DOUGLAS COUNTY, NV

Rec:\$40.00

Escrow Assistant

\$40.00 Pgs=6 2020-956297

ETRCO

11/12/2020 02:27 PM

KAREN ELLISON, RECORDER

Recording Requested By: eTRCo, LLC.	
When Recorded Mail To:	\ \
Jimmy Richard Morgan, Jr.	
650 Randall Drive	
Cambria CA 93428	
Mail Tax Statements to: (dec	eds only)
	(space above for Recorder's use only)
I the undersigned hereby affi	irm that the attached document, including any exhibits, hereby ntain the social security number of a person or persons. (Per NRS
submitted for recording does co	440.380 (1)(5) & 40.525 (5))
Si All	Well a

APN#: 1220-21-810-005

Affidavit Death of Trustee

Kinsey/Bell

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

AFFIDAVIT – DEATH OF TRUSTEE

Jimmy Richard Morgan, Jr., of legal age, being first duly sworn, deposes and says:

- Opal Kay Morgan, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Opal Kay Morgan named as Trustee in the Declaration of Trust dated 8/28/2014 and executed by Jimmy Richard Morgan and Opal Kay Morgan 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 622 Bluerock Road Gardnerville. NV 89460, which property is described in a Deed which was executed by Jimmy Richard Morgan and Opal Kay Morgan, husband and wife as joint tenants as Grantor(s) on September 18, 2014 and recorded as instrument No. 2014-849930, in Book N/A, Page N/A, 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 certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 118, as shown on the map of GARDNERVILLE RANCHOS UNIT NO.7, filed for record in the office of the County Recorder of Douglas County, Nevada on March 27, 1974, in Book 374, Page 676, as Document No. 72456, 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Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.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 foregoing is true	r penalty of perjury, under the laws of the State of Nevada, that the and correct.
Dated <u>//- /(</u>	0-2020
	Jimmy Richard Morgan, Jr., Successor Trustee
	STATE OF}}SS
	COUNTY OF
	This instrument was acknowledged before me on
	See Attached for Notary Certificate
	By Jimmy Richard Morgan, Jr.
	Nata - Proble
	Notary Public

A notary public or other officer completing this certific document to which this certificate is attached, and not t	ate verifies only the identity of the individual who signed the he truthfulness, accuracy, or validity of that document.
State of California	~ \ \
County of San Luis Obispo)	
On 1/10/2020 before me,	Cara A. Leandro, Notary Public
Date	Here Insert Name and Title of the Officer
personally appeared	Morgan, Jr.
,	Name(s) of Signer(s)
his/her/their authorized capacity(ies), and that by hor the entity upon behalf of which the person(s) ac	
	I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
Notary Public - California San Luis Obiapo County Commission # 2311164	WITNESS my hand and official seal. Signature
Place Notary Seal Above	Signature of Notary Public TIONAL
Though this section is optional, completing this	information can deter alteration of the document or form to an unintended document.
Description of Attached Document & Clade Title or Type of Document: Death of Touste Number of Pages: Signer(s) Other That	Document Date: in holdeac
Capacity(ies) Claimed by Signer(s) Signer's Name:	Signer's Name:
☐ Corporate Officer — Title(s):	☐ Corporate Officer — Title(s):
☐ Partner — ☐ Limited ☐ General	☐ Partner — ☐ Limited ☐ General
☐ Individual☐ Attorney in Fact☐ Trustee☐ Guardian or Conservator	☐ Individual ☐ Attorney in Fact
Other:	☐ Trustee ☐ Guardian or Conservator ☐ Other:
Signer Is Representing:	Signer Is Representing:
@00d 4 bl-11 - 1 bl-1	

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

	eted only by document signer[s], <i>not</i> Notary)
	\"\
	the formula and the control of the c
2	
3	
4	
§	
Signature of Document Signer No. 1	Signature of Document Signer No. 2 (if any)
A notary public or other officer completing this certific document to which this certificate is attached, and not	cate verifies only the identity of the individual who signed the the truthfulness, accuracy, or validity of that document.
State of California	Subscribed and sworn to (or affirmed) before me
County of San Luis Obeside	
7.7	on this 10th day of November, 2020
/ /	by Date Month Year
/ /	(1) Jimmy Richard Morgan, In
	(1) Siving Idalara Priorgan, Jr.
	(and (2)
CARA A, LEANDRO Notary Public - California	Name(s) of Signer(s)
San Luis Obispo County Commission # 2311164	proved to make the back of the
My Comm. Expires Nov 26, 2023	proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.
	to be the person(s) who appeared before me.
	- $($ $)$
	Signature Chall.
	Signature of Notary Public
Seal Place Notary Seal Above	
OF	PTIONAL TO THE PERSON OF THE P
Though this section is optional, completing this fraudulent reattachment of thi	s information can deter alteration of the document or is form to an unintended document
Description of Attached Document	•
	Stee Document Date: 11/10/2020
Number of Pages: Signer(s) Other Than N	amed Above:
02014 National Notary Association • www.NationalNot	

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

VITAL STATISTICS

CALL PRADE CIPICAL FOR PATTING PORT PRESENTATION OF COMMENCATION OF CONTROL O	1a. DECEASED-NAME (FIR	ST MIDDLE LAST SHE		IFICATE OF			202001790 STATE FILE NUMBE	
So. CITY, TOWN, OR LOCATION OF DEATH 30. HOSPITAL OR OTHER RISTITUTION Name(if not atther, give street artise if hosp, or inst. Indicate DOC/OF/Emer. Rin. Location Commission Comm	NT Op			MORGAN	[2.]	The second of th	ear) 3a. COUNTY (OF DEATH
S. RACE (Speach) S. RACE (Speach) S. RACE (Speach) White S. RACE (Speach) S. RACE (Speach) White S. RACE (Speach) White S. RACE (Speach) White S. RACE (Speach) S. RACE (Speach) White S. RACE (Speach) S. RACE (Speach) White S. RACE (Speach) S. RACE (Speach) S. RACE (Speach) White S. RACE (Speach) S. RACE (Speach) White S. RACE (Speach) White S. SATE or BIRTH (fire Using Society) S. CALL (Speach) S. RACE (Speach) S. CALL (Speach) S. CALL (Speach) S. CALL (Speach) S. CALL (Speach) S. RACE (Speach) S. CALL (Speach) S. RACE (Speach) S. RA		· · · · · · · · · · · · · · · · · · ·	OSPITAL OP OTHE		44.4	August 11, 2020	T The state of the	Douglas
S. RACE (Specify) S. RACE (Specify) White S. Hispanic Origin's Specify No - Non-Hispanic No - Non-Hispanic No - Non-Hispanic Non-Hispani						reet an 3e if Hosp, or Inst, ind	icate DOA, OP/Emer. Rn	n. 4. SEX
White Non-Hispanic Vision Space Vision 1 (A. August 20 (A	W.I. Samuel	ne	0.000				Home	Fer
STATE OF BIRTH (Final USICA. 95. GITIZEN OF WHAT COUNTRY (IO.EDUCATION) II MARTINE STUDIE (several) 12. BIRDHAM SEQUES NAME (Last same pure to the manual) 14. INCHO OF BUSINESS OR INDUSTRY 15. GIVEN COUNTRY 15. GIVEN COUNTRY 14. INCHO OF BUSINESS OR INDUSTRY 15. GIVEN COUNTRY 15. GIVEN COU	988 July 1983 2 - 188 - 189 - 189 - 18	White	6. Hispanic Orig No - Nor	pin? Specify 7a. A n-Hispanic (Yes	(a)	UNDER 1 YEAR 7c. UNDE	R 1 DAY 8. DATE OF I	BIRTH (Mo/Da
SOCIAL SCUPETY NUMBER 48: 35	9a STATE OF BURTH (If not	LISICA IO. CITIZE	NOT INTERIOR		81	77 1 77 1 177 1 177	l Octob	er 28, 193
SOCIAL SCUPETY NUMBER 48: 35	in name country) Michie	nan ii	nited States	1K7 TU.EDUCATION	Widowed	pecify) 12 SURVIVING SPO	USE'S NAME (Last name pri	or to first marriag
Administrative Telecommunications Forces (In USA Forces) 156. RESIDENCE - STATE 156. COUNTY 156. CITY, TOWN OR LOCATION 156. STREET AND NUMBER 156. MISSINGER 156. MI	K 42 2221	<u>9071 </u>	inten Ofafes	(1Z 1	<u> </u>	I " A.1."		
IS. RESIDENCE: STATE 150. COUNTY 150. CITY, TOWN OR LOCATION 150. STREET AND NUMBER 150. CITY, TOWN OR LOCATION 150. STREET AND NUMBER 150. CITY, TOWN OR LOCATION 150. STREET AND NUMBER 150. CITY, TOWN OR LOCATION 150. STREET AND NUMBER 150. CITY, TOWN OR LOCATION 150. STREET AND NUMBER 150. CITY, TOWN OR LOCATION 150. STREET AND NUMBER 150. STREET 150. STREET AND NUMBER 150. STREET AND	10F 4052	A			Juling Most of	41, 11		
NEXAL CREATEROR PART I NAME (First Mode Last Suffic) 16. FATHER/PARENT - NAME (First Mode Last Suffic) 17. MOTHER/PARENT - NAME (First Mode Last Suffic) 18. MALING ADDRESS 18. MALING ADDRESS 18. MALING ADDRESS 18. BURIAL, CREMATION, REMOVAL, OTHER Genetity) 19. CEMETERY OR CREMATORY, CAME (Grant Mode) (IGES) 19. BURIAL, CREMATION, REMOVAL, OTHER Genetity) 19. CEMETERY OR CREMATORY, CAME (Grant Mode) (IGES) 19. BURIAL, CREMATION, REMOVAL, OTHER Genetity) 19. CEMETERY OR CREMATORY, CAME (Grant Mode) (IGES) 19. BURIAL, CREMATION, REMOVAL, OTHER Genetity) 19. CEMETERY OR CREMATORY, CAME (Grant Mode) (IGES) 19. CAME (GRANT OR CREMATORY) 19. CEMETERY OR CREMATORY, CAME (Grant Mode) (IGES) 20. FUNERAL DIRECTOR, SIGNATURE OR PARON Acting as Such) 10. FUNERAL DIRECTOR, SIGNATURE OR PARON Acting as Such) 10. FUNERAL DIRECTOR, SIGNATURE AUTHERITICATED 10.		15b. COUNTY			ON 154 STREE			1.7%
INTS 16. FATHER/PARENT - NAME (First Middle Last Suffice) Oven Charles FROSCH 16a. INFORMANT. NAME (Typs or Print) 16b. INFORMANT. NAME (Typs or Print) 16b. INFORMANT. NAME (Typs or Print) 16b. MALLING ADDRESS (Sheet of R.F.D. No. (Riv or Town, State, Zip) 650 Randall Drive Cambria, California 93428 16c. LOCATION City or Town State Walton's Signar Greenatory Carson City Nevada 28706 Carson Cit		1 446 SAS SAS	- Wi - Hill - L. F	May Att.		6 10 GHT, 5		LIMITS (Specify
Owen Charles FROSCH Tea. INFORMANT: NAME (Type or Print) Jimmy R MORGAN JR 18b. MAILING ADDRESS (Sheet or R.F.D. No. City or Town, State, Zip) Jimmy R MORGAN JR 18b. MAILING ADDRESS (Sheet or R.F.D. No. City or Town, State, Zip) Jimmy R MORGAN JR 18b. MAILING ADDRESS SO Randall Drive Cambria, California 93428 19c. LOCATION City or Town State Carson City Nevada 89706 Zoa, FUNERAL DIRECTOR: SIGNATURE (Or Person Adling as Suph) DENICE PORTILLO SIGNATURE AUTHENTICATED PDENICE PORTILLO SIGNATURE AUTHENTICATED SIGNATURE AUTHENTICATED FD8772 ALL TRADE CALL - NAME AND ADDRESS To the based of my browdede, death occurred at the time, date and place and due to the cause(s) state (Signature a Title) SIGNATURE AUTHENTICATED To the based of my browdede, death occurred at the time, date and place and due to the cause(s) state (Signature a Title) SIGNATURE AUTHENTICATED The August 20, 2020 11:03 22d. DATE SIGNED (MorDayYY) 22d. PRONOUNCED DEAD AT 6 22d. DATE RECEIVED BY REGISTRAR Marjorie Uhalde MD 5542 Longley In Reno, NV 39511 22d. DATE REGISTRAR SIGNATURE AUTHENTICATED SIGNATURE COLOR OF DEATH AUGUST 20, OR AS A CONSEQUENCE OF CITY OF PRINTING AUTHENTICATED SIGNATURE AUTHENTICATED 22d. DATE REGISTRAR (Signature) WESLEY T STOREY 24d. DATE REGISTRAR (MorDayYY) AUGUST 20, OR AS A CONSEQUENCE OF CITY OR AS A CONSEQUENCE OF CONTROL OF AS A CONSEQUENCE OF Interval between onset and the control of the	12 EATHED/DADENT MAN			Garanerville	1622 BIL	erock Road	Will strain.	ar No) No
Ba. INFORMANT: NAME (Tyrs or Pintr) 18b. MAILING ADDRESS Sheet or R.F.D. No, City or Town, State, Zio) 19b. CEMETERY OR CREMATORY. NAME 19b. EXPANDING REMOVAL, OTHER (Speedly) 19b. CEMETERY OR CREMATORY. NAME 19b. LOCATION City or Town State Carson City Nevada 89706 20b. FUNERAL DIRECTOR SIGNATURE (Or Person Acting as Such) DEMICE PORTILLO SIGNATURE AUTHENTICATED 20b. FUNERAL DIRECTOR 20c. NAME AND ADDRESS OF FACILITY Cremation Sidely of Nevada - Capitol City FD872 1514 N Curry Street Carson City Nv 89703 1514 N C	TS		2 17.00 A 15. 00		17. MOTHER/PAR			
Jimmy R MORGAN JR 650 Randall Drive Cambria, California 93428 19a. BURIAL, OREMATION, REMOVAL, OTHER (Speeily) 19b. CEMETERY OR CREMATIORY - NAME Waiton's Signar Crematory 20a. FUNERAL DIRECTOR - SIGNATURE (or Person Acting as Such) DENIGE FORTILLO 20b. FUNERAL DIRECTOR - SIGNATURE (or Person Acting as Such) DENIGE FORTILLO SIGNATURE AUTHENTICATED PORT ALL TRADE CALL. NAME AND ADDRESS 21b. The best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Table) SIGNATURE AUTHENTICATED SIGNATURE AUTHENTICA	18a INFORMANT NAME O			140.7				N
198. BURIAL_CREMATION REMOVAL_OTHER (Specify) 198. CEMETERY OR CREMATORY - NAME 198. LOCATION City or Town State Carson City Nevada 89706				Bb. MAILING ADDRESS				A1. (10. 10. 10. 10. 10. 10. 10. 10. 10. 10.
Cremation Cremation Cremation Cremation Coa. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DENIGE PORTILLO SIGNATURE AUTHENTICATED SIGNATURE AUTHENTICATED SIGNATURE AUTHENTICATED Cremation Society of Nevada - Capitol City 1614 N Curry Street. Carson City Nv 89703 CALL TRADE CALL - NAME AND ADDRESS FD872 21a. To the best of my knowledge, death occurred at the time, date and observe and due SIGNATURE AUTHENTICATED MARJORIE UHALDE MD MARJORIE UHALDE MD August 20, 2020 21d. NAME OF ATTENDING 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) 23b. LICENSE NUMBER Marjorie Uhalde MD 5542 Longley Line For (a), (b), AND (a)) WESLEY T STOREY Marjorie Uhalde MD 5542 Longley Line FOR (a), (b), AND (a)) SIGNATURE AUTHENTICATED DUE TO, OR AS A CONSEQUENCE OF: (b) Chronic Obstructive Pulmonary Disease DUE TO, OR AS A CONSEQUENCE OF: (c) 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. 25a. NAME OF A CONSEQUENCE OF: (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 25b. MARLEY ATMODER (Special, DIST BLACE OF INJURY MADDRY!) 25c. HOUR OF INJURY ATMODER (Special, DIST BLACE OF INJURY MADDRY!) 25c. HOUR OF INJURY ATMODER OF SIGNATION OF INJURY ATMODER (Special, DIST BLACE OF INJURY MADDRY!) 25c. HOUR OF INJURY ATMODER OF INJURY ATMODER (Special, DIST BLACE OF INJURY MADDRY!) 25c. HOUR OF INJURY ATMODER OF INJURY ATMODER (Special, DIST BLACE OF INJURY MADDRY!) 25c. HOUR OF INJURY ATMODER OF INJURY ATMODER OF INJURY ATMODER (Special, DIST BLACE OF INJURY ATMODER OF INJURY ATMODER OF INJURY ATMODER OF INJURY ATMODER					650 Randal	Drive Cambria, Califo	rnia 93428	98
Carson City Nevada 89706 DENICE PORTILLO SIGNATURE (Or Person Acting as Sush) DENICE PORTILLO SIGNATURE AUTHENTICATED MARADORESS 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 SIGNATURE AUTHENTICATED SIGNATURE AUTHENTICATED SIGNATURE AUTHENTICATED SIGNATURE AUTHENTICATED SIGNATURE AUTHENTICATED WESLEY T STOREY SIGNATURE AUTHENTICATED SIGNATURE AUTHENTICATED SIGNATURE AUTHENTICATED DUE TO, OR AS A CONSEQUENCE OF: CD DUE TO, OR AS A CONSEQUENCE OF: SIGNATURE AUTHENTICATED SIN	ON 198 BURIAL, CREMATION	REMOVAL, OTHER (S	pecify) 19b. CEMETI	ERY OR CREMATORY	- NAME	19c, LO	CATION City or Town	State
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 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 CORONE	1,100	777,777		Waiton's Sie	rra Crematory		Carson City Neva	da 89706
SIGNATURE AUTHENTICATED Marjorle Uhalde MD 5542 Longley Ln Reno, NV 89511 Zab. LICENSE NUMBER AUGUST 20. DATE SIGNED (MorDayYr) Zab. LICENSE NUMBER SIGNATURE AUTHENTICATED SIGNATURE AUTHENTICATED SIGNATURE AUTHENTICATED SIGNATURE AUTHENTICATED 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. 25. LINDING AT WORK (Species, Date of Number) SIGNATURE AUTHENTICATED SIGNATURE AUTHENTICATED 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 (Species) SIGNATURE AUTHENTICATED SIGNATURE AU	20a. FUNERAL DIRECTOR	- SIGNATURE (Or Person	on Acting as Such)	20b. FUNERAL DIRE	CTOF 20c. NAME	AND ADDRESS OF FACILIT	γ	
TRADE CALL - NAME AND ADDRESS TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN IF OTHER THAN CERTIFIER OF COMMUNICATION OF 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 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, ATTENDING PHYS	DEN	ICE PORTILLO		LICENSE NUMBER	197 91	Cremation Society of	f Nevada - Canitol	City
TRADE CALL - NAME AND ADDRESS THERE	SIGI	NATURE AUTHENTIC	CATED	FD872	N	1614 N Curry Street	Carson City NV 8	39703
SIGNATURE AUTHENTICATED MARJORIE UNALDE MD 21b. DATE SIGNED (Mo/Day/Yr) August 20, 2020 21c. HOUR OF DEATH 21d. DATE SIGNED (Mo/Day/Yr) August 20, 2020 21c. HOUR OF DEATH 22d. DATE SIGNED (Mo/Day/Yr) 22d. PRONOUNCED DEAD (Mo/Day/Yr) 23d. 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. LICENSE NUMBER 4427 24d. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED Mo/Day/Yr) August 20, 2020 YES NO NO Interval between onset and DETO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CO	LL TRADE CALL - NAME AND	ADDRESS	1			7 7		
21d. NAME OF ATTENDING PHYSICIAN FOTHER THAN CERTIFIER 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) 24a. REGISTRAR (Signature) 24a. REGISTRAR (Signature) 24a. REGISTRAR (Signature) 24b. DATE RECEIVED BY REGISTRAR 24c. DEATH DUE TO COMMUNICABLE DR (Mo/Day/Yr) 25. IMMEDIATE CAUSE 25. IMMEDIATE CAUSE 26. ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) 26. Interval between onset and		1 (4)	OPPLIATION O	a minim brane muniment				
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. LICENSE NUMBER 4427 24a. REGISTRAR (Signature) WESLEY T STOREY 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).) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) 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. Yes or No) Yes or No) No 26a. ACC, SUICIDE HOM, UNDET. OR PENDING INVEST; (Specify) 27b. DATE OF INJURY 27c. PRONOUNCED DEAD AT (1) 27c. PRONOUNCED DEAD AT (1) 27c. AUTOPSY (Specif) 27c. AUTOPSY (Specif) 27c. AUTOPSY (Specif) 27c. AUTOPSY (Specif) No 27c. PRONOUNCED DEAD AT (1) 27c. PRONOUNCED DEAD AT (1) 27c. AUTOPSY (Specif) 27c. AUTOPSY	ER 21b. DATE SIGNEO	MARJORIE U (Mo/Day/Yr)	HALDE MD 21c, HOUR OF DEA	TH .	at the time, date	and place and due to the cause	(s) stated (Signature & T	lite)
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23b. LICENSE NUMBER Marjorie Uhalde MD 5542 Longley Ln Reno, NV 89511/ 24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED 24b. DATE RECEIVED BY REGISTRAR 24c. DEATH DUE TO COMMUNICABLE DI (Mo/Cay/Yr) August 20, 2020 YES NO X Interval between onset and (Mo/Cay/Yr) August 20, 2020 Interval between onset and (DE TO, OR AS A CONSEQUENCE OF: OTHER OUE TO, OR AS A CONSEQUENCE OF: Interval between onset and (c) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 28c. AUTOPSY (Special 27 WAS CASE REFERRED TO CO (Special 27 WAS CASE (REFERRED TO CO (Spec	ER 21b. DATE SIGNED August 20, 20	MARJORIE U (Mo/Day/Yr))20	HALDE MD 21c. HOUR OF DEA 11:1	1TH 03	at the time, date	and place and due to the cause	(s) stated (Signature & T	Title)
Marjorie Uhalde MD .5542 Longley Ln Reno, NV 89511 4427 24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED 24b. DATE RECEIVED BY REGISTRAR 24c. DEATH DUE TO COMMUNICABLE DIE (Mo/Day/Yr) August 20, 2020 YES NO X NO	ER 21b. DATE SIGNEO August 20, 20	MARJORIE U (Mo/Day/Yr))20	HALDE MD 21c. HOUR OF DEA 11:1	1TH 03	at the time, date	and place and due to the cause GNED (Mo/Day/Yr)	(\$) stated. (Signature & T	litte) VTH
AR 24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 20, 2020 YES NO X Interval between onset and DUE TO, OR AS A CONSEQUENCE OF: CONTROL ODSTRUCTIVE Pulmonary Disease DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and OF DUE TO, OR AS A CONSEQUENCE OF: Interval be	ER 21b. DATE SIGNEO August 20, 20 21d. NAME OF ATTE	MARJORIE U (Mo/Day/Yr))20 ENDING PHYSICIAN IF	HALDE MD 21c. HOUR OF DEA 11: OTHER THAN CERT	VIH 03 DIFIER	22b. DATE SI	and place and due to the cause GNED (Mo/Day/Yr) UNCED DEAD (Mo/Day/Yr)	(\$) stated. (Signature & T	litte) VTH
SIGNATURE AUTHENTICATED SIGNATURE AUTHENTICATED (Mo/Day/Yr): August 20, 2020 YES NO X Interval between onset and Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Chronic Obstructive Pulmonary Disease DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and resulting in the underlying cause given in Part 1. PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in Part 1. 26. AUTOPSY (Special Part No.) No. (Special Part No.) Description of the part No. (Special Part No.) No. (Special Part No.) Description of the part No. (Spe	ER 21b. DATE SIGNEO August 20, 20 21d. NAME OF ATTE	MARJORIE U (Mo/DayYr))20 ENDING PHYSICIAN IF OF CERTIFIER (PHYSI	HALDE MD 21c. HOUR OF DEA 11: OTHER THAN CERT	OTH OS TIFIER PHYSICIAN, MEDICAL	22b. DATE SI	and place and due to the cause GNED (Mo/Day/Yr) UNCED DEAD (Mo/Day/Yr)	(\$) stated (Signature & T 22c. HOUR OF DEA 22e. PRONOUNCE	Title) ATH D DEAD AT (1
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Chronic Obstructive Pulmonary Disease DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and Inte	ER 21b. DATE SIGNEO August 20, 20 21d. NAME OF ATTE (Type or Print) 23a. NAME AND ADDRESS	MARJORIE U (Mo/DayYr))20 ENDING PHYSICIAN IE OF CERTIFIER (PHYSICIAN UPPRE)	HALDE MD 210, HOUR OF DEA 11:1 OTHER THAN CERT CIAN, ATTENDING I halde MD 554	NTH 03 RIFIER PHYSICIAN, MEDICAL 2 Longley Ln Ren	at the time, date of the time,	and place and due to the cause GNED (Mo/Day/Yf) UNCED DEAD (Mo/Day/Yf) PRONER) (Type or Print)	22c. HOUR OF DEA 22c. HOUR OF DEA 22c. PRONOUNCED 23b. LICENSE N 4.	Tite) ATH D DEAD AT (I JUMBER 427
PART I OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. PART II OTHER SIGNIFICANT CONDITIONS-CONDITIONS-CONDITIONS-CONDITIONS-CONDITIONS-CONDITIONS-CONDI	ER 21b. DATE SIGNED August 20, 20 August 20, 20 (Type or Print) 23a. NAME AND ADDRESS	MARJORIE U (Mo/DayYr) (20 ENDING PHYSICIAN IF OF CERTIFIER (PHYSI Marjorle U WESE	HALDE MD 210, HOUR OF DEA 11:0 OTHER THAN CERT CIAN, ATTENDING I halde MD 554	OTH OTH OTH OTH OTH OTH OTH OTH	EXAMINER, OR COO, NV 89511	and place and due to the cause GNED (Mo/Day/Y/) UNCED DEAD (Mo/Day/Y/) PRONER) (Type of Print) Y REGISTRAR 246.0	22c. HOUR OF DEA 22c. HOUR OF DEA 22c. PRONOUNCED 23b. LICENSE N 4.	Itte) ATH D DEAD AT (SUMBER 427
(d) PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in Part 1. (a) TVESPITATION OR AS A CONSEQUENCE OF: Interval between onset and the underlying cause given in Part 1. (b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and the underlying cause given in Part 1. (c) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and the underlying cause given in Part 1. (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. WAS CASE REFERRED TO CONSEQUENCE OF INJURY (Mo/Day/Yr) 286. HOUR OF INJURY 286. DESCRIBE HOW INJURY OCCURRED 28 ACC., SUICIDE HOM, UNDET. 289. DATE OF INJURY (Mo/Day/Yr) 286. HOUR OF INJURY 286. DESCRIBE HOW INJURY OCCURRED	ER 21b. DATE SIGNEO August 20, 20 22d. NAME OF ATTE (Type or Print) 23a. NAME AND ADDRESS AR 24a. REGISTRAR (Signature	MARJORIE U (Mo/DayYr))20 ENDING PHYSICIAN IF OF CERTIFIER (PHYSICIAN IF Marjorie U WESE SIGNATUR	HALDE MD 210. HOUR OF DEA 11:1 OTHER THAN CERT CIAN, ATTENDING halde MD 554 EY T STORE E AUTHENTICAT	OTH O3 TIFIER PHYSICIAN, MEDICAL 2 Longley Ln Ren Y 24b. (Mo/	EXAMINER, OR COO, NV 89511 DATE RECEIVED E	and place and due to the cause GNED (Mo/Day/Y/) UNCED DEAD (Mo/Day/Y/) PRONER) (Type of Print) Y REGISTRAR 246.0	22c. HOUR OF DEA 22c. HOUR OF DEA 22c. PRONOUNCE 23b. LICENSE N 4 EATH DUE TO COMMIL	O DEAD AT (UMBER 427 INICABLE DI
Chronic Obstructive Pulmonary Disease DUE TO, OR AS A CONSEQUENCE OF: Interval between orset and Int	ER 21b DATE SIGNED 21b DATE SIGNED 22d NAME OF ATTE 23d NAME AND ADDRESS 24a REGISTRAR (Signature 25 IMMEDIATE CAUSE	MARJORIE U (Mo/DayYr))20 ENDING PHYSICIAN IF OF CERTIFIER (PHYSICIAN IF Marjorie U WESL SIGNATUR (ENTER ONLY O	HALDE MD 210. HOUR OF DEA 11:1 OTHER THAN CERT CIAN, ATTENDING halde MD 554 EY T STORE E AUTHENTICAT	OTH O3 TIFIER PHYSICIAN, MEDICAL 2 Longley Ln Ren Y 24b. (Mo/	EXAMINER, OR COO, NV 89511 DATE RECEIVED E	and place and due to the cause GNED (Mo/Day/Y/) UNCED DEAD (Mo/Day/Y/) PRONER) (Type of Print) Y REGISTRAR 246.0	22c. HOUR OF DEA 22c. HOUR OF DEA 22c. PRONOUNCE 23b. LICENSE N 4 EATH DUE TO COMMIL YES	NTH D DEAD AT (UMBER 427 INICABLE DI
(c) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and ODE TO, OR AS A CONSEQUENCE OF: Inte	ER 21b. DATE SIGNEO August 20, 20 22d. NAME OF ATTE (Type or Print) 23a. NAME AND ADDRESS AR 24a. REGISTRAR (Signature B) AR PART I (a) Respire	MARJORIE U (Mo/DayYr))20 ENDING PHYSICIAN IF OF CERTIFIER (PHYSICIAN IF Marjorie U WESE SIGNATUR (ENTER ONLY O atory Failure	HALDE MD 210. HOUR OF DEA 11: OTHER THAN CERT ICIAN, ATTENDING halde MD 554 EY T STORE E AUTHENTICAT NE CAUSE PER LIN	OTH O3 TIFIER PHYSICIAN, MEDICAL 2 Longley Ln Ren Y 24b. (Mo/	EXAMINER, OR COO, NV 89511 DATE RECEIVED E	and place and due to the cause GNED (Mo/Day/Y/) UNCED DEAD (Mo/Day/Y/) PRONER) (Type of Print) Y REGISTRAR 246.0	22c. HOUR OF DEA 22c. HOUR OF DEA 22c. PRONOUNCE 23b. LICENSE N 4 EATH DUE TO COMMIL YES	NTH D DEAD AT (1) WUMBER 427 INICABLE DI
DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and OUE TO, OR AS A CONSEQUENCE OF: Interval between onset and Interval between onset and OUE TO, OR AS A CONSEQUENCE OF: Interval between onset and Interval between onset and OUE TO, OR AS A CONSEQUENCE OF: Interval between onset and Interval between onset and Interval between onset and OUE TO, OR AS A CONSEQUENCE OF: Interval between onset and Interval between onset and OUE TO, OR AS A CONSEQUENCE OF: Interval between onset and Interval between onset and OUE TO, OR AS A CONSEQUENCE OF: Interval betwee	ER 21b. DATE SIGNEO. August 20, 20 21d. NAME OF ATTE (Type or Print). 23a. NAME AND ADDRESS AR 24a. REGISTRAR (Signature AR PART (a) Respiration of the part (b) Due to, of the cause (c) To the cause (c) T	MARJORIE U (Mo/DayYr))20 ENDING PHYSICIAN IF OF CERTIFIER (PHYSICIAN IF Marjorie U WESE SIGNATUR (ENTER ONLY O atory Failure OR AS A CONSEQUENCE	HALDE MD 210. HOUR OF DEA 11:1 OTHER THAN CERT CIAN, ATTENDING halde MD 554 EY T STORE E AUTHENTICAT NE CAUSE FER LIN	OTH O3 TIFIER PHYSICIAN, MEDICAL 2 Longley Ln Ren Y 24b. (Mo/	EXAMINER, OR COO, NV 89511 DATE RECEIVED E	and place and due to the cause GNED (Mo/Day/Y/) UNCED DEAD (Mo/Day/Y/) PRONER) (Type of Print) Y REGISTRAR 246.0	22c. HOUR OF DEA 22c. HOUR OF DEA 22e. PRONOUNCE 23b. LICENSE N 4 EATH DUE TO COMMIL YES NO	NTH D DEAD AT (I NUMBER 427 INICABLE DI O X
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. (d) PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 26. AUTOPSY (Specili 27. WAS CASE REFERRED TO CO. Yes or No.) No. (Specily Yes or No.) PART II. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. 26. AUTOPSY (Specili 27. WAS CASE REFERRED TO CO. (Specili 27. WAS CASE REFERRED TO CO. (Specili 27. WAS CASE REFERRED TO CO. (Specili 28. ACC., SUICIDE HOM, UNDET.) 28a. ACC., SUICIDE HOM, UNDET. 28b. DATE OF INJURY (Mo/Day/Yr) 28c. HOUR OF INJURY 28d. DESCRIBE HOW INJURY OCCURRED	ER 21b. DATE SIGNED August 20, 20 22d. NAME OF ATTE (Type or Print) 23a. NAME AND ADDRESS AR 24a. REGISTRAR (Signature AR PART (a) Respiration of the control of t	MARJORIE U (Mo/DayYr))20 ENDING PHYSICIAN IF OF CERTIFIER (PHYSICIAN IF Marjorie U WESE SIGNATUR (ENTER ONLY O atory Failure OR AS A CONSEQUENC	HALDE MD 210. HOUR OF DEA 11:1 OTHER THAN CERT CIAN, ATTENDING halde MD 554 EY T STORE E AUTHENTICAT NE CAUSE FER LIN	OTH O3 TIFIER PHYSICIAN, MEDICAL 2 Longley Ln Ren Y 24b. (Mo/	EXAMINER, OR COO, NV 89511 DATE RECEIVED E	and place and due to the cause GNED (Mo/Day/Y/) UNCED DEAD (Mo/Day/Y/) PRONER) (Type of Print) Y REGISTRAR 246.0	22c. HOUR OF DEA 22c. HOUR OF DEA 22e. PRONOUNCE 23b. LICENSE N 4 EATH DUE TO COMMIL YES NO	NTH D DEAD AT (I UMBER 427 INICABLE DI O X
THE COURT OF AS A CONSEQUENCE OF: Interval between onset and cons	To the cause(s) stated 21b. DATE SIGNED August 20, 20 22d. NAME OF ATTE (Type or Print) 23a. NAME AND ADDRESS AR 24a. REGISTRAR (Signature AR 25. IMMEDIATE CAUSE PART 1 (a) PUE TO, O Chroni	MARJORIE U (Mo/DayYr))20 ENDING PHYSICIAN IE OF CERTIFIER (PHYSI Marjorie U WESL SIGNATUR (ENTER ONLY O atory Failure OR AS A CONSEQUENCIC Obstructive I	HALDE MD 210, HOUR OF DEA 11:1 OTHER THAN CERT CIAN, ATTENDING halde MD 554 EY T STORE E AUTHENTICAT NE CAUSE PER LIN DE OF: Pulmonary D	OTH O3 TIFIER PHYSICIAN, MEDICAL 2 Longley Ln Ren Y 24b. (Mo/	EXAMINER, OR COO, NV 89511 DATE RECEIVED E	and place and due to the cause GNED (Mo/Day/Y/) UNCED DEAD (Mo/Day/Y/) PRONER) (Type of Print) Y REGISTRAR 246.0	22c. HOUR OF DEA 22c. HOUR OF DEA 22e. PRONOUNCE 23b. LICENSE N 4 EATH DUE TO COMMIL YES NO Interval between	NTH D DEAD AT (I NUMBER 427 INICABLE DI O X Ben onset and
(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. WAS CASE HERRED TO CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in Part 1. 28. ACC. SUICIDE HOM, UNDET. 28. ACC. SUICIDE HOM, UNDET. 28. DATE OF INJURY (Mo/Day/Y1) 28. HOUR OF INJURY 28. DESCRIBE HOW INJURY OCCURRED 28. INJURY AT WORK (Special 27. WAS CASE (Special 27. WAS CASE (REFERRED TO CONDITIONS OF INJURY CONDITIONS OF INJURY CONDITIONS OF INJURY AT WORK (Special 27. WAS CASE (REFERRED TO CONDITIONS OF INJURY CONDITIO	To the cause(s) stated 21b. DATE SIGNED August 20, 20 22d. NAME OF ATTE (Type or Print) 23a. NAME AND ADDRESS AR 24a. REGISTRAR (Signature AR 25. IMMEDIATE CAUSE PART 1 (a) PUE TO, O Chroni	MARJORIE U (Mo/DayYr))20 ENDING PHYSICIAN IE OF CERTIFIER (PHYSI Marjorie U WESL SIGNATUR (ENTER ONLY O atory Failure OR AS A CONSEQUENCIC Obstructive I	HALDE MD 210, HOUR OF DEA 11:1 OTHER THAN CERT CIAN, ATTENDING halde MD 554 EY T STORE E AUTHENTICAT NE CAUSE PER LIN DE OF: Pulmonary D	OTH O3 TIFIER PHYSICIAN, MEDICAL 2 Longley Ln Ren Y 24b. (Mo/	EXAMINER, OR COO, NV 89511 DATE RECEIVED E	and place and due to the cause GNED (Mo/Day/Y/) UNCED DEAD (Mo/Day/Y/) PRONER) (Type of Print) Y REGISTRAR 246.0	22c. HOUR OF DEA 22c. HOUR OF DEA 22e. PRONOUNCE 23b. LICENSE N 4 EATH DUE TO COMMIL YES NO Interval between	NTH D DEAD AT (I NUMBER 427 INICABLE DII O X Ben onset and
Yes or No) 28s. ACC, SUICIDE HOM, UNDET. OR PENDING INVEST; (Specify) 28s. DATE OF INJURY (Mo/DayY1) 28s. HOUR OF INJURY 28s. HOUR	To the cause(s) stated 21b. DATE SIGNEO. August 20, 20 21d. NAME OF ATTE (Type or Print) 23a. NAME AND ADDRESS AR 24a. REGISTRAR (signature PART I (a) Respiration DUE TO, Co (c)	MARJORIE U (Mo/DayYr))20 ENDING PHYSICIAN IE OF CERTIFIER (PHYSICIAN IE Marjorie U WESL SIGNATUR (ENTER ONLY O ALONY FAILURE OR AS A CONSEQUENCIA DR AS A	HALDE MD 210, HOUR OF DEA 11:1 OTHER THAN CERT CIAN, ATTENDING halde MD 554 EY T STORE E AUTHENTICAT NE CAUSE PER LIN DE OF: Pulmonary D DE OF:	OTH O3 TIFIER PHYSICIAN, MEDICAL 2 Longley Ln Ren Y 24b. (Mo/	EXAMINER, OR COO, NV 89511 DATE RECEIVED E	and place and due to the cause GNED (Mo/Day/Y/) UNCED DEAD (Mo/Day/Y/) PRONER) (Type of Print) Y REGISTRAR 246.0	22c. HOUR OF DEA 22c. HOUR OF DEA 22c. PRONOUNCE 23b. LICENSE N 4. EATH DUE TO COMMIL YES No Interval between	NOTE OF THE PROPERTY OF THE PR
Yes or No) 28s. ACC, SUICIDE HOM, UNDET. OR PENDING INVEST; (Specify) 28s. DATE OF INJURY (Mo/DayY1) 28s. HOUR OF INJURY 28s. HOUR	To the cause(s) stated 21b. DATE SIGNEO. August 20, 20 22d. NAME OF ATTE (Type or Print) 23a. NAME AND ADDRESS AR 24a. REGISTRAR (Signature (a) DUE TO, CO (b) OUE TO, CO (c) OUE TO, CO (c) OUE TO, CO (d) OUE TO, CO (e) OUE TO, CO (d) OUE TO, CO (e) OUE TO, CO (f) OUE TO, CO (e) OUE TO, CO (f) OUE TO, CO (g) OUE TO, CO (h) OUE TO, CO (h) OUE TO, CO (c) OUE TO, CO (d) OUE TO, CO (e) OUE TO, CO (f) OUE TO, CO (g) OUE TO, CO (h) OUE TO, CO (h) OUE TO, CO (c) OUE TO, CO (d) OUE TO, CO (e) OUE TO, CO (f) OUE TO, CO (g) OUE TO, CO (h) OUE TO	MARJORIE U (Mo/DayYr))20 ENDING PHYSICIAN IE OF CERTIFIER (PHYSICIAN IE Marjorie U WESL SIGNATUR (ENTER ONLY O ALONY FAILURE OR AS A CONSEQUENCIA DR AS A	HALDE MD 210, HOUR OF DEA 11:1 OTHER THAN CERT CIAN, ATTENDING halde MD 554 EY T STORE E AUTHENTICAT NE CAUSE PER LIN DE OF: Pulmonary D DE OF:	OTH O3 TIFIER PHYSICIAN, MEDICAL 2 Longley Ln Ren Y 24b. (Mo/	EXAMINER, OR COO, NV 89511 DATE RECEIVED E	and place and due to the cause GNED (Mo/Day/Y/) UNCED DEAD (Mo/Day/Y/) PRONER) (Type of Print) Y REGISTRAR 246.0	22c. HOUR OF DEA 22c. HOUR OF DEA 22c. PRONOUNCE 23b. LICENSE N 4. EATH DUE TO COMMIL YES No Interval between	NOTE OF THE PROPERTY OF THE PR
Yes or No) 28s. ACC, SUICIDE HOM, UNDET. OR PENDING INVEST; (Specify) 28s. DATE OF INJURY (Mo/DayY1) 28s. HOUR OF INJURY 28s. HOUR	The cause(s) stated 21b. DATE SIGNEO. August 20, 20 21d. NAME OF ATTE (Type or Print) 23a. NAME AND ADDRESS AR 24a. REGISTRAR (signature (a) Respiration DUE TO, C (b) DUE TO, C (c) DUE TO, C (d)	MARJORIE U (Mo/DayYr))20 ENDING PHYSICIAN IE OF CERTIFIER (PHYSI Marjorie U WESL SIGNATUR (ENTER ONLY O ALONY FAILURE OR AS A CONSEQUENC OR AS A CONSEQUENC OR AS A CONSEQUENC OR AS A CONSEQUENC	HALDE MD 210, HOUR OF DEA 11:1 OTHER THAN CERT CIAN, ATTENDING halde MD 554 EY T STORE E AUTHENTICAT NE CAUSE PER LIN DE OF: Pulmonary D DE OF:	PHYSICIAN, MEDICAL 2 Longley Ln Ren Y 24b. (Mo/	EXAMINER, OR COO, NV 89511 DATE RECEIVED E Day(Yr) Augu	and place and due to the cause GNED (Mo/Day/Y/) UNCED DEAD (Mo/Day/Y/) PRONER) (Type or Print) Y REGISTRAR 24c. E St 20, 2020	22c. HOUR OF DEA 22c. HOUR OF DEA 22c. PRONOUNCE 23b. LICENSE N 4. EATH DUE TO COMMIL YES No Interval between	NOTE OF THE PROPERTY OF THE PR
OR PENDING INVEST. (Specify) 286. INITIARY AT WORK (Specify) 286. INITIARY AT WORK (Specify)	To the cause(s) stated 21b. DATE SIGNEO. August 20, 20 22d. NAME OF ATTE (Type or Print) 23a. NAME AND ADDRESS AR 24a. REGISTRAR (Signature (a) Respiration DUE TO, 0 (b) Chroni DUE TO, 0 (c) TO DUE TO, 0 (d) PART II. OTHER SIGNIFICA	MARJORIE U (Mo/DayYr) (20) ENDING PHYSICIAN IE OF CERTIFIER (PHYSICIAN IE Marjorle U WESE SIGNATUR (ENTER ON Y O ACOTY FAILURE OR AS A CONSEQUENCY OF AS A CONSEQUENCY	HALDE MD 210, HOUR OF DEA 11:1 OTHER THAN CERT CIAN, ATTENDING I halde MD 554 EY T STORE E AUTHENTICAT NE CAUSE PER LIN DE OF: DUIMONARY D DE OF: DE OF:	PHYSICIAN, MEDICAL 2 Longley Ln Ren Y 24b. (Mo/	EXAMINER, OR COO, NV 89511 DATE RECEIVED E Day(Yr) Augu	and place and due to the cause GNED (Mo/Day/Yr) UNCED DEAD (Mo/Day/Yr) PRONER) (Type or Print) PY REGISTRAR 24c. D st 20, 2020	22c. HOUR OF DEA 22c. HOUR OF DEA 22c. PRONOUNCE 23b. LICENSE N 4 EATH DUE TO COMMIL YES No Interval between Interval between Interval between	NTH D DEAD AT (+
28 INTERVATMORK/Specify Deligitation of Thursty Assets	To the cause(s) stated 21b. DATE SIGNEO. August 20, 20 22d. NAME OF ATTE (Type or Print) 23a. NAME AND ADDRESS AR 24a. REGISTRAR (Signature (a) Respiration DUE TO, 0 (b) Chroni DUE TO, 0 (c) TO DUE TO, 0 (d) PART II. OTHER SIGNIFICA	MARJORIE U (Mo/DayYr) (20) ENDING PHYSICIAN IE OF CERTIFIER (PHYSICIAN IE Marjorle U WESE SIGNATUR (ENTER ON Y O ACOTY FAILURE OR AS A CONSEQUENCY OF AS A CONSEQUENCY	HALDE MD 210, HOUR OF DEA 11:1 OTHER THAN CERT CIAN, ATTENDING I halde MD 554 EY T STORE E AUTHENTICAT NE CAUSE PER LIN DE OF: DUIMONARY D DE OF: DE OF:	PHYSICIAN, MEDICAL 2 Longley Ln Ren Y 24b. (Mo/	EXAMINER, OR COO, NV 89511 DATE RECEIVED E Day(Yr) Augu	and place and due to the cause GNED (Mo/Day/Yr) UNCED DEAD (Mo/Day/Yr) PRONER) (Type or Print) Y REGISTRAR 24c. C st 20, 2020	22c. HOUR OF DEA 22c. HOUR OF DEA 22c. PRONOUNCE 23b. LICENSE N 4 EATH DUE TO COMMIL YES No Interval between	NTH D DEAD AT (+ NUMBER 427 INICABLE DIS O X een onset and een onset and een onset and
Dis INTERY ATWORK (Specific DB) DI ACE OF INTERY AS THE ACT OF INTERNAL AS THE ACT OF INTERY AS THE ACT OF INTERY AS THE ACT OF INTERNAL AS THE ACT O	The cause(s) stated 2 21b. DATE SIGNED August 20, 20 2 21d. NAME OF ATTE (Type or Print) 23a. NAME AND ADDRESS AR 24a. REGISTRAR (Signature (a) Respiration DUE TO, 0 (c) (d) PART II OTHER SIGNIFICATION (d) PART II OTHER SIGNIFICATION (d) PART II OTHER SIGNIFICATION (e) (c) (d) PART II OTHER SIGNIFICATION (d) PART II OTHER SIGNIFICATION (e) (f) (h) PART II OTHER SIGNIFICATION (h) PART II OTHER SIGNIFICATION (h) PART II OTHER SIGNIFICATION (d)	MARJORIE U (Mo/DayYr) (20) ENDING PHYSICIAN IF OF CERTIFIER (PHYSI Marjorle U WESL SIGNATUR (ENTERONLY O atory Failure OR AS A CONSEQUENC IC Obstructive I OR AS A CONSEQUENC	HALDE MD 21c. HOUR OF DEA 11: OTHER THAN CERT CIAN, ATTENDING halde MD 554 EY T STORE E AUTHENTICAT NE CAUSE PER LIN DE OF:	PHYSICIAN, MEDICAL 2 Longley Ln Ren Y 24b, (Mo/ ED 156886	EXAMINER, OR COO, NV 89511 DATE RECEIVED B Day/Yr) Augu in the underlying ca	and place and due to the cause GNED (Mo/Day/Yr) UNCED DEAD (Mo/Day/Yr) PRONER) (Type or Print) Y REGISTRAR 24c, C st 20, 2020	22c. HOUR OF DEA 22c. HOUR OF DEA 22c. PRONOUNCE 23b. LICENSE N 4 EATH DUE TO COMMIL YES No Interval between	NTH D DEAD AT (+ NUMBER 427 INICABLE DIS O X een onset and een onset and een onset and
DAS INJURY AT WORK (Specific DR) DI ACE OF INJURY AS SAME AS A COLUMN TO A COL	The cause(s) stated 2 21b. DATE SIGNED August 20, 20 2 21d. NAME OF ATTE (Type or Print) 23a. NAME AND ADDRESS AR 24a. REGISTRAR (Signature (a) Respiration DUE TO, 0 (c) (d) PART II OTHER SIGNIFICATION (d) PART II OTHER SIGNIFICATION (d) PART II OTHER SIGNIFICATION (e) (c) (d) PART II OTHER SIGNIFICATION (d) PART II OTHER SIGNIFICATION (e) (f) (h) PART II OTHER SIGNIFICATION (h) PART II OTHER SIGNIFICATION (h) PART II OTHER SIGNIFICATION (d)	MARJORIE U (Mo/DayYr) (20) ENDING PHYSICIAN IF OF CERTIFIER (PHYSI Marjorle U WESL SIGNATUR (ENTERONLY O atory Failure OR AS A CONSEQUENC IC Obstructive I OR AS A CONSEQUENC	HALDE MD 21c. HOUR OF DEA 11: OTHER THAN CERT CIAN, ATTENDING halde MD 554 EY T STORE E AUTHENTICAT NE CAUSE PER LIN DE OF:	PHYSICIAN, MEDICAL 2 Longley Ln Ren Y 24b, (Mo/ ED 156886	EXAMINER, OR COO, NV 89511 DATE RECEIVED B Day/Yr) Augu in the underlying ca	and place and due to the cause GNED (Mo/Day/Yr) UNCED DEAD (Mo/Day/Yr) PRONER) (Type or Print) Y REGISTRAR 24c, C st 20, 2020	22c. HOUR OF DEA 22c. HOUR OF DEA 22c. PRONOUNCE 23b. LICENSE N 4 EATH DUE TO COMMIL YES No Interval between	NTH DEAD AT (HAND) NUMBER 427 INICABLE DIS O X Been onset and
STREET OR R.F.D. No. CITY OR TOWN ST	The cause(s) stated 2 21b. DATE SIGNED August 20, 20 2 21d. NAME OF ATTE (Type or Print) 23a. NAME AND ADDRESS AR 24a. REGISTRAR (Signature (a) Respiration DUE TO, 0 (c) (d) PART II OTHER SIGNIFICATION (d) PART II OTHER SIGNIFICATION (d) PART II OTHER SIGNIFICATION (e) (c) (d) PART II OTHER SIGNIFICATION (d) PART II OTHER SIGNIFICATION (e) (f) (h) PART II OTHER SIGNIFICATION (h) PART II OTHER SIGNIFICATION (h) PART II OTHER SIGNIFICATION (d)	MARJORIE U (Mo/DayYr) (20) ENDING PHYSICIAN IF OF CERTIFIER (PHYSI Marjorle U WESL SIGNATUR (ENTERONLY O atory Failure OR AS A CONSEQUENC IC Obstructive I OR AS A CONSEQUENC	HALDE MD 21c. HOUR OF DEA 11: OTHER THAN CERT CIAN, ATTENDING halde MD 554 EY T STORE E AUTHENTICAT NE CAUSE PER LIN DE OF:	PHYSICIAN, MEDICAL 2 Longley Ln Ren Y 24b, (Mo/ ED 156886	EXAMINER, OR COO, NV 89511 DATE RECEIVED B Day/Yr) Augu in the underlying ca	and place and due to the cause GNED (Mo/Day/Yr) UNCED DEAD (Mo/Day/Yr) PRONER) (Type or Print) Y REGISTRAR 24c, C st 20, 2020	22c. HOUR OF DEA 22c. HOUR OF DEA 22c. PRONOUNCE 23b. LICENSE N 4 EATH DUE TO COMMIL YES No Interval between	NTH DEAD AT (HAND) NUMBER 427 INICABLE DIS O X Been onset and

00082975

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:

9/2/2020

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



