

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

CASE FILE NO. 3924408

CERTIFICATE OF DEATH

2016020271
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

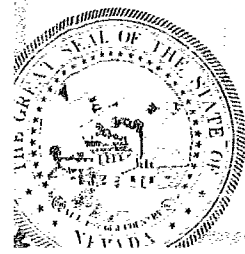
REGISTRAR

CAUSE OF DEATH

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Lawrence William TICHENOR JR
2. DATE OF DEATH (Mo/Day/Year) November 06, 2016
3a. COUNTY OF DEATH Carson City
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City
3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and city, state, zip) Carson Tahoe Regional Medical Center
3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient
4. SEX Male
5. RACE (Specify) White
6. Hispanic Origin? Specify No - Non-Hispanic
7a. AGE-Last birthday (Years) 70
7b. UNDER 1 YEAR MOS DAYS
7c. UNDER 1 DAY HOURS MINS
8. DATE OF BIRTH (Mo/Day/Yr) June 02, 1946
9a. STATE OF BIRTH (if not US/CA, name country) New York
9b. CITIZEN OF WHAT COUNTRY United States
10 EDUCATION 16
11. MARITAL STATUS (Specify) Married
12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Lisa Marie CRAWFORD
13. SOCIAL SECURITY NUMBER [REDACTED]-9360
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of [REDACTED]) Teacher
14b. KIND OF BUSINESS OR INDUSTRY Special Education K-12
14c. Ever in US Armed Forces? No
15a. RESIDENCE - STATE Nevada
15b. COUNTY Douglas
15c. CITY, TOWN OR LOCATION Gardnerville
15d. STREET AND NUMBER 2201 Mel Drive
15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) Lawrence William TICHENOR
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Genevieve
18a. INFORMANT - NAME (Type or Print) Lisa M TICHENOR
18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2201 Mel Drive Gardnerville, Nevada 89410
19a. BURIAL, CREMATION, REMOVAL OTHER (Specify) Cremation
19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory
19c. LOCATION City or Town State Carson City Nevada 89701
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMAR R ROBINSON SIGNATURE AUTHENTICATED
20b. FUNERAL DIRECTOR LICENSE NUMBER 870
20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 969 West Moana Lane Reno NV 89509
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 AUTHENTICATED CRAIG RAU MD
21b. DATE SIGNED (Mo/Day/Yr) November 10, 2016
21c. HOUR OF DEATH 11:50
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER
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)
22b. DATE SIGNED (Mo/Day/Yr)
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) Craig Rau MD 1600 Medical Parkway Carson City, NV 89703
23b. LICENSE NUMBER 10991
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 10, 2016
24c. DEATH DUE TO COMMUNICABLE DISEASE YES [] NO [X]
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))
PART I
(a) Cardiopulmonary Arrest Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(b) Severe Protein Calorie Malnutrition Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(c) Ascites Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(d) Stage IV Liver Cancer Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Unknown Etiology
26. AUTOPSY (Specify Yes or No)
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes
28a. ACC., SUICIDE, HOM., UNDET. CR PENDING INVEST. (Specify)
28b. DATE OF INJURY (Mo/Day/Yr)
28c. HOUR OF INJURY
28d. DESCRIBE HOW INJURY OCCURRED
28e. INJURY AT WORK (Specify Yes or No)
28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)
28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE

STATE REGISTRAR



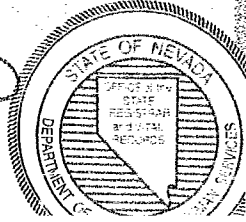
CERTIFIED COPY OF VITAL RECORDS

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

DATE ISSUED: AUG 14 2017

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

STATE REGISTRAR (Signature)



VRS-Rev-20120523a

EXHIBIT "A"

The land described herein is situated in the State of Nevada, County of Douglas, described as follows:

Lot 84, of FISH SPRINGS ESTATES, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on August 30, 1973, in Book 873, Page 1006 as Document No. 68451.

APN: 1221-06-001-029

