



**JURAT**

*Attached to Affidavit of Death of Trustee*

*A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.*

State of California }  
  } ss  
County of Orange }

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County of Orange, and State of California, this 15 day of May, 2020, by Janile E Bruner, proved to me on this basis of satisfactory evidence to be the person who appeared before me.

*This Area For Official Notarization*

WITNESS my hand and official seal.

Signature [Handwritten Signature]

My Commission Expires March 10, 2023

Notary Name: Aaron Michael Lenzinger Notary Phone: 949.552.2049

Notary Registration Number: 2280306 County of Principal Place of Business Wells Fargo



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4121268

**CERTIFICATE OF DEATH**

2019025743  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

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

1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Albert Donnell BRUNER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 28, 2019</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) <b>Carson Tahoe Regional Medical Center</b>		3e If Hosp or Inst. indicate DOA,OP/Emer Rm Inpatient(Specify) <b>Intensive Care Unit (ICU)</b>	
5 RACE (Specify) <b>White</b>		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) <b>82</b>	
7b UNDER 1 YEAR <b>MOS</b>		7c UNDER 1 DAY <b>HOURS</b>		7d UNDER 1 MIN <b>MINS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>November 08, 1937</b>		4. SEX <b>Male</b>			
9a STATE OF BIRTH (If not US/CA, name country) <b>Florida</b>		9b CITIZEN OF WHAT COUNTRY <b>United States</b>		10 EDUCATION <b>16</b>	
11 MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Jan NUSSER</b>			
13 SOCIAL SECURITY NUMBER <b>-0862</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Electrical Engineer</b>		14b KIND OF BUSINESS OR INDUSTRY <b>Area Space</b>	
15a RESIDENCE - STATE <b>California</b>		15b. COUNTY <b>Orange</b>		15c CITY, TOWN OR LOCATION <b>Irvine</b>	
15d STREET AND NUMBER <b>7 Altair</b>		15e INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Herron A BRUNER</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Jane Elizabeth CHANCE</b>		
18a. INFORMANT - NAME (Type or Print) <b>Jan BRUNER</b>		18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>7 Altair Irvine, California 92603</b>			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b CEMETERY OR CREMATORY - NAME <b>Autumn Cremation Services</b>		19c LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b> <b>SIGNATURE AUTHENTICATED</b>		20b FUNERAL DIRECTOR LICENSE NUMBER <b>FD304</b>		20c NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations</b> <b>1575 N Lompa Ln Carson City NV 89701</b>	
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) <b>SIGNATURE AUTHENTICATED</b> <b>JOSE AGUIRRE MD</b>			22a On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		
21b. DATE SIGNED (Mo/Day/Yr) <b>January 02, 2020</b>		21c HOUR OF DEATH <b>13:29</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c HOUR OF DEATH		22d PRONOUNCED DEAD (Mo/Day/Yr)	
22e PRONOUNCED DEAD AT (Hour)		23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703</b>			
23b. LICENSE NUMBER <b>11479</b>		24a REGISTRAR (Signature) <b>BLAISE SATARIANO</b> <b>SIGNATURE AUTHENTICATED</b>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 02, 2020</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I				Interval between onset and death	
(a) <b>Cardiopulmonary Arrest</b>				Interval between onset and death	
(b) <b>Anoxic Brain Injury</b>				Interval between onset and death	
(c) <b>Acute Hypoxemic Respiratory Failure</b>				Interval between onset and death	
(d) <b>Atrial Fibrillation</b>				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I Unknown Etiology				26 AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		28a ACC. SUICIDE, HOM. UNDET OR PENDING INVEST (Specify)			
28b. DATE OF INJURY (Mo/Day/Yr)		28c HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
28e. INJURY AT WORK (Specify Yes or No)		28f PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D No CITY OR TOWN STATE	



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.

*Jan Shughart*  
**Administrator**  
STATE REGISTRAR

DATE ISSUED: 1/6/2020

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

