DOUGLAS COUNTY, NV

Rec:\$40.00

2021-964623

Total:\$40.00

03/31/2021 02:41 PM

JOSEPH W. TILLSON, ATTY

KAREN ELLISON, RECORDER

Pgs=3

Document Transfer Tax \$

Assessor's Parcel No.: 1420-07-113-032

WHEN RECORDED MAIL TO:

Linda McCormick, Trustee 4867 Monte Mar Drive El Dorado Hills, CA 95762

MAIL TAX STATEMENTS TO:

Same as Above

The grantor declares:

Documentary transfer tax is \$ -0-

[x] computed on full value of property conveyed,

## AFFIDAVIT -- DEATH OF SETTLOR, TRUSTEE AND BENEFICIARY

LINDA L. McCORMICK, of legal age, being first duly sworn, deposes and says:

That WILLIAM VINCENT McCORMICK, JR., the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as is named as the party in that certain Grant, Bargain, Sale Deed dated October 27, 2004, executed by DIANE B. MCIVER, AN UNMARRIED WOMAN to WILLIAM V. McCORMICK AND LINDA L. McCORMICK, TRUSTEES OF THE MCCORMICK FAMILY TRUST DATED SEPTEMBER 15, 1999, as well as the beneficiary under said trust; it being further acknowledged that LINDA L. McCORMICK, is the successor trustee under said declaration of trust on the death of WILLIAM V. McCORMICK.

The original Grant, Bargain, Sale Deed aforementioned is recorded as Document No. 0627998 on October 28, 2004, in the Official Records of Douglas County, State of Nevada. covering the following described property situate in the County of Douglas, State of Nevada:

Lot 7, in Block G, as shown on the Final Map of Valley Vista Estates 1, Phase 1B filed for record in the office of the Douglas County Recorder on June 2, 1995 in Book 695. Page 389 as Document No. 363386, Official Records.

## **JURAT**

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 COUNTY OF EL DORADO

Subscribed and sworn to (or affirmed) before me on this // day of // 201/ , by LINDA L. McCORMICK, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature:

AFFIDAVIT --DEATH OF SETTLOR, TRUSTEE AND BENEFICIARY

APN: 1420-07-113-032





CERTIFICATION OF VITAL RECORD

## SACRAMENTO COUNTY

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

3052009194175		CERTIFICATE OF DEATH STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASINES WHITEO JTS OR ALTERATIONS			3200934009215	
	STATE FILE NUMBER  1 NAME OF DECEDENT FIRST (Given)	VS-11e	REV 1/Or)		OCAL REGISTRATION NUM	BER
- 1	WILLIAM	2 MIDDLE VINCENT	3. LAST (Family) MCCORMICK JR.		(	\
DECEDENT'S PERSONAL DATA						ER 24 HOURS 6 SEX
	AKA, ALSO KNOWN AS Include full AKA (FIRST, MIDDLE, LAST)		4 DATE OF BIRTH mm/dd/coyy 5 AGE Yrs. Mc			Manutes M
	9 BIRTH STATE/FOREIGN COUNTRY 10 SOCIAL SECURITY NUI	MBER 11 EVER IN U.S ARME		1 1	E OF DEATH mm/dd/ocyy	8, HOUR (24 Hours)
	PA -2806	X YES NO		1	29/2009	1225
		<u> </u>	The Linuxitation			
	13. EDICATION—Howel Learning we 14/15 WAS DECEDENT HISPANICIATINO(A) SPANISH7 (3 yea, new relatives) on back)  SOME COLLEGE  YES  YES  YES  YES  WHITE					
핊	17 USUAL OCCUPATION — Type of work for most of life. DO NOT USE RI	ETIRED 18. KIND OF 8	USINESS OR INDUSTRY (* g., groo	ery store, road construction, er	nployment scency, etc.)	19. YEARS IN OCCUPATION
_	LOAN OFFICER		S AND LAND SALE			22
	20. DECEDENT'S RESIDENCE (Street and number or location)					
USUAL RESIDENCE	4867 MONTE MAR DRIVE					
	21 CITY 22. COU	NTY/PROVINCE	23. ZIP CODE	24 YEARS IN COUNTY	25 STATE/FOREIGN COUR	ITRY
	EL DORADO HILLS EL DORADO		95762 18 CA			
INFOR-	28 INFORMANT'S NAME, RELATIONSHIP	FORMANT'S MAILING ADDRESS (	NTS MAILING ADDRESS (Street and number of rural route number, cty or town, state, ZIP)  MONTE MAR DR., EL DORADO HILLS, CA 95762.			
불글	LINDA MICCONTINUIX, WILL					
SPOUSE AND PARENT INFORMATION	28 NAME OF SURVIVING SPOUSE — FIRST	29 MIDDLE	30 LAST (Mak	7		
	LINDA  31 NAME OF FATHER — FIRST	LOU 32 MIDDLE	MAIII 33, LAST	ATTER		34. BIRTH STATE
	WILLIAM	VINCENT	APT	RMICK	\	IRELAND
	35 NAME OF MOTHER FIRST	36 MIDDLE	37 LAST (Male		<b>\</b>	36 BIRTH STATE
	KATHLEEN BRIDGET		MOONEN			IRELAND
		RES LINDA MO		<del></del>	1	1
FUNERAL DIRECTOR/ LOCAL REGISTRAR	12/02/2009 4867 MONTE MAR DR., EL DORADO HILLS, CA 95762					
	41 TYPE OF DISPOSITION(S)	42. SIGNATURE OF E	i 76.		43	LICENSE NUMBER
	CR/RES	▶ NOT EMB	- Th	_//		- 
	44 NAME OF FUNERAL ESTABLISHMENT		46. SIGNATURE OF LOCAL RE	200	ECO.	DATE mm/dd/ocyy
Œ -	MILLER FUNERAL HOME	FD467	GLENNAH I T		R THAN HOSPITAL, SPECI	12/02/2009
ų.	101 PLACE OF DEATH	The state of the s	X IP ERIC			Decedent's Other
PLACE OF DEATH	MERCY FOLSOM HOSPITAL 104. COUNTY 105. FACILITY ADDRESS OF	R LOCATION WHERE FOUND (Street			108 CITY	Home
	SACRAMENTO 1650 CREEKSIDE DR. FOLSOM					
	107 CAUSE OF DEATH Enter the chein of events dise	ases, infuries, or complications — that est, or ventricular fabrillation without sho	directly caused death DO NOT enter	terrunal events such		DEATH HEPORTED TO CORONER?
	IMMEDIATE CAUSE (A) POST OBSTRUCTIVE F	PNEUMONIA	WING I'M GEORGY DO NOT ABOREY	ME	(A1)	YES X NO
	(Final disease of condition resulting			- N	DYS	no cynni atamich
	DEHYDRATION		/ /	- N		X YES NO
픋	Sequentially, list conditions, Many, Median to quize				1010 E	AUTOPSY PERFORMED?
ង្គ	blading to duste on Library (17) ACUTE RENAL FAILURE (VIOCERLYING				DYS T	YES X NO
9	CAUSE (disease of					USÉD IN DETERMINING CAUSE?
SAUSE OF DEATH	Inhight phat inditated the events are controlled in death) LAST LUNG CANCER STAGE FOUR				YRS [	YES NO
C)	112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
			TING GADGE CIVELY IN 107			
	NO					
	NO 113 WAS OPERATION PERFORMED FOR ANY CONDUTION IN ITEM 10:	7 OR 1127 (if yes, list type of operation				ALE PRECEDUNT IN LAST YEAR!
	NO  113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 NONE	· :	and date.)		YE	S NO UNK
NOT.	NO  113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 NONE	S SIGNATURE AND TITLE OF CERTIF	and date)	E.	116 LICENSE NUMBER	NO UNK
SICIAN'S FICATION	NO  113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 NONE	S SIGNATURE AND TITLE OF CERTIF	end date.)	F <sub>4</sub>	115 LICENSE NUMBER	S NO UNK
PHYSICIAN'S ERTIFICATION	NO  113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 NONE	S SIGNATURE AND TITLE OF CERTII THOMAS MARX DO S TYPE ATTENDING PHYSICIANS N.	end date)  FIER  D. M. D.  AME, MAILING ADDRESS, ZIP COE	E THOMAS MA	115 LICENSE NUMBER	NO UNK
PHYSICIAN'S CENTIFICATION	NO  113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 NONE	S SIGNATURE AND TITLE OF CERTIL THOMAS MARX DO S TYPE ATTENDING PHYSICIANS IN 650 CREEKSIDE D PLACE STATED FROM THE CAUSES STATE	ENT date)  THER  D.M.D.  MIND.  RIVE, FOLSOM, C	E THOMAS MA	116 LICENSE NUMBER A78702 RX DO M.D.	NO UNK
PHYSICIAN'S CENTIFICATION	NO  113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 NONE  114. ICERTIFY THAT TO THE BEST OF MY ANOMIZED DEATH-OCCURRED 115. AT THE FOUND ALE AND PACE TABLE PROMITE THE SHEN ARE TO Decoder Alarmede Since  U) myndd/coyy [5] myndd/coyy 11/29/2009 11/29/2009	S SIGNATURE AND TITLE OF CERTIF THOMAS MARX DO TYPE ATTENDING PHYSICIAYS N. 650 CREEKSIDE D	END CASES)  FILER  D. M.D.  D. M.D.  AME, MALLING ADDRESS, ZIP COC.	THOMAS MA A 95630	116 LICENSE NUMBER A78702 RX DO M.D.	s No UNK 117. DATE mm/dd/ccyy 12/02/2009
	NO  113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 NONE  114. ICERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH-OCCURRED AT THE HOP'S, DATE AND PLACE TATED FROM THE CAUSES STATED.  Decoder Asserted States  (A) mondaticacyy (a) mondaticacyy (b) mondaticacyy (b) mondaticacyy (c) mondaticacy (c)	S SIGNATURE AND TITLE OF CERTIL THOMAS MARX DO S TYPE ATTENDING PHYSICIANS IN 650 CREEKSIDE D PLACE STATED FROM THE CAUSES STATE	EFIER OM.D.  D.M.D.  AME, MAILING ADDRESS, ZIP COC  RIVE, FOLSOM, C  D. 120 IAUU	THOMAS MA A 95630	116 LICENSE NUMBER A78702 RX DO M.D.	s No UNK 117. DATE mm/dd/ccyy 12/02/2009
	NO  113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 10: NONE  114. ICENTRY THAT TO THE BEST OF MY KNOWLEDGE BEATH-OCCURRED AT THE HOTING DATE AND PLACE I SATE OF ROW THE CAUSES STATED Decoderst Assended Sunce Decoderst Lair Seen After (A) ministriction (5) ministriction (7) 11/29/2009  118. ICENTRY THAT IN INTOPRODUCE/ATDOCURRED AT THE ROUND DATE, AND MANNER OF DEATH Natural Accident Hornácide  123. PLACE OF INJURY (e.g., horna, constitution state, wooded streat, etc.)	S. SIGNATURE AND TITLE OF CERTIFICATION OF TYPE ATTENDING PHYSICIAN'S N.  650 CREEKSIDE D.  PLACE STATED FROM THE CAUSES STATE  Suicide Proofing  Investigation	EFIER OM.D.  D.M.D.  AME, MAILING ADDRESS, ZIP COC  RIVE, FOLSOM, C  D. 120 IAUU	THOMAS MA A 95630	116 LICENSE NUMBER A78702 RX DO M.D.	s No UNK 117. DATE mm/dd/ccyy 12/02/2009
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	NO  113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 10: NONE  114. ICENTRY THAT TO THE BEST OF MY WINDWILDING BRATHOCCURRED AT THE HOUR, DATE AND PLACE \$ TAPE FROM THE CAUSES \$ TAYTH. Decoderst Assended Sance Decoderst Link Seen Affive  WI mmiddlocry  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009	S SIGNATURE AND TITLE OF CERTIFICATION OF THE ATTENDING PHYSICIANS IN 650 CREEKSIDE D PLACE STATED FROM THE CAUSES STATE PROOFING INVESTIGATION OF THE CAUSE STATE PROOFING INVESTIGATION OF THE CAUSE STATE PROOFING INVESTIGATION OF THE CAUSE STATE OF THE CAUSE STAT	EFIER OM.D.  D.M.D.  AME, MAILING ADDRESS, ZIP COC  RIVE, FOLSOM, C  D. 120 IAUU	THOMAS MA A 95630	116 LICENSE NUMBER A78702 RX DO M.D.	s No UNK 117. DATE mm/dd/ccyy 12/02/2009
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CORONER'S USE ONLY CERTIFICATION	NO  113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 10: NONE  114. ICENTRY THAT TO THE BEST OF MY WINDWILDING BRATHOCCURRED AT THE HOUR, DATE AND PLACE \$ TAPE FROM THE CAUSES \$ TAYTH. Decoderst Assended Sance Decoderst Link Seen Affive  WI mmiddlocry  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009  11/29/2009	S SIGNATURE AND TITLE OF CERTIFICATION OF THE ATTENDING PHYSICIAN'S N.  650 CREEKSIDE D.  PLACE STATED FROM THE CAUSES STATE  SUBCIDE PRODUCTION OF PRODUCTI	EFIER  D.M.D.  MAE, MAILING ADDRESS, ZIP COL  RIVE, FOLSOM, C  D. 120 INJUR  Gettermined YES	THOMAS MA A 95630	T116 LICENSE NUMBER A78702 RX DO M.D. 121. INJURY DATE metrice	s No UNK 117. DATE mm/dd/ccyy 12/02/2009
	NO  113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 NONE  114. ICERTIFY THAT TO THE BEST OF MY KINNEDGE DEATH-OCCURRED 115. ICERTIFY THAT TO THE BEST OF MY KINNEDGE DEATH-OCCURRED 116. ICERTIFY THAT IN MY OFFICE TEATH OF CAUSES STATED.  117. ICERTIFY THAT IN MY OFFICE THAT OFFICE THAT IN THE MY OFFI	S SIGNATURE AND TITLE OF CERTIFICATION OF THE ATTENDING PHYSICIAN'S N.  650 CREEKSIDE D.  PLACE STATED FROM THE CAUSES STATE  SUBCIDE PRODUCTION OF PRODUCTI	EPIER  D.M.D.  AME, MALLING ADDRESS, ZIP COD  RIVE, FOLSOM, C  D. Could not be determined	ETHOMAS MA CA 95630 EEDAT WORK?	T116 LICENSE NUMBER A78702 RX DO M.D. 121. INJURY DATE metrice	s No UNK 117. DATE mm/dd/ccyy 12/02/2009
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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA COUNTY OF SACRAMENTO

DATE ISSUED:

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

December 8, 2009

Slemah & Twelet M. D

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

LOCAL REGISTRAR

