TE FILE NUMBER
B. CITY, TOWN, OR LOCATION OF DEATH IS: HOSPITAL OR OTHER INSTITUTION Name (if not either, give stress and Set Priors, or inst. Indicate DOA OPERAN. Rim. Is SEX Reno. Life Care Center of Reno. Sex Control of Reno. In the Care Center of Reno. In the Care			STON		2. DATE OF DEATH	(Mo/Day/Year)	3a. COUNTY OF DEATH
Reno Life Care Center of Reno Informatics Specify (nputient Specify)  S. RACE (Specify)  No. Proceedings Specify (No. Proc. 1)  No. Proc. (Specify)  No. Pro		The state of the s			August 02	, 2016	Washoe
RACE (Specify)  White  No-Non-Halpania  Set STATE OF BIRTH (If not USICA Non-Non-Halpania  Set STATE OF BIRTH (If not USICA Non-Halpania  Set STATE OF BIRTH (If					e street an 3e.if Hosp. Incatient(Si	or inst. indicate D( secify)	A OP/Emer. Rm. 4. SE
White Work of the country of the cou						Innalie	nt ,
SIGNATURE OF WHAT COUNTRY TOEDUCATION IT WART STANDS SHOURS INCURS INCURS IN AUGUST AND CAUGHEY  13 SOCIAL SECURITY NUMBER 14 SUSIAL OCCUPATION (Sive Not of Work Done Dunny Most of Mark Done Dunny M			No - Non-Hispanic	(Years)	MUS   DAYS	7c. UNDER 1 DAY	8. DATE OF BIRTH (Mo/C
TABLE COUNTY AUGIST 146. USUAL OCCUPATION (Give five of Week Does During Meet of 146. NIND OF BUSINESS OR ROUSIRY For 156. COUNTY 156. CRY, TOWN OR LOCATION 156. STREET AND MUMBER 156. COUNTY 156. CRY, TOWN OR LOCATION 156. STREET AND MUMBER 156. ROUSIRY 156. CRY, TOWN OR LOCATION 156. STREET AND MUMBER 156. ROUSIRY 156. CRY, TOWN OR LOCATION 156. STREET AND MUMBER 156. ROUSIRY 156. ROUSIRY 156. CRY, TOWN OR LOCATION 156. STREET AND MUMBER 156. ROUSIRY 156	9a. STATE OF BIRTH (If not US	VCA. 196. CITIZEN.OF V	HAT COUNTRY TO FINISA	TIONULL MARITAL STATE			October 29, 19
14. USUAL OCCUPATION (Glow Road of Wash Does Durya Most of 19. KIND OF BUSINESS OR RODUSTRY FORCES? NO 19. District Court Water Master Water Water Water Master Water Master Water	name country) Nevada	United		Married	12. 5(3)	Susan	ME (LARI NAME prior to first mainte MCCAUGHEY
Us District Court Water Master Water Management Forces? No. 156. CRY, TOWN ORLOCATION Is at Street AND NUMBER IN 156. CRY, TOWN ORLOCATION Is at Street AND NUMBER IN 156. CRY, TOWN ORLOCATION Is at Street AND NUMBER IN 156. CRY, TOWN ORLOCATION Is at Street AND NUMBER IN 156. CRY, TOWN ORLOCATION Is at Street AND NUMBER IN 156. CRY, TOWN ORLOW IS ADDRESS OF THE MISSION OF THE MISSION OR 157. AND NUMBER IN 156. CRY, TOWN ORLOW IS ADDRESS OF THE MISSION OR 156. AND NUMBER IN 156. CRY, TOWN ORLOW IS ADDRESS OF THE MISSION OR 156. AND NUMBER IN 156. CRY, TOWN ORLOW IS ADDRESS OF THE MISSION OR 156. AND NUMBER IN 156. CRY, TOWN ORLOW IS ADDRESS OF THE MISSION OR 156. AND NUMBER IN 156. CRY, TOWN ORLOW IS ADDRESS OF THE MISSION OR 156. AND NUMBER IN 156. CRY, TOWN ORLOW IS ADDRESS OF THE MISSION OR 156. AND NUMBER IN 156. CRY, TOWN ORLOW IS ADDRESS OF THE MISSION OR 156. AND NUMBER IN 156. CRY, TOWN ORLOW IS ADDRESS OF THE MISSION OR 156. AND NUMBER IN 156. CRY, TOWN ORLOW IS ADDRESS OF THE MISSION OR 156. AND NUMBER IN 156. CRY, TOWN ORLOW IS ADDRESS OF THE MISSION OR 156. AND NUMBER IN 156. CRY, TOWN ORLOW IS ADDRESS OF THE MISSION OR 156. AND NUMBER IN 156. CRY, TOWN ORLOW IS ADDRESS OF THE MISSION OR 156. AND NUMBER IN 156. CRY, TOWN ORLOW IS ADDRESS OF THE MISSION OR 156. AND NUMBER IN 156. CRY, TOWN ORLOW IS ADDRESS OF THE MISSION OF THE MISSION OR 156. AND NUMBER IN 156. CRY, TOWN ORLOW IS ADDRESS OF THE MISSION OF THE MISSION OR 156. AND NUMBER IN 156. CRY, TOWN ORLOW IS ADDRESS OF THE MISSION OF THE MISSION OR 156. AND NUMBER IN 156. CRY, TOWN ORLOW IS ADDRESS OF THE MISSION OF THE MISSION OR 156. AND NUMBER IN 156. CRY, TOWN ORLOW IS ADDRESS OF THE MISSION OF THE MISSION OR 156. AND NUMBER IN 156. CRY, TOWN ORLOW IS ADDRESS OF THE MISSION OF THE MISSION OR 156. AND NUMBER IN 156. AND		R 14a. USUAL OCCI	UPATION (Give Kind of Work	Done During Most of	14b. KIND OF BUS		
196. NEW AGA   Douglas   Douglas   Gardnerville   196. STREET AND NUMBER   194. DECEMBER OF THE CHAPTE OF THE CH			Us District Cour	t Water Master			
TRAVELOW DOUBLES Gardnerville T198 Sierra Vista Dr Donald McGrath STONE  18. INFORMANT. NAME (First Middle Last Suffix) Donald McGrath STONE  18. INFORMANT. NAME (First Middle Last Suffix) Susan STONE  19. MAILING ADDRESS (Street or R.F.D. No. City or Town, State Corresponding Sierra Vista Dr Cardnerville, Newada 89460  19. Lilly Marian WESTERGARD  19. BURIAL, CREMATION, REMOVAL, OTHER (Specity) 19. CEMETERY OR CREMATIORY. NAME Walton's Sierra Cremation  Walton's Sierra Vista Dr Cardnerville, Newada 89460  20. FUNERAL DIRECTOR - SIGNATURE (CP Person Acting as Such) CURT KOESTLER  SIGNATURE (CP Person Acting as Such) CURT KOESTLER  SIGNATURE AUTHENTICATED  15. 21a. To the best of my knowledge, seeth occurred at the lime, date and does SIGNATURE AUTHENTICATED  25. 21a. To the best of my knowledge, seeth occurred at the lime, date and does SIGNATURE (CP Person Acting as Such) 25. 21b. DATE SIGNED (ModDay/Y)  26. FUNERAL DIRECTOR FOR DATE SIGNED (ModDay/Y)  27. DATE SIGNED (ModDay/Y)  28. DATE SIGNED (ModDay/Y)  29. Zea, PRONOUNCED DEAD (ModDay/Y)  29. Zea, PRONOUNCED DEAD (ModDay/Y)  20. LICENSE NUMBER  21. AUME OF ATTENDING PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  21. SIGNATURE AUTHENTICATED  22. DATE SIGNED (ModDay/Y)  22. PRONOUNCED DEAD (ModDay/Y)  23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  24. DATE SIGNED (ModDay/Y)  25. INSTERDATE CAUSE  26. DATE SIGNED (ModDay/Y)  27. AUGUST (Physician)  28. DATE SIGNED (ModDay/Y)  29. PRONOUNCED DEAD (ModDay/Y)  20. DATE SIGNED (ModDay/Y)  20. DATE SIGNED (ModDay/Y)  21. DATE SIGNED (ModDay/Y)  22. PRONOUNCED DEAD (ModDay/Y)  24. DATE SIGNED (ModDay/Y)  25. INSTERDATE CAUSE  26. DATE SIGNED (ModDay/Y)  26. DATE SIGNED (ModDay/Y)  27. DATE SIGNED	158. RESIDENCE - STATE	156. COUNTY	15c, CITY, TOWN OR L	OCATION 15d ST			156, INSIDE C
Donald McGrath STONE  18a. INFORMANT- NAME (Type or Print)  18a. INFORMANT- NAME (Type or Print)  18a. INFORMANT- NAME (Type or Print)  18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zp)  119a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME  Walton's Sierra Crematory  CURT KOESTLER  19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME  Walton's Sierra Crematory  CURT KOESTLER  19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME  Walton's Sierra Crematory  CURT KOESTLER  19a. BURIAL, CREMATORY - SIGNATURE (O' Person Acting as Such)  CURT KOESTLER  19a. BURIAL, CREMATORY - SIGNATURE (O' Person Acting as Such)  CURT KOESTLER  19a. BURIAL, CREMATORY - SIGNATURE (O' Person Acting as Such)  CURT KOESTLER  19a. BURIAL, CREMATORY - SIGNATURE (O' Person Acting as Such)  CURT KOESTLER  19a. BURIAL, CREMATORY - SIGNATURE AUTHENTICATED  19a. SIGNATURE AUTHENTICATED  19a. 22a. O' the basis of deemination endor investigation, in my opinion deeth occurred at the lime, date and piace and due to the cause(s) stated, (Signature & Title)  19a. 22a. DATE SIGNED (MorDay/Yr)  21b. DATE SIGNED (MorDay/Yr)  21c. HOUR OF DEATH  DAY ID JULIAN MID:  19a. DAY ID JULIAN MID:  19a. 22a. DATE SIGNED (MorDay/Yr)  21d. NAME OR ATTENDING PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  21d. DATE OF PRINTING AND (TYPE OR PRINTING AND AND AND AND	Nevada	Douglas	Gardnerv	/ille 1198	Sierra Vista I	Or to the	
180. MAILING ADDRESS   Street or R.F. D. No. (by or Town. State   Street or R.F. D. No. (by or Town. State   Street or R.F. D. No. (by or Town. State   Street or R.F. D. No. (by or Town. State   Street or R.F. D. No. (by or Town. State   Street or R.F. D. No. (by or Town. State   Street or R.F. D. No. (by or Town. State   Street or R.F. D. No. (by or Town. State   Street or R.F. D. No. (by or Town. State   Street or R.F. D. No. (by or Town. State   State   Street or R.F. D. No. (by or Town. State   State   Street or R.F. D. No. (by or Town. State   State   Street or R.F. D. No. (by or Town. State   State   Street   S				17 MOTHERA	ARENT-NAME (Fire	Middle Last Si	uffix)
Susan STONE  19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)  19a. CEMETERY OR CREMATIONY - NAME  Walton's Sierra Crematory  CORTON City or Town State  Carson City Nevada 89706  20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)  CURT KOESTLER  SIGNATURE AUTHENTICATED  20b. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)  CURT KOESTLER  SIGNATURE AUTHENTICATED  20c. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)  CURT KOESTLER  SIGNATURE AUTHENTICATED  20c. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)  LICENSE NUMBER  1521 Church Street Gardnerville NV 89410  1521 Church Street Gardnerville NV 89410  1521 Thurch Street Gardnerville NV 89410  21a. To the best of iny knowledge, deeth occurred at the time, date and place and due street in the cause(s) stated (Signature & Title)  21b. DATE SIGNED (MoDeyNY)  21c. HOUR OF DEATH  August 04, 2016  22d. PONDOUNCED DEAD (MoDeyNY)  22d. PORNOUNCED DEAD (MoDeyNY)  22d. PONDOUNCED DEAD (MoDeyNY)  22d. DESTREE (MODEYN)  22d. DEAT (MoDeyNY)  22d. DESTREE (MODEYN)  22d. DEAT (MODEYN)  22d. DEAT (M					Lilly Mar	ian WESTER	RGARD
198. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 198. CEMETERY OR CREMATORY - NAME  CORTINATION			156. MAILING AD		F.D. No, City or Town,	State, Zip)	
Cerration  Walton's Sierra Crematory  Carson City Nevada 89706  Curry KOEST LER  CURT KOESTLER  SIGNATURE AUTHENTICATED  20b. FUNERAL DIRECTOR - SIGNATURE AUTHENTICATED  20c. FUNERAL DIRECTOR - SIGNATURE AUTHENTICATED  SIGNATURE AUTHENTICATED  20b. FUNERAL DIRECTOR - SIGNATURE AUTHENTICATED  SIGNATURE AUTHENTICATED  21c. To the best of my knowledge, deeth occurred at the time, date and piece and due to the cause(s) stated (Signature & Title)  21d. To the best of my knowledge, deeth occurred at the time, date and piece and due to the cause(s) stated (Signature & Title)  21d. DATE SIGNED (MorDayYr)  22d. PRONOUNCED DEAD (MorDayYr)  22d. DATE SIGNED (MorDayYr)  22d. PRONOUNCED DEAD (MorDayYr)  22d. PRONOUNCED DEAD (MorDayYr)  22d. DATE RECEIVED BY REGISTRAR  24d. DEATH DUE TO COMMUNICABLE DIST  (MorDayYr)  August 08, 2016  (MorDayYr)  August 08, 2016  (MorDayYr)  August 08, 2016  Interval between onset and of the process			Sh CENETEDY OF CO.	1198 Sierra	Vista Dr Gardne		
ZOB. FUNERAL DIRECTOR - SIGNATURE (OF Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED  ZOB. FUNERAL DIRECTOR   200 FUNERAL DIRECTOR DIRECTOR   200 FUNERAL DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTO	Cremati	on	Walton	Sierra Cremeto	mistrae		
CURT KOESTLER  SIGNATURE AUTHENTICATED  1521 Church Street Gardnerville NV 89410  TRADE CALL -NAME AND ADDRESS  1521 Church Street Gardnerville NV 89410  1522 Church Street Gardnerville NV 89410  1523 Church Street Gardnerville NV 89410  1524 Church Street Gardnerville NV 89410  1525 Church Street Gardnerville NV 89410  1526 Church Street Gardnerville NV 89410  1527 Church Street Gardnerville NV 89410  1528 Church Street Gardnerville NV 89410  1528 Church Street Gardnerville NV 89410  1529 Church Street Gardnerville NV 89410  1520 Church Street Gardnerville NV 89410  1521 Church Street Gardnerville NV 89410  1522 Church Street Gardnerville NV 89410  1523 Church Street Gardnerville NV 89410  1524 Church Street Gardnerville NV 89410  1525 Church Street Gardnerville NV 89410  1526 Church Street Gardnerville NV 89410  1526 Church Street Gardnerville NV 89410  1527 Church Street Gardnerville NV 89410  1528 Church Street Gardnerville NV 89410  1529 Church Street Gardnerville NV 89410  1520 Church Street Gardnerville Not 89410  1520 Church Street Gardnerville NV 89410  1	20a FUNERAL DIRECTOR - SIG	SNATURE (Or Person Acting				Carso	n City Nevada 89706
TRADE CALL - NAME AND ADDRESS  21a. To the bast of my knowledge, death occurred at the time, date and place and due state to the cause(s) stated. (Signature & Title)  22a. To the bast of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)  22b. DATE SIGNED (MoDay/T)  21b. DATE SIGNED (MoDay/T)  21c. HOUR OF DEATH  22b. DATE SIGNED (MoDay/T)  21c. HOUR OF DEATH  22b. DATE SIGNED (MoDay/T)  22c. HOUR OF DEATH  22d. DATE SIGNED (MoDay/T)  22d. PRONOUNCED DEAD (MoDay/T)  22d. DEATH DUE TO COMMUNICABLE DIST  (MoDay/T)  August 08, 2016  (MoDay/T)  August 08, 2016  (Interval between onset and of the time, date and place and date of the time, date of th	CURT	KOESTLER		MBER	Malton's	FACILITY	Cramations
22a. On the baset of my knowledge, death occurred at the lime, date and place and due to the cause(s) stated (Signature & Title)  21b. DATE SIGNED (MODBy/Yr)  21c. HOUR OF DEATH  32d. August 04, 2016  22d. HOUR OF DEATH  23d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER  23d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  23d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  23d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  23d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  23d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  23d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  23d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  23d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  23d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  23d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  23d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  23d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  23d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  23d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  23d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  23d. NAME AND ADDRESS OF CERTIFIER (PHYSIC	SIGNAT	URE AUTHENTICATED	82	3	1521 Church	Street Gardne	erville NV 89410
DAVID JULIAN M.D.  21b. DATE SIGNED (MorDay/Yr)  21c. HOUR OF DEATH O4:37  21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 23d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  23d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  23d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  23d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  23d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  23d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  23d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  23d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  23d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  23d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  23d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  23d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (MorDay/Yr)  23d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (MorDay/Yr)  23d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (MorDay/Yr)  23d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (MorDay/Yr)  23d. NAME AND ADDRESS OF PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (MorDay/Yr)  23d. NAME AND ADDRESS OF PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (MorDay/Yr)  23d.			· •		7 /		
BRIDGES SANDI  24a. REGISTRAR (Signature)  BRIDGES SANDI  24b. DATE RECEIVED BY REGISTRAR  (Mo/Day/Yr)  August 08, 2016  PART I  (a) Cardiac Arrest  DUE TO, OR AS A CONSEQUENCE OF  (b) Acute Coronary Syndrome  DUE TO, OR AS A CONSEQUENCE OF  (c) Atherosclerotic Coronary Disease  DUE TO, OR AS A CONSEQUENCE OF  (d) End Stage Renal Disease  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  28a. ACC., SUICIDE HOW, UNDET.  28b. IDATE OF INJURY (Mo/Day/Yr)  28c. HOUR OF INJURY  28d. DESCRIBE HOW INJURY OCCURRED  11920  24c. DEATH DUE TO COMMUNICABLE DISINGLY  YES INDUE TO COMMUNICABLE DISINGLY  Interval between onset and of the underlying cause given in Part 1.  26. AUTOPSY (Special 27, WAS CASE Yes or No)  No REFERRED TO COMMUNICATION  REFERRED TO COMMUNICATION  No REPORT OF INJURY (Mo/Day/Yr)  28d. ACC., SUICIDE HOW, UNDET.  28d. DATE OF INJURY-AL home, Term, street, factory, office.  28d. INJURY AT WORK (Specify 28f. PLACE OF INJURY-AL home, Term, street, factory, office.  28d. INJURY AT WORK (Specify 28f. PLACE OF INJURY-AL home, Term, street, factory, office.  28d. INJURY AT WORK (Specify 28f. PLACE OF INJURY-AL home, Term, street, factory, office.  28d. INJURY AT WORK (Specify 28f. PLACE OF INJURY-AL home, Term, street, factory, office.  28d. INJURY AT WORK (Specify 28f. PLACE OF INJURY-AL home, Term, street, factory, office.  28d. INJURY AT WORK (Specify 28f. PLACE OF INJURY-AL home, Term, street, factory, office.  28d. INJURY AT WORK (Specify 28f. PLACE OF INJURY-AL home, Term, street, factory, office.  28d. INJURY AT WORK (Specify 28f. PLACE OF INJURY-AL home, Term, street, factory, office.  28d. INJURY AT WORK (Specify 28f. PLACE OF INJURY-AL home, Term, street, factory, office.  28d. INJURY AT WORK (Specify 28f. PLACE OF INJURY-AL home, Term, street, factory, office.  28d. INJURY AT WORK (Specify 28f. PLACE OF INJURY-AL home, Term, street, factory, office.  28d. INJURY AT WORK (Specify 28f. PLACE OF INJURY-AL home, Term, stree		Day/Yr) 21c. HO	UR OF DEATH	22b. DATE	SIGNED (Mo/Day/Yr)	1226	HOUR OF DEATH
DAVID JUILIAN M.D. 1155 Mill St Reno, NV 89502  24a. REGISTRAR (Signature)  BRIDGES SANDI  24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 08, 2016  25c. IMMEDIATE CAUSE  (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c), )  DUE TO, OR AS A CONSEQUENCE OF:  (a) Cardiac Arrest  DUE TO, OR AS A CONSEQUENCE OF:  (b) Acute Coronary Syndrome  DUE TO, OR AS A CONSEQUENCE OF:  (c) Atherosclerotic Coronary Disease  DUE TO, OR AS A CONSEQUENCE OF:  (d) End Stage Renal Disease  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  28a. ACC., Suicide Hold, UNDET.  28b. DATE OF INJURY (Mordey/Yr)  28c. HOUR OF INJURY  28c. HOUR OF INJURY  28d. DESCRIBE HOW INJURY OCCURRED  11920  24c. DEATH DUE TO COMMUNICABLE DIST  August 08, 2016  YES INO XI  Interval between onset and of the property of the pro	August 04, 2016		04:37	3 👸			
SIGNATURE AUTHENTICATED  25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  26. Interval between onset and of the part of	S August 04, 2016 21d NAME OF ATTENDE 2 (Type or Print)	NG PHYSICIAN IF OTHER CERTIFIER (PHYSICIAN, AT	04:37 THAN CERTIFIER TTENDING PHYSICIAN, MEI	S Z2d PRO	NOUNCED DEAD (Mo	Day/Yr) 22e.	PRONOUNCED DEAD AT (I
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c), )  PART I (a) Cardiac Arrest  DUE TO, OR AS A CONSEQUENCE OF:  (b) Acute Coronary Syndrome  DUE TO, OR AS A CONSEQUENCE OF:  (c) Atherosclerotic Coronary Disease  DUE TO, OR AS A CONSEQUENCE OF:  (d) End Stage Renal Disease  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  26. AUTOPSY (Special Presence of the Coronary Pass or No)  286. ACC., SUICIDE, HOM, UNDET.  286. DATE OF INJURY-AL home, farm, street, factory, office.  287. PLACE OF INJURY-AL home, farm, street, factory, office.  289. LOCATION.  STREET OR P. C. N. C. STREET OR P. C. D. C. C. STREET OR P. C. C. STREET OR P. C. D. C. C. STREET OR P. C. C. STREET OR	August 04, 2016  August 04, 2016  21d. NAME OF ATTENDU  Compared to the compar	NG PHYSICIAN IF OTHER CERTIFIER (PHYSICIAN, AT	04:37 THAN CERTIFIER TTENDING PHYSICIAN, MEI	DICAL EXAMINER, OR	NOUNCED DEAD (Mo	Day/Yr) 22e.	PRONOUNCED DEAD AT (1 3b. LICENSE NUMBER
DUE TO, OR AS A CONSEQUENCE OF:  (b) Acute Coronary Syndrome  DUE TO, OR AS A CONSEQUENCE OF:  (c) Atherosclerotic Coronary Disease  DUE TO, OR AS A CONSEQUENCE OF:  (d) End Stage Renal Disease  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  26. AUTOPSY (Specific Reference of Coronary Disease)  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  26. AUTOPSY (Specific Reference of Coronary Disease)  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  26. AUTOPSY (Specific Reference of Coronary Disease)  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  27. WAS CASE  REFERRED TO COR  (Repetity Yes or No.)  NO.  Reporting At WORK (Specify)  PART WORK (Specify)  PART II OTHER SIGNIFICANT CONDITIONS-CONDITIONS (Repetity Yes or No.)  PART II OTHER SIGNIFICANT CONDITIONS-CONDITIONS (Specify Yes or No.)  PART II OTHER SIGNIFICANT CONDITIONS-CONDITIONS (Specify Yes or No.)  PART II OTHER SIGNIFICANT CONDITIONS (Specify Yes or No.)  PART II OTHER SIGNIFICANT CONDITIONS (Specify Yes or No.)  PART II OTHER SIGNIFICANT CONDITIONS (Specify Yes or No.)  PART II OTHER SIGNIFICANT CONDITIONS (Specify Yes or No.)  PART II OTHER SIGNIFICANT CONDITIONS (Specify Yes or No.)  PART II OTHER SIGNIFICANT CONDITIONS (Specify Yes or No.)  PART II OTHER SIGNIFICANT CONDITIONS (Specify Yes or No.)  PART II OTHER SIGNIFICANT CONDITIONS (Specify Yes or No.)  PART II OTHER SIGNIFICANT CONDITIONS (Specify Yes or No.)  PART II OTHER SIGNIFICANT CONDITIONS (Specify Yes or No.)  PART II OTHER SIGNIFICANT CONDITIONS (Specify Yes or No.)  PART II OTHER SIGNIFICANT CONDITIONS (Specify Yes or No.)  PART II OTHER SIGNIFICANT CONDITIONS (Specify Yes or No.)  PART II OTHER SIGNIFICANT CONDITIONS (Specify Yes or No.)  PART II OTHER SIGNIFICA	August 04, 2016  August 04, 2016  21d. NAME OF ATTENDU  Compared to the compar	NG PHYSICIAN IF OTHER CERTIFIER (PHYSICIAN, A) David Julian I BRIDGES	04:37 THAN CERTIFIER TTENDING PHYSICIAN, MET M.D. 1155 Mill St Rev SANDI	DICAL EXAMINER, OR no, NV 89502	NOUNCED DEAD (Mo CORONER) (Type or I D BY REGISTRAR	Day/Yr) 22e.  Print) 2:	PRONOUNCED DEAD AT (I 3b. LICENSE NUMBER 11920 DE TO COMMUNICABLE DIS
DUE TO, OR AS A CONSEQUENCE OF:  (b) Acute Coronary Syndrome  DUE TO, OR AS A CONSEQUENCE OF:  Atherosclerotic Coronary Disease  DUE TO, OR AS A CONSEQUENCE OF:  (c) Atherosclerotic Coronary Disease  DUE TO, OR AS A CONSEQUENCE OF:  (d) End Stage Renal Disease  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  26. AUTOPSY (Special 27, WAS CASE REFERRED TO COR (Report) Yes or No.)  27. WAS CASE REFERRED TO COR (Report) Yes or No.)  Repending INVEST. (Specify)  28. DATE OF INJURY At home: farm, street, factory, office. 28d LOCATION.  STREET OR DEED No. (STREET O	August 04, 2016  August 04, 2016  21d. NAME OF ATTENDIR  C W (Type or Print)  23a. NAME AND ADDRESS OF (  24a. REGISTRAR (Signature)	NG PHYSICIAN IF OTHER CERTIFIER (PHYSICIAN, A) David Julian I BRIDGES SIGNATURE AUTH	04:37 THAN CERTIFIER TENDING PHYSICIAN, MEI M.D.: 1155 Mill St Ref SANDI ENTICATED	DICAL EXAMINER, OR NO. NV 89502  24b. DATE RECEIVES (Mo/Day/Yr). Aug	NOUNCED DEAD (Mo CORONER) (Type or I D BY REGISTRAR	Day/Yr) 22e.  Print) 2:	PRONOUNCED DEAD AT (I 3b. LICENSE NUMBER 11920 DE TO COMMUNICABLE DIS
DUE TO, OR AS A CONSEQUENCE OF: Atherosclerotic Coronary Disease DUE TO, OR AS A CONSEQUENCE OF: Atherosclerotic Coronary Disease DUE TO, OR AS A CONSEQUENCE OF: CONTROL OF AS A CONTROL OF AS A CONTROL OF AS A CONTROL OF A	August 04, 2016 August 04, 201	NG PHYSICIAN IF OTHER  CERTIFIER (PHYSICIAN, A)  David Julian: F  BRIDGES  SIGNATURE AUTH  (ENTER ONLY ONE CAUS	04:37 THAN CERTIFIER TENDING PHYSICIAN, MEI M.D.: 1155 Mill St Ref SANDI ENTICATED	DICAL EXAMINER, OR NO. NV 89502  24b. DATE RECEIVES (Mo/Day/Yr). Aug	NOUNCED DEAD (Mo CORONER) (Type or I D BY REGISTRAR	Day/Yr) 22e.  Print) 2:	PRONOUNCED DEAD AT (I 3b. LICENSE NUMBER 11920 JE TO COMMUNICABLE DIS NO X
DUE TO, OR AS A CONSEQUENCE OF:  (c) Atherosclerotic Coronary Disease  DUE TO, OR AS A CONSEQUENCE OF:  (d) End Stage Renal Disease  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  26. AUTOPSY (Special 27. WAS CASE REFERRED TO CONTRIBUTE OR PEOPLE OF INJURY (Mo/Osy/Yr)  28c. ACC., SUICIDE, HOM, UNDET.  28c. DATE OF INJURY (Mo/Osy/Yr)  28c. HOUR OF INJURY 28d. DESCRIBE HOW INJURY OCCURRED  10. Therval between onset and of interval persons of the control of the control of injury cause given in Part 1.  26. AUTOPSY (Special 27. WAS CASE REFERRED TO CONTRIBUTE OR PEOPLE OF INJURY Yes or No.)  18c. INJURY AT WORK (Specify 28f. PLACE OF INJURY-AI home, farm, street, factory, office 28g. LOCATION STREET OR PEOPLE OF INJURY-AI home, farm, street, factory, office 28g. LOCATION STREET OR PEOPLE OF INJURY AT NORK (Specify 28f. PLACE OF INJURY-AI home, farm, street, factory, office 28g. LOCATION STREET OR PEOPLE OF INJURY OF INJURY AT NORK (Specify 28f. PLACE OF INJURY-AI home, farm, street, factory, office 28g. LOCATION STREET OR PEOPLE OF INJURY OF INJURY OF INJURY AT NORK (Specify 28f. PLACE OF INJURY-AI home, farm, street, factory, office 28g. LOCATION STREET OR PEOPLE OF INJURY OF I	August 04, 2016  August 04, 2016  21d. NAME OF ATTENDIL  23g. NAME AND ADDRESS OF 0  24g. REGISTRAR (Signature)  25. IMMEDIATE CAUSE PART 1 (a) Cardiac A	NG PHYSICIAN IF OTHER CERTIFIER (PHYSICIAN, A) David Julian I BRIDGES SIGNATURE AUTH (ENTER ONLY ONE CAUS	04:37 THAN CERTIFIER TENDING PHYSICIAN, MEI M.D.: 1155 Mill St Ref SANDI ENTICATED	DICAL EXAMINER, OR NO. NV 89502  24b. DATE RECEIVES (Mo/Day/Yr). Aug	NOUNCED DEAD (Mo CORONER) (Type or I D BY REGISTRAR	Day/Yr) 22e.  Print) 2:	PRONOUNCED DEAD AT (I 3b. LICENSE NUMBER 11920 JE TO COMMUNICABLE DIS NO X Interval between onset and
Atherosclerotic Coronary Disease  DUE TO, OR AS A CONSEQUENCE OF:  (d) End Stage Renal Disease  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  26. AUTOPSY (Special 27, WAS CASE REFERRED TO CORD (Repedity) Yes or No)  OR PENDING INVEST. (Specify)  28. HOUR OF INJURY   28d. DESCRIBE HOW INJURY OCCURRED  Interval between gnset and of interval petween oriset and original petween o	August 04, 2016 21d. NAME OF ATTENDID 238. NAME AND ADDRESS OF 0 248. REGISTRAR (Signature) 25. IMMEDIATE CAUSE PART 1 (a) Cardiac A DUE TO, OR AS	NG PHYSICIAN IF OTHER  CERTIFIER (PHYSICIAN, A)  David Julian I  BRIDGES  SIGNATURE AUTH  (ENTER ONLY ONE CAUSITEST	04:37 THAN CERTIFIER TENDING PHYSICIAN, MEI M.D. 1155 Mill St Reg SANDI ENTIGATED SE PER LINE FOR (a), (b), AI	DICAL EXAMINER, OR NO. NV 89502  24b. DATE RECEIVES (Mo/Day/Yr). Aug	NOUNCED DEAD (Mo CORONER) (Type or I D BY REGISTRAR	Day/Yr) 22e.  Print) 2:	PRONOUNCED DEAD AT (I 3b. LICENSE NUMBER 11920 JE TO COMMUNICABLE DIS NO X Interval between onset and
DUE TO, OR AS A CONSEQUENCE OF:  [d] End Stage Renal Disease  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  [26. AUTOPSY (Special 27, WAS CASE REFERRED TO CONTRIBUTE OF INJURY (MorDey/Y)]  [28. ACC., SUICIDE, HOM, UNDET. Reb. DATE OF INJURY (MorDey/Y)]  [28. HOUR OF INJURY   28d. DESCRIBE HOW INJURY OCCURRED  [28. INJURY AT WORK (Specify   28f. PLACE OF INJURY-AI home; farm, street, factory, office.   28g. LOCATION.   STREET OR DEED No.   CITYLOR TO LINE OF INJURY AT WORK (Specify   28f. PLACE OF INJURY-AI home; farm, street, factory, office.   28g. LOCATION.   STREET OR DEED No.   CITYLOR TO LINE OF INJURY AT WORK (Specify   28f. PLACE OF INJURY-AI home; farm, street, factory, office.   28g. LOCATION.   STREET OR DEED No.   CITYLOR TO LINE OF INJURY AT WORK (Specify   28f. PLACE OF INJURY-AI home; farm, street, factory, office.   28g. LOCATION.   STREET OR DEED No.   CITYLOR TO LINE OF INJURY AT WORK (Specify   28f. PLACE OF INJURY-AI home; farm, street, factory, office.   28g. LOCATION.   STREET OR DEED No.   CITYLOR TO LINE OF INJURY AT WORK (Specify   28f. PLACE OF INJURY-AI home; farm, street, factory, office.   28g. LOCATION.   STREET OR DEED No.   CITYLOR TO LINE OF INJURY AT WORK (Specify   28f. PLACE OF INJURY AT	August 04, 2016 21d. NAME OF ATTENDIO 23g. NAME AND ADDRESS OF 0  24g. REGISTRAR (Signature)  25. IMMEDIATE CAUSE PART 1 (a) Cardiac A  DUE TO, OR AS (b) ACUTE COT	NG PHYSICIAN IF OTHER  CERTIFIER (PHYSICIAN, A)  David Julian I  BRIDGES  SIGNATURE AUTH  (ENTER ONLY ONE CAUSITEST  A CONSEQUENCE OF  TONARY SYNDROME  A CONSEQUENCE OF	04:37 THAN CERTIFIER TTENDING PHYSICIAN, MEI M.D.: 1155 Mill St Rey SANDI ENTIGATED SE PER LINE FOR (a), (b), AI	DICAL EXAMINER, OR NO. NV 89502  24b. DATE RECEIVES (Mo/Day/Yr). Aug	NOUNCED DEAD (Mo CORONER) (Type or I D BY REGISTRAR	Dey/Yr) 22a Print) 2:	PRONOUNCED DEAD AT (I 3b. LICENSE NUMBER 11920 JE TO COMMUNICABLE DIS NO X Interval between onset and
(d) 2113 CHEST NOTICE DISEASE  PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in Part 1.  26. AUTOPSY (Specify 27. WAS CASE REFERRED TO CORE REFERRED TO CORE REFERRED TO CORE REFERRED TO CORE REPERRED TO COR	August 04, 2016 21d. NAME OF ATTENDID 23g. NAME AND ADDRESS OF 0  24g. REGISTRAR (Signature)  25. IMMEDIATE CAUSE PART 1 (a) Cardiac A  DUE TO, OR AS (b) Acute Cor DUE TO, OR AS (c) Atheroscle	DAVID JULIAN IF OTHER DAVID JULIAN A DAVID JULIAN I BRIDGES SIGNATURE AUTH (ENTER ONLY ONE CAUSTREST SA CONSEQUENCE OF TONARY SYNDROME OF ETOLIC COTONARY E	04:37 THAN CERTIFIER TTENDING PHYSICIAN, MEI M.D.: 1155 Mill St Rey SANDI ENTIGATED SE PER LINE FOR (a), (b), AI	DICAL EXAMINER, OR NO. NV 89502  24b. DATE RECEIVES (Mo/Day/Yr). Aug	NOUNCED DEAD (Mo CORONER) (Type or I D BY REGISTRAR	Dey/Yr) 22a Print) 2:	PRONOUNCED DEAD AT (I 3b. LICENSE NUMBER 11920 JE TO COMMUNICABLE DIS NO X Interval between onset and
Yes or No)	August 04, 2016 21d. NAME OF ATTENDIO 23g. NAME AND ADDRESS OF C  24g. REGISTRAR (Signature)  25. IMMEDIATE CAUSE PART 1  (a) Cardiac A  DUE TO, OR AS  (b) ACUTE COT  DUE TO, OR AS  (c) DUE TO, OR AS	NG PHYSICIAN IF OTHER  CERTIFIER (PHYSICIAN, A)  David Julian I  BRIDGES  SIGNATURE AUTH  (ENTER ONLY ONE CAUSITEST  A CONSEQUENCE OF  TONARY SYNDROMY E  A CONSEQUENCE OF  ETOTIC COTONARY E  A CONSEQUENCE OF	04:37 THAN CERTIFIER TTENDING PHYSICIAN, MEI M.D.: 1155 Mill St Rey SANDI ENTIGATED SE PER LINE FOR (a), (b), AI	DICAL EXAMINER, OR NO. NV 89502  24b. DATE RECEIVES (Mo/Day/Yr). Aug	NOUNCED DEAD (Mo CORONER) (Type or I D BY REGISTRAR	Dey/Yr) 22a Print) 2:	PRONOUNCED DEAD AT (I 3b. LICENSE NUMBER 11920 IE TO COMMUNICABLE DIS NO X Interval between onset and Interval between onset and Interval between onset and
Yes or No)  28e. ACC., SUICIDE, HONL, UNDET. 28e. ACC., SUICIDE, H	August 04, 2016 21d. NAME OF ATTENDID 23a. NAME AND ADDRESS OF 0  24a. REGISTRAR (Signature)  25. IMMEDIATE CAUSE PART 1  (a) Cardiac A  Due to, or as (b) Acute Cor Due to, or as (c) Due to, or as (d) End Stage (d) End Stage	CERTIFIER (PHYSICIAN, A) David Julian I BRIDGES SIGNATURE AUTH (ENTER ONLY ONE CAUST T'EST A CONSEQUENCE OF FONARY SYNDROME S A CONSEQUENCE OF ENTER ONLY ONE CAUST CONSEQUENCE OF ENTER ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY	04:37 THAN CERTIFIER TTENDING PHYSICIAN, MET M.D. 1155 Mill St Rey SANDI ENTICATED SE PER LINE FOR (a), (b), AI	DICAL EXAMINER OR NO. NV 89502  24b. DATE RECEIVE (Mo/Day/Yr) Aug	NOUNCED DEAD (Mo CORONER) (Type or I D BY REGISTRAR gust 08, 2016	Dey/Yr) 22a Print) 2:	PRONOUNCED DEAD AT (I 3b. LICENSE NUMBER 11920 IE TO COMMUNICABLE DIS NO X Interval between onset and Interval between onset and Interval between onset and
28e. INJURY AT WORK (Specify 28f. PLACE OF INJURY-All home; farm, street, factory, office. 28g LOCATION STREET OR P.E.D. No. 277 CO. T. C.	August 04, 2016 21d. NAME OF ATTENDID 23a. NAME AND ADDRESS OF 0  24a. REGISTRAR (Signature)  25. IMMEDIATE CAUSE PART 1  (a) Cardiac A  Due to, or as (b) Acute Cor Due to, or as (c) Due to, or as (d) End Stage (d) End Stage	CERTIFIER (PHYSICIAN, A) David Julian I BRIDGES SIGNATURE AUTH (ENTER ONLY ONE CAUST T'EST A CONSEQUENCE OF FONARY SYNDROME S A CONSEQUENCE OF ENTER ONLY ONE CAUST CONSEQUENCE OF ENTER ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY	04:37 THAN CERTIFIER TTENDING PHYSICIAN, MET M.D. 1155 Mill St Rey SANDI ENTICATED SE PER LINE FOR (a), (b), AI	DICAL EXAMINER OR NO. NV 89502  24b. DATE RECEIVE (Mo/Day/Yr) Aug	NOUNCED DEAD (Mo CORONER) (Type or I D BY REGISTRAR gust 08, 2016	Dey/Yr) 22a Print) 2:	PRONOUNCED DEAD AT (I 3b. LICENSE NUMBER 11920 IE TO COMMUNICABLE DIS NO X Interval between onset and Interval between onset and Interval between onset and
Be, INJURY AT WORK (Specify Ser, PLACE OF INJURY-Al home; farm, street, factory, office, 28g LOCATION STREET OF P. F.D. No. 1977 OF The Property of the Proper	August 04, 2016 21d. NAME OF ATTENDID 23a. NAME AND ADDRESS OF 0  24a. REGISTRAR (Signature)  25. IMMEDIATE CAUSE PART 1  (a) Cardiac A  Due to, or as (b) Acute Cor Due to, or as (c) Due to, or as (d) End Stage (d) End Stage	CERTIFIER (PHYSICIAN, A) David Julian I BRIDGES SIGNATURE AUTH (ENTER ONLY ONE CAUST T'EST A CONSEQUENCE OF FONARY SYNDROME S A CONSEQUENCE OF ENTER ONLY ONE CAUST CONSEQUENCE OF ENTER ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY	04:37 THAN CERTIFIER TTENDING PHYSICIAN, MET M.D. 1155 Mill St Rey SANDI ENTICATED SE PER LINE FOR (a), (b), AI	DICAL EXAMINER OR NO. NV 89502  24b. DATE RECEIVE (Mo/Day/Yr) Aug	NOUNCED DEAD (Mo CORONER) (Type or I D BY REGISTRAR gust 08, 2016	Osy/Yr) 22a Print) 2: 24c, DEATH DL YES	PRONOUNCED DEAD AT (I 3b. LICENSE NUMBER 11920 IE TO COMMUNICABLE DIS Interval between onset and
	August 04, 2016 21d. NAME OF ATTENDID 23g. NAME AND ADDRESS OF (2) 24g. REGISTRAR (Signature) 25. IMMEDIATE CAUSE PART I  (a) Cardiac A  DUE TO, OR AS (b) ACUTE COT  DUE TO, OR AS (c) DUE TO, OR AS (d) End Stage PART II OTHER SIGNIFICANT C	NG PHYSICIAN IF OTHER David Julian: I BRIDGES SIGNATURE AUTH (ENTER ONLY ONE CAUS TROST A CONSEQUENCE OF CONARY SYNDROMY EACONSEQUENCE OF EACONSEQUENCE OF ER CONSEQUENCE OF EACONSEQUENCE OF EAC	04:37  THAN CERTIFIER  THENDING PHYSICIAN, MEI M.D.: 1155 Mill St Rev SANDI ENTIGATED  SE PER LINE FOR (a), (b), AI  DISCUSSE	DICAL EXAMINER, OR no, NV 89502  24b. DATE RECEIVE (Mo/Day/Yr). Aug. ND (c).)	NOUNCED DEAD (Mo CORONER) (Type or I D BY REGISTRAR gust 08, 2016	Osy/Yr) 22a Print) 2: 24c, DEATH DL YES	PRONOUNCED DEAD AT (I 3b. LICENSE NUMBER 11920 IE TO COMMUNICABLE DIS Interval between onset and
	August 04, 2016  21d. NAME OF ATTENDIO  23g. NAME AND ADDRESS OF 0  24g. REGISTRAR (Signature)  25. IMMEDIATE CAUSE PART I  (a) Cardiac A  (b) Acute Cor  DUE TO, OR AS  (c) DUE TO, OR AS  (d) ETO, OR AS  (d) ETO, OR AS  (d) ETO, OR AS  (d) ETO, OR AS  (e) Acute Cor  (e) DUE TO, OR AS  (f) DUE TO, OR AS  (g) ETO, OR AS  (h) Acute Cor  (h) Acute Cor  (ii) Cardiac A  (iii) Cardiac	NG PHYSICIAN IF OTHER David Julian: I BRIDGES SIGNATURE AUTH (ENTER ONLY ONE CAUS TROST A CONSEQUENCE OF CONARY SYNDROMY EACONSEQUENCE OF EACONSEQUENCE OF ER CONSEQUENCE OF EACONSEQUENCE OF EAC	04:37  THAN CERTIFIER  THENDING PHYSICIAN, MEI M.D.: 1155 Mill St Rev SANDI ENTIGATED  SE PER LINE FOR (a), (b), AI  DISCUSSE	DICAL EXAMINER, OR no, NV 89502  24b. DATE RECEIVE (Mo/Day/Yr). Aug. ND (c).)	NOUNCED DEAD (Mo CORONER) (Type or I D BY REGISTRAR gust 08, 2016	Osy/Yr) 22a Print) 2: 24c, DEATH DL YES	PRONOUNCED DEAD AT (I 3b. LICENSE NUMBER 11920 IE TO COMMUNICABLE DIS Interval between onset and
	August 04, 2016 21d. NAME OF ATTENDID 23a. NAME AND ADDRESS OF 0  24a. REGISTRAR (Signature)  25. IMMEDIATE CAUSE PART I  (a) Cardiac A  DUE TO, OR AS (b) ACUTE COT  DUE TO, OR AS (c) Atheroscle DUE TO, OR AS (d) End Stage PART II OTHER SIGNIFICANT OF ASPENDING INVEST. (Specify)	REPHYSICIAN IF OTHER DAVID JULIAN. A DAVID JULIAN. A DAVID JULIAN. A DAVID JULIAN. A BRIDGES SIGNATURE AUTH (ENTER ONLY ONE CAUS TREST A CONSEQUENCE OF ONARY SYNDROMS A CONSEQUENCE OF ENTOIC COTONARY E A CONSEQUENCE OF ENTOIC COTONARY E A CONSEQUENCE OF ENTOIC COTONARY E A CONSEQUENCE OF ENTOIC CONDITIONS C	04:37  THAN CERTIFIER  TENDING PHYSICIAN, MET  M.D. 1155 Mill St Rey  SANDI  ENTICATED  SE PER LINE FOR (a), (b), AI  DISCUSSE  WITHOUTING to deeth but not result.	DICAL EXAMINER, OR no, NV 89502  24b. DATE RECEIVE (Mo/Day/Yr)  AU  ND (c).)  25b. DESCRISE N	NOUNCED DEAD (Mo CORONER) (Type or I D BY REGISTRAR gust 08, 2016	Osy/Yr) 22a Print) 2: 24c, DEATH DL YES	PRONOUNCED DEAD AT (I 3b. LICENSE NUMBER 11920 IE TO COMMUNICABLE DIS Interval between onset and

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:

CASE FILE NO. 3907565

8/16/2016

SIGNATURE AUTHENTICATED



/RS-Rev-20120523e

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