DOUGLAS COUNTY, NV

Rec:\$40.00

\$40.00 Pgs=5

2021-964775

04/02/2021 02:35 PM

ETRCO

KAREN ELLISON, RECORDER

**APN#:** 1420-07-715-006

Recording Requested By: Western Title Company	\ \
western Title Company	\
When Recorded Mail To:	\
Anastasia Marie Young  2318 GreenWith Rd	
301 Pablo, CA 94806	_
Mail Tax Statements to: (deeds or	nly)
same as above	
	(space above for Recorder's use only)
	< < \ \
I the undersigned hereby affirm the	at the attached document, including any exhibits, hereby
submitted for recording does contain t	the social security number of a person or persons. (Per NRS
440	.380 (1)(5) & 40.525 (5))
Signature W	un assistant
Wendy Dun	bar Escrow Officer
/ /	
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Aftid	avit Death of Trustee
Alliq	avit Death of Trustee
This page added to provide a	additional information required by NRS 111.312

(additional recording fee applies)

## AFFIDAVIT – DEATH OF TRUSTEE

Anastasia Marie Young, of legal age, being first duly sworn, deposes and says:

- 1. Hubert Virgil Harris and Anita Harris (aka Anastasia Harris), the decedents mentioned in the attached certified copies of Certificate of Death, are the same persons as Hubert Virgil Harris and Anita Harris (aka Anastasia Harris) named as Trustee in the Declaration of Trust dated 11/22/2005 and executed by Hubert Virgil Harris and Anita Harrisas Trustor(s).
- 2. At the time of the decedent's deaths, decedents were the record owners, as Trustee's, of certain real property commonly known as 960 Parkview CourtCarson City. NV 89705, which property is described in a Deed which was executed by Hubert V. Harris and Anita Harris. Husband and Wife as community proeprty with right of survivorship as Grantor(s) on December 22, 2005 and re-recorded as Instrument No. 2021-963760, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:
- 3. 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 81, in Block M, as set forth on the Final Map of SUNRIDGE HEIGHTS, PHASE 6A

AND 8A, A PLANNED UNIT DEVELOPMENT, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on May 1, 1995, Book 595, Page 1, as Document no. 361213 and by Certificate of Amendment Recorded May 17, 1995, Book 595, Page 2588, as Document no. 362268, and also by Certificate of Amendment Recorded August 7, 1995, in Book 895, at Page 816, as Document no. 367680, and Certificate of Amendment Re-Recorded August 10, 1995, in Book 895, at Page 1500 as Document no. 368005, 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 4/1/2021 (Master Wais Duca	
Anastasia Marie Young,	
STATE OF SEE attached  COUNTY OF	
Sel attached	
COUNTY OF COLLECTION OF A COLLECTION OF	
This instrument was acknowledged before me on Carry or the constitution of the constit	
By Anastasia Marie Young	
Notary Public	

### **CALIFORNIA ACKNOWLEDGMENT**

State of California

THE MANAGEMENT OF THE PROPERTY OF THE PROPERTY

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.

County ofCOSTA	
On April 1, 2021 before me, Be	ethany Barry Cross, Notary Public Here Insert Name and Title of the Officer A Marie Young
personally appeared Anastas /	a Marie Young
F	Name(s) of Signer(s)
who proved to me on the basis of satisfactory evidence to the within instrument and acknowledged to me that authorized capacity(ies), and that by his/her/their signatupon behalf of which the person(s) acted, executed the	ature(s) on the instrument the person(s), or the entity
BETHANY BARRY CROSS Notary Public - California Contra Costa County Commission # 2296227 My Comm. Expires Jul 30, 2023	I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.  WITNESS my hand and official seal.
	Signature BUMANN BU GLOSS
Place Notary Seal and/or Stamp Above	Signature of Notary Public
Completing this information can d	ONAL deter alteration of the document or form to an unintended document.
Description of Attached Document  Title or Type of Document:  Document Date: 4/1/2021	t - Death of & Trustee  ABC 04/01/1001  Number of Pages: 2
	ne
Capacity(ies) Claimed by Signer(s)  Signer's Name: Anastasia Marit Young  □ Corporate Officer - Title(s): □ Partner - □ Limited □ General □ Individual □ Attorney in Fact □ Trustee □ Guardian or Conservator □ Other:	Signer's Name:  Corporate Officer – Title(s):  Partner – Limited General Individual Attorney in Fact Trustee Guardian or Conservator
Signer is Representing:	Signer is Representing:



# **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

CASE FILE NO. 4183755

			HIFICALE						ILE NUMBER	
1a. DECEASED-NAME (FIRST,N	(IIDDLE,LAST,SUFFIX)	)	,	_	2.	DATE OF DEA	TH (Mo/Day/Y	ar) 3a	COUNTY O	F DEATH
Hubert			HARRIS	2.5	### ## DA	Decembe				son City
36. CITY, TOWN, OR LOCATION	OF DEATH 3c. HOS	PITAL OR OTH	**.ddet. ***		ither, give st		sp or Inst. indi ((Specify)	cate DOA,C	OP/Emer. Rm	4. SEX
Carson City		100	960 Parkvie					Home	_ \ T =	Ma
5. RACE (Specify)		6. Hispanic O No - Non-Hi	rigin? Specify	7a. AGE-Las (Years)	t birthiday 76	UNDER 1 YE	HOURS	1 DAY 8	DATE OF 8	RTH (Mo/Da)
Wh		NO - NOII-FI	ispanic 	(1883)	89	1	i i Ville			26, 1931
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ame country) Missouri 3. SOCIAL SECURITY NUMBER		nited States		بايلا	Widowed		o ter			
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Nevada  6. FATHER/PARENT - NAME (F			<u>Carson C</u>			rkview G		Last Suffic		res
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Crematic		200		enry's Cre		1	N .	Carson (	City Nevac	la 89701
20a. FUNERAL DIRECTOR - SIG		cting as Such)			20c. NAME	AND ADDRESS	OF FACILITY	,		
and the second s	R MAYFIELD		LICENSE NUM	***			leptune So			
	JRE AUTHENTICAT	reD .	_   ### FD88	' ( i		5890 S Vi	ginia St. Su	te 4-E R	eno NV 8	9502
RADE CALL - NAME AND ABOF ≥ 21a. To the best of my known	41.00	····		1	ALIM!			_X(X):	<u> </u>	
₹ž E			AUTHENTICATE		the time, date	is of examination and place and d	ue to the cause	(s) stated (	Signature & Ti	ile)
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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 VIIal Records.

JAN 2 2 2021

STATE REGISTRAR



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



# DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS UNIT

EGAL NAME OF DECENSED (Include AXAX, If any) (First, Middle, Lasi)    Control of Decension of Control of Contr	EXAS DEPARTMENT OF S EC 28 2016 TATE OF TEVAS		CED	TIELCAT						FQ ! ~~/	2-16-185
ANNON    Control	TATE OF TEXAS LEGAL NAME OF DECEASED (INC	lude AKA's.			L OF DEA	10	JIA		_ 140MID		
ADDICTORY CONTROL OF STATE    MANUAL ELECTRY NAMER   ADDICTORY CONTROL   A MANUAL STATE   ADDICTORY		1	, , ,	5 6			n alta				
SAN FRANCISCO, CA SCORN SUBJECT 1, 1933 SOCIAL SCORNY NUMBER   Widowed   Decorate   Deco	NITA HARRIS AKA ANAST	TASIA HA	RRIS	TE TOP	Statustan,	HE MARES	GANNON	NINCE 1 P		DECE	MBER 19, 2016
BANGER   B	٠. ا			(Years)	михиру	Mo	Days	lours	Min		-
PRINCE STREET ADDRESS		UST 21,	1933	CTATIO AT THE		اليجي ال	med 16 5	818WWW	CDAHEES N	SAN FRANC	ISCO, CA
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PARKULEW CT COCKING PROPORTO FAST MARRIAGE  RECONDITY (CITY) NEVADA    RECONDITY (CITY)			☐ widowed	LI DIVOICE	LI Never Max	COMO LL UNIX	HI	JBERT V	HARRIS		
To STATE     18. 2P CODE     19. INSIRIC CITY LUIITS     18. STATE     18. 2P CODE     19. INSIRIC CITY LUIITS     18. STATE	RESIDENCE STREET ADDRESS	s	- 2	7 1	§ 8 <sup>2</sup>			Ob. APT. NO	).   10c. C	ITY OR TOWN	- \ \
Table STATE   St. 29 CODE   St. NEST CITY CURITY   Table STATE   St. 29 CODE   St. NesT   Table STATE   St. 29 CODE   St. NesT   Table STATE   St. 29 CODE   St. NesT   Table STATE   St. 20 CODE   St. NesT   Table St. 20 CODE   St	O PARKVIEW CT	`	•				1	• • • • • • • • • • • • • • • • • • • •	CAR	SON CITY	
ANSTABLE J. GANNON    SPACE   J. GANNON	COUNTY		10e. STAT	E	Ì		101. ZIP	CODE		10g. INSIDE CIT	Y LIMITS?
PARTICIPATION TO FIRST MARRIAGE   TO AND	manu amu ama		NEVAD		egener <sub>a</sub>	$ \frac{1}{N}$			1	⊠ Yes	□ No
RACE OF DEATH (CRECK CHAL' ONE)	AHSON CITY (CITY) FATHER'S NAME PRIOR TO FIR!	ST MARRIA		^	12. MC	THER'S NAMI			NAGE		
RACE OF DEATH (CRECK CHAL' ONE)			٠.	. 4		. 40	, J	ć š 🖷	20		The state of the s
REITH COUDINGS OF A FLOSPITAL:    Injection   Exception   On   House price   Months (Specify)   Name of the County of the County of Death   House of the County   Name of the Nam	CHAEL J. GANNON								-		
I.E. CINTOWN, 23P (F COUTSIDE CITY LIMITS, GIVE PRECINCT NO)   18. FACILITY NAME (Innot triatablish, give acreet address)   M.D.ANDERSON CANCER CENTER	SEATH OCCURRED IN A HOSPIT	AL:	JF DE/	TH OCCUPATE	D SOMEWHERE	OTHER THAN	A HOSPITA	L	5 1 1 5		
IRPORT MARTIS - HUSBAND		DOA								•	The state of the s
IRECRITY HARRIS - HUSBAND	COUNTY OF DEATH	15.0	HTY/OWN,	ZIP (IF OUTS	IDE CITY LIMITS	GIVE PRECI	CT NO) [16	FACILITY	NAME (II not i	nstitution, give str	eet address)
IRECRITY HARRIS - HUSBAND		- 1	1				Mar.			N	
BERT V. HARRIS - HUSBAND   980 PARKVIEW CT. CARSON CITY NV 89705   1	ARRIS	HO	DUSTON,	77030	TIE MANIEM	ANNO SE NE	IMEOPMAN	A.D.AND	ERSON C	ANCER CENT	TER
METHOD OF DISPOSITION    Commission   Donation   Donati	INTORMANI S NAME & RELATIO	ANDER IOI			io. MAILING		CINDIN			(8000)	
METHOD OF DISPOSITION    Correstion   Donation   Donati	IBERT V. HARRIS - HILIST	BAND	4	<u>.</u>	960 PARK	VIEW CT	CARSON	CITY N	89705	1	<b>~</b> .
Blusted   Grenardon   Grenardo	METHOD OF DISPOSITION			I ACTIN	GNATURE AND L	CENSE NUM	BER OF FUN	ERAL DIRE	CTOR OR PE	RSON 21.	<b>⊠</b> u <sub>i</sub>
ESMERALDA ALVARADO-MERCADO, BY-ELECTRONIC SIGNATURE - 12099  PLOCE OF DISPOSITION (Name of cemetery, crematory, other place)  PLOCE OF DISPOSITION (Name of cemetery, crematory, other place)  PLOCE OF DISPOSITION (Name of cemetery, crematory, other place)  PLOCE OF DISPOSITION (Name of cemetery, crematory, other place)  PLOCE OF DISPOSITION (Name of cemetery, crematory, other place)  PLOCE OF DISPOSITION (Name of cemetery, crematory, other place)  PLOCE OF DISPOSITION (Name of cemetery)  BISTORY (Name of cemeter)  BIST	Burial Cremation		☐ Donation	ACTI	NO ASI SUUM	- 6	<b>_</b> ,		1	1.1	
OCICSIDE CREMATORY  BLACE OF DISPOSITION (Name of cametery, crimatory, other places)  ALL COUNTRY (Stylorow, and State)  COCKSIDE CREMATORY  BLACE OF PURERAL FACILITY  BLACE OF PURERAL FACILITY (Sweet and Number, Cry. State, Zp Code)  BLACE OF PURERAL FACILITY  BLACE OF PURERAL FACILITY (Sweet and Number, Cry. State, Zp Code)  BLACE OF PURERAL FACILITY (Sweet and Number, Cry. State, Zp Code)  BLACE OF PURERAL FACILITY (Sweet and Number, Cry. State, Zp Code)  BLACE OF PURERAL FACILITY (Sweet and Number, Cry. State, Zp Code)  BLACE OF PURERAL FACILITY (Sweet and Number, Cry. State, Zp Code)  BLACE OF PURERAL FACILITY (Sweet and Number, Cry. State, Zp Code)  BLACE OF PURERAL FACILITY (Sweet and Number, Cry. State, Zp Code)  BLACE OF PURERAL FACILITY (Sweet and Number, Cry. State, Zp Code)  BLACE OF PURERAL FACILITY (Sweet and Number, Cry. State, Zp Code)  BLACE OF PURERAL FACILITY (Sweet and Number, Cry. State, Zp Code)  BLACE OF PURERAL FACILITY (Sweet and Number, Cry. State, Zp Code)  BLACE OF PURERAL FACILITY (Sweet and Number, Cry. State, Zp Code)  BLACE OF PURERAL FACILITY (Sweet and Number, Cry. State, Zp Code)  BLACE OF PURERAL FACILITY (Sweet and Number, Cry. State, Zp Code)  BLACE OF	Entombment P	Removal from	state	, E81	MERALDA AI	VARADO	MERCAD	BY-FI	ECTRONI		·
OCKSIDE CREMATORY  WANTE OF PUREFAL FACILITY  25. COMPLETE ADDRESS OF FUNERAL FACILITY (Stewar and Number, Cay, State, Zep Code)  PTUNE SOCIETY-HOUSTON  3425 S. SHEPHERD DR. STE. 100, HOUSTON, TX 77098  SHIFFER (Chaick only only)  SHORT to bear of my increasing, death occurred due to the cause(s) and memory called, and another complete to bear of my increasing, and only to the cause(s) and memory called, and another complete to be for my increasing, and only to the cause(s) and memory called, and another complete to be for my increasing, and only to the cause(s) and memory attend, and only to the results) and memory attend, and only to the formal property of the formal property and the second place, and due to the results) and memory attend, and only to the formal property of the formal property and the second place. And the formal property and the second place and place, and due to the results of memory attending and place. The formal property of the formal property and the second place and the second place. The formal property and the second place and the second place and the second place. The formal property and the second place and the second place and the second place and the second place. The formal property and the second place and the second place and the second place and the second place.  In the formal place and the second place.  In the second place and the second place and the second place and the second place and the second place.  In the second place and the second place.  In the second place and the second place an	Other (Specify)		4				V.	·-·-		Block	<del></del>
OOKSIDE CREMATORY HOUSTON, TX WAKE OF PUREAR FACILITY  \$25 COMPLETE ANDRESS OF FUNERAL FACILITY (Sheet and Number, Cey, State, 2g Code)  \$425 S. SHEPHERD DR. STE. 100, HOUSTON, TX 77098  \$425 S. SHEPHERD DR. STE. 100, HOUSTON, TX 77098  \$425 S. SHEPHERD DR. STE. 100, HOUSTON, TX 77098  \$425 S. SHEPHERD DR. STE. 100, HOUSTON, TX 77098  \$425 S. SHEPHERD DR. STE. 100, HOUSTON, TX 77098  \$425 S. SHEPHERD DR. STE. 100, HOUSTON, TX 77098  \$425 S. SHEPHERD DR. STE. 100, HOUSTON, TX 77098  \$425 S. SHEPHERD DR. STE. 100, HOUSTON, TX 77098  \$425 S. SHEPHERD DR. STE. 100, HOUSTON, TX 77098  \$425 S. SHEPHERD DR. STE. 100, HOUSTON, TX 77098  \$425 S. SHEPHERD DR. STE. 100, HOUSTON, TX 77098  \$425 S. SHEPHERD DR. STE. 100, HOUSTON, TX 77098  \$425 S. SHEPHERD DR. STE. 100, HOUSTON, TX 77099  \$425 S. S	PLACE OF DISPOSITION (Name of	of cemetery.	crematory, ot	her place)	23. LO	CATION (CRy/	own, and St	de)	9.9	rot	
PTUNE SOCIETY-HOUSTON  \$425 S. SHEPHERD DR. STE. 100, HOUSTON, TX 77098  ENTITIER (Rick orly one)  245 S. SHEPHERD DR. STE. 100, HOUSTON, TX 77098  ENTITLER (Rick orly one)  25 COMPLETE ADDRESS OF FUNETAL FACILITY (Street and Number, City, State, Ze Code)  3425 S. SHEPHERD DR. STE. 100, HOUSTON, TX 77098  ENTITLER OF CERTIFIER  26 CATE CERTIFIED (INT 64 yrg)  27 JUNE OF CERTIFIER  27 JUNE OF CERTIFIER  28 JUNE OF DEATHACAUSIA or presented to the female of the base of examination, and/or investigation, in yrg option; disable occurred at the femalete and place, and due to the causely and manner stated.  27 JUNE OF CERTIFIER  28 JUNE OF DEATHACAUSIA or presented to the femalete and place, and due to the causely and manner stated.  28 JUNE OF DEATHACAUSIA or presented and Number, City, State, Ze Code)  29 JUNE OF CERTIFIER (SITES and Number, City, State, Ze Code)  29 JUNE OF CERTIFIER (SITES and Number, City, State, Ze Code)  20 JUNE OF CERTIFIER (SITES and Number, City, State, Ze Code)  20 JUNE OF CERTIFIER (SITES and Number, City, State, Ze Code)  20 JUNE OF CERTIFIER (SITES and Number, City, State, Ze Code)  20 JUNE OF CERTIFIER (SITES and Number, City, State, Ze Code)  20 JUNE OF CERTIFIER (SITES and Number, City, State, Ze Code)  21 JUNE OF CERTIFIER (SITES and Number, City, State, Ze Code)  22 JUNE OF CERTIFIER (SITES and Number, City, State, Ze Code)  23 JUNE OF CERTIFIER (SITES and Number, City, State, Ze Code)  24 JUNE OF CERTIFIER (SITES and Number, City, State, Ze Code)  25 JUNE OF CERTIFIER (SITES and Number, City, State, Ze Code)  26 JUNE OF CERTIFIER (SITES and Number, City, State, Ze Code)  27 JUNE OF CERTIFIER (SITES and Number, City, State, Ze Code)  28 JUNE OF CERTIFIER (SITES and Number, City, State, Ze Code)  29 JUNE OF CERTIFIER (SITES and Number, City, State, Ze Code)  29 JUNE OF CERTIFIER (SITES and Number, City, State, Ze Code)  20 JUNE OF CERTIFIER (SITES and Number, City, State, Ze Code)  20 JUNE OF CERTIFIER (SITES and STATE, CITY, CIT				•		0701	7%			Space	
PTINE SOCIETY-HOUSTON  3425 S. SHEPHERD DR. STE. 100, HOUSTON, TX 77098  CERTIFIER (Chack only one)  Lending physicism To the best of my knowledge, disaln occurred due to the cause(s) and memory stabled.  Location of the Peace - On the Dates of examination, and/or investigation, in my opinion, tables occurred at the Broundate and place, and due to the cause(s) and memory stabled.  SIGNATURE OF CERTIFIER  SIGNATURE OF CERTIFIER (Street and Number, Chy, State, Zip Code)  INNA Z-HUKOVSKY, BY ELECTRONIC  INNA Z-HUKOVSKY, BY ELECTRONIC  INNA Z-HUKOVSKY, BY ELECTRONIC  INNA Z-HUKOVSKY 1515 HOLCOLMBE BLVD UNIT 8, HOUSTON, TX 77030  INNA Z-HUKOVSKY 1515 HOLCOLMBE BLVD UNIT 8, HOUSTON, TX 77030  INNA Z-HUKOVSKY 1515 HOLCOLMBE BLVD UNIT 8, HOUSTON, TX 77030  INNA Z-HUKOVSKY 1515 HOLCOLMBE BLVD UNIT 8, HOUSTON, TX 77030  INNA Z-HUKOVSKY 1515 HOLCOLMBE BLVD UNIT 8, HOUSTON, TX 77030  INNA Z-HUKOVSKY 1515 HOLCOLMBE BLVD UNIT 8, HOUSTON, TX 77030  INNA Z-HUKOVSKY 1515 HOLCOLMBE BLVD UNIT 8, HOUSTON, TX 77030  INNA Z-HUKOVSKY 1515 HOLCOLMBE BLVD UNIT 8, HOUSTON, TX 77030  INNA Z-HUKOVSKY 1515 HOLCOLMBE BLVD UNIT 8, HOUSTON, TX 77030  INDA Z-HUKOVSKY 1515 HOLCOLMBE BLVD UNIT 8, HOUSTON, TX 77030  INDA Z-HUKOVSKY 1515 HOLCOLMBE BLVD UNIT 8, HOUSTON, TX 77030  INDA Z-HUKOVSKY 1515 HOLCOLMBE BLVD UNIT 8, HOUSTON, TX 77030  INDA Z-HUKOVSKY 1515 HOLCOLMBE BLVD UNIT 8, HOUSTON, TX 77030  INDA Z-HUKOVSKY 1515 HOLCOLMBE BLVD UNIT 8, HOUSTON, TX 77030  INDA Z-HUKOVSKY 1515 HOLCOLMBE BLVD UNIT 8, HOUSTON, TX 77030  INDA Z-HUKOVSKY 1515 HOLCOLMBE BLVD UNIT 8, HOUSTON, TX 77030  INDA Z-HUKOVSKY 1515 HOLCOLMBE BLVD UNIT 8, HOUSTON, TX 77030  INDA Z-HUKOVSKY 1515 HOLCOLMBE BLVD UNIT 8, HOUSTON, TX 77030  INDA Z-HUKOVSKY 1515 HOLCOLMBE BLVD UNIT 8, HOUSTON, TX 77030  INDA Z-HUKOVSKY 1515 HOLCOLMBE BLVD UNIT 8, HOUSTON, TX 77030  INDA Z-HUKOVSKY 1515 HOLCOLMBE BLVD UNIT 8, HOUSTON, TX 77030  INDA Z-HUKOVSKY 1515 HOLCOLMBE BLVD UNIT 8, HOUSTON, TX 77030  INDA Z-HUKOVSKY 1515 HOLCOLMBE BLVD UNIT 8, HOUSTON, TX 77030  INDA Z-HUKOVSKY 1515 HOLCOL	NAME OF FUNERAL FACILITY				HOU- 125, CO	STON, TX	NESS OF FU	NERAL FAC	ILITY (Street		, State, Zip Code)
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UNIFIENT TIPE CAUSE  Classass or righty that  C.  Due to (or as a consequence of):  T. 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING S4, WAS AN AUTOPSY PERFORMED?  Yes No No S5, WERE AUTOPSY PRINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?  AANNER OF DEATH S7. DID TOBACCO USE CONTRIBUTE S8. IF FEMALE:  Selection No Pregnant within past year Pregnant at time of death  Natural Accident No Probably Pending Investigation Probably Unknown Other (Specify)  LOCATION (Street and Number, City, State, Zip Code)	CERTIFIER (Check only one)  certifying physician-to the best of my ix  dedical Examines/Lustoe of the Peace- SIGNATURE OF CERTIFIER  DINNA ZHUKOVSKY, BY IS  BATURE PRINTED NAME, ADDRESS OF CO  NNA ZHUKOVSKY 15-15  33. PART 1. ENTER THE CHAIN  TERMINAL EVENTS SUCH AS C.  ETIOLOGY, DO NOT ABBREVIAT  IMMEDIATE CAUSE; Final  disease no condition. —>	ELECTRO CERTIFIER (: 5 HOLCOI TOF EVENT: CARDIAG AR TE ENTER (:	of examination ONIC Street and Nu MBE BLV 1 - DISEASE REST, RESP ONLY ONE C	mber, Chy,Stat /D UNIT 8, 8, INJURIES, C IRATORY ARR AUSE ON EAC	and manner stated. iden, in my opinion. 28. OA DE 8.Zip Code) HOUSTON, T IR COMPLICATIO EST, OR VENTRI	TE CENTIFIED  ECEMBER  X 77030  SNS - THAT DI  CULAR FIBRII  F LUNG	t the time.date (mm-dd-jyyy 21, 2016 RECTLY CAL LATION WIT	end place, and 28, LIC	d due to the can ENSE NUMB 6	ise(u) and menner is ER 30. TIME (	OF DEATH(Actual or price of the control of the cont
(disease or highly that initiated, the everts resulting in death) U.S.T.  Due to (or as a consequence of):  d.  Due to (or as a consequence of):    T.2. ENTER OTHER   SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH   BUT NOT RESULTING IN THE UNDERLYING   St. WAS AN AUTOPSY PERFORMED?   Yes   No   SS. WERE AUTOPSY PINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?   Yes   SIGNIFICANT   Yes   No   SS. WERE AUTOPSY PINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?   Yes   SIGNIFICANT	CERTIFIER (Check only one) certifying physician-to the best of my ix dedical ExaminariAustice of the Peace- SIGNATURE OF CERTIFIER NINNA ZHUKOVSKY, BY IS BNATURE PRINTED NAME, ADDRESS OF CE SIGNATURE ONNA ZHUKOVSKY, 1515 SI, PART 1. ENTER THE CHAIN TERMINAL CHAINES OF CETIOLOGY, DO NOT ABBREVIAT MANEDIATE CAUSE (Final disease or condition ——> resulting in death)	ELECTRO CERTIFIER (: 5 HOLCOI TOF EVENT: CARDIAG AR TE ENTER (:	of examination ONIC Street and Nu MBE BLV 1 - DISEASE REST, RESP ONLY ONE C	mber, Chy,Stat /D UNIT 8, 8, INJURIES, C IRATORY ARR AUSE ON EAC	and manner stated. iden, in my opinion. 28. OA DE 8.Zip Code) HOUSTON, T IR COMPLICATIO EST, OR VENTRI	TE CENTIFIED  ECEMBER  X 77030  SNS - THAT DI  CULAR FIBRII  F LUNG	t the time.date (mm-dd-jyyy 21, 2016 RECTLY CAL LATION WIT	end place, and 28, LIC	d due to the can ENSE NUMB 6	ise(u) and menner is ER 30. TIME (	OF DEATH(Actual or price of the control of the cont
initiated, the everts resulting in ideath) U.ST.  Due to (or as a consequence of):  Due to (or as a consequence of):  JY 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING SAWALABLE TO COMPLETE THE CAUSE OF DEATH?  SEGIVEN IN PART I.  JY 5. DID TORACCO USE CONTRIBUTE SB. IF FEMALE:  Natural Accident Suicide Not pregnant within past year Pregnant at time of death Not pregnant within 42 days of death Not pregnant within 42 days of death Unknown Unknown Unknown Unknown If pregnant within 42 days of death Other (Specify)  DATE OF INJURY (mm-dd-yyyy)   40b. TIME OF INJURY   40c. INJURY AT WORK?   40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	CERTIFIER (Check only one)  certifying physician-To the best of my ix  dedical Examined Austice of the Peace- SIGNATURE OF CERTIFIER  DNNA ZHUKOVSKY, BY IS  3NATURE PRINTED NAME, ADDRESS OF C  DNNA ZHUKOVSKY 1515  33. PART 1. ENTER THE CHAIN  TERMINAL EVENTS SUCH AS C  ETIOLOGY, DO NOT ABBREVIAT  IMMEDIATE CAUSE (Final disease or condition—  residing in death)  Sequentially list conditions,  I any leading to the Cause	ELECTRO CERTIFIER (: 5 HOLCOI TOF EVENT: CARDIAG AR TE ENTER (:	of examination ONIC Street and Nu MBE BLV 1 - DISEASE REST, RESP ONLY ONE C	mber, Chy,Stat /D UNIT 8, 8, INJURIES, C IRATORY ARR AUSE ON EAC	erd mermer stated.  28. OA  28. OA  DE  2. DA  2. D	THE COUNTY OF TH	t the time date (min-dd yyy 21, 2016  PECTLY CAL LATION WITH	end place, and 28, LIC	d due to the can ENSE NUMB 6	ise(u) and menner is ER 30. TIME (	OF DEATH(Actual or price of the control of the cont
Due to (or as a consequence of):    T. ENTER OTHER   SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH   BUT NOT RESULTING IN THE UNDERLYING   34, WAS AN AUTOPSY PERFORMED?   Yes   No   SS. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?   Yes   COMPLETE THE CAUSE OF DEATH?   Yes   SHAINAI   OTHER THE CAUSE OF DEATH?   OTHER THE CAUSE OF DEATH?   OTHER THE CAUSE OF DEATH?   Yes   SHAINAI   OTHER THE CAUSE OF DEATH?   OTHER THE CAUSE OF DEATH   OTH	CERTIFIER (Check only one)  certifying physician-To the best of my ix  deduct Examinari/Lustice of the Peace- SIGNATURE OF CERTIFIER  NNNA ZHUKOVSKY, BY SIGNATURE  PRINTED NAME, ADDRESS OF CI  NNA ZHUKOVSKY 1515  33. PART 1. ENTER THE CHAIN  TERMINAL EVENTS BUCH AS CETIOLOGY. Do NOT ABBREVIAT  HIMEDIATE CAUSE (Final disease or condition——>  resulting in death)  Sequentially list conditions, if any, leading to the cause  side on line a. Enter the  UNDERLY WING CAUSE.	ELECTRO CERTIFIER (: 5 HOLCOI TOF EVENT: CARDIAG AR TE ENTER (:	of examination ONIC Street and Nu MBE BLV 1 - DISEASE REST, RESP ONLY ONE C	mber, Chy,Stat /D UNIT 8, 8, INJURIES, C IRATORY ARR AUSE ON EAC	erd mermer stated.  28. OA  28. OA  DE  2. DA  2. D	THE COUNTY OF TH	t the time date (min-dd yyy 21, 2016  PECTLY CAL LATION WITH	end place, and 28, LIC	d due to the can ENSE NUMB 6	ise(u) and menner is ER 30. TIME (	OF DEATH(Actual or price of the control of the cont
d.  T.2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING S4, WAS AN AUTOPSY PERFORMED?  Yes No S5, WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?  ANNER OF DEATH S7. DID TOBACCO USE CONTRIBUTE  ANNER OF DEATH TO DEATH?  Accident Yes No Not pregnant within post year Property within 12 days of death Protection InJury.  Yes No Observoperation Prognant at time of death Probably Indication Not pregnant within 142 days of death Protection Injury.  What pregnant within the past year Probably Probably Indication Injury of Death 143 days to one year before death Cherc (Specify)  Linknown Ingegnant within the past year Probably Indication Injury AT WORK? AND PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)  LOCATION (Street and Number, City, State, Zip Code)	CERTIFIER (Check only one)  certifying physician-To the best of my ix  addical Examinari-Austre of the Peace- IGNATURE OF CERTIFIER  NNA ZHUKOVSKY, BY IS  BANTURE  PRINTED NAME, ADDRESS OF CE  NNA ZHUKOVSKY 1515  TERMINAL CHENTS BUCH AS CETICLOSY. TO ABBREVIAT  HAMEDIAL EVENTS BUCH AS CETICLOSY. TO CONSTRUCT OR CONSTRUCT  TO CONSTRUCT OR CONSTRUCT  Sequentially list conditions, if any, leading to the Cause  Bisled on line a. Enter the  UNDERLY WING CAUSE.	ELECTRO CERTIFIER (: 5 HOLCOI TOF EVENT: CARDIAG AR TE ENTER (:	of examination ONIC Street and Nu MBE BLV 1 - DISEASE REST, RESP ONLY ONE C	mber, Chy,Stat /D UNIT 8, 8, INJURIES, C IRATORY ARR AUSE ON EAC	erd mermer stated.  28. OA  28. OA  DE  2. DA  2. D	THE COUNTY OF TH	t the time date (min-dd yyy 21, 2016  PECTLY CAL LATION WITH	end place, and 28, LIC	d due to the can ENSE NUMB 6	ise(u) and menner is ER 30. TIME (	OF DEATH(Actual or price of the control of the cont
T 2. ENTER OTHER SE GIVEN IN PART I.  SE GIVEN I	CENTIFIER (Check only one) certifying physician-to the best of my ix bedical Examinacidustics of the Peace- IGNATURE OF CERTIFIER NNA Z-HUKOVSKY, BY & BNATURE PRINTED NAME, ADDRESS OF CE NNA Z-HUKOVSKY 1515 TERMINAL CHENTS BUCH AS CETICLOSY. TO ABBREVIAT I ENTER THE CHANT GROUP CONTROL OF THE CHANT TO ABBREVIAT HAMEDIAT CAUSE (Final disease or condition—> resulting in death)  Sequentially list conditions, if any, leading to the Cause listed on line a. Enter the UNDERLY WING CAUSE.	ELECTRO CERTIFIER (: 5 HOLCOI TOF EVENT: CARDIAG AR TE ENTER (:	of examination ONIC Street and Nu MBE BLV 1 - DISEASE REST, RESP ONLY ONE C	mber, Chy,Stat /D UNIT 8, 8, INJURIES, C IRATORY ARR AUSE ON EAC	and manner stated.  28. OA  28. OA  DE  2. Zip Code)  HOUSTON, T  PR COMPLICATIC  ST, OR VENTRI  H.  Due to (or	TE CENTIFIED  ECEMBER  X 77030  NIS - THAT DI  COULAR FIBRII  F LUNG  as a conseque  as a conseque	t the time.date (min-dd-yyy 21, 2016  RECTLY CAL LATION WIT	end place, and 28, LIC	d due to the can ENSE NUMB 6	ise(u) and menner is ER 30. TIME (	OF DEATH(Actual or price of the control of the cont
SE GIVEN IN PART L.    Yes   No.	ERTIFIER (Check only one)  entitying physician-to the best of my ix  tedical Examined-Lastee of the Peace- IGNATURE OF CERTIFIER NNA ZHUKOVSKY, BY INATURE  RINTED NAME, ADDRESS OF CERTIFIER  NNA ZHUKOVSKY 1515  TERMINAL EVENTS SUCH AS CETIOLOGY. DO NOT ABBREVIAT  disease or condition—>  resulting in death)  Sequentially list conditions,  listed on line a. Entits the  UNDELL VIND CAUSE.	ELECTRO CERTIFIER (: 5 HOLCOI TOF EVENT: CARDIAG AR TE ENTER (:	of examination ONIC Street and Nu MBE BLV 1 - DISEASE REST, RESP ONLY ONE C	mber, Chy,Stat /D UNIT 8, 8, INJURIES, C IRATORY ARR AUSE ON EAC	and manner stated.  28. OA  28. OA  DE  2. Zip Code)  HOUSTON, T  PR COMPLICATIC  ST, OR VENTRI  H.  Due to (or	TE CENTIFIED  ECEMBER  X 77030  NIS - THAT DI  COULAR FIBRII  F LUNG  as a conseque  as a conseque	t the time.date (min-dd-yyy 21, 2016  RECTLY CAL LATION WIT	end place, and 28, LIC	d due to the can ENSE NUMB 6	ise(u) and menner is ER 30. TIME (	OF DEATH(Actual or price of the control of the cont
ANNER OF DEATH   37. DID TOBACCO USE CONTRIBUTE   38. IF FEMALE:   39. IF TRANSPORTATION INJURY.   Yes   Yes   1. Other/Operator   1. Other/Operator   Yes   1. Other/Operator   1. Other/Operator   Yes   1. Other/Operator   1. Other/Op	CENTIFIER (Check only one) certifying physician-to the best of my ix bedical Examinacidustics of the Peace- IGNATURE OF CERTIFIER NNA Z-HUKOVSKY, BY & BNATURE PRINTED NAME, ADDRESS OF CE NNA Z-HUKOVSKY 1515 TERMINAL CHENTS BUCH AS CETICLOSY. TO ABBREVIAT I ENTER THE CHANT GROUP CONTROL OF THE CHANT TO ABBREVIAT HAMEDIAT CAUSE (Final disease or condition—> resulting in death)  Sequentially list conditions, if any, leading to the Cause listed on line a. Enter the UNDERLY WING CAUSE.	crowledge, due to control basis of the LECTRO CERTIFIER (LECTRO) TO EVENTS AROUAC AROU	of examination ONIC Street and Nu MBE BLV 1 - DISEASE REST, RESP ONLY ONE C	mber, Chy,Stat /D UNIT 8, 8, INJURIES, C IRATORY ARR AUSE ON EAC	and manner stated.  28. OA  28. OA  DE  2. Zip Code)  HOUSTON, T  PR COMPLICATIC  ST, OR VENTRI  H.  Due to (or	TE CENTIFIED  ECEMBER  X 77030  NIS - THAT DI  COULAR FIBRII  F LUNG  as a conseque  as a conseque	t the time.date (min-dd-yyy 21, 2016  RECTLY CAL LATION WIT	end place, and 28, LIC	d due to the can ENSE NUMB 6	ise(u) and menner is ER 30. TIME (	OF DEATH(Actual or price of the control of the cont
Yes       Yes	CENTIFIER (Check only one) certifying physician-to the best of my ix tedical Examined Austice of the Peace- IGNATURE OF CENTIFIER NINA ZHUKOVSKY, BY INATURE PRINTED NAME, ADDRESS OF C  NNA ZHUKOVSKY 1515 33. PART 1. ENTER THE CHAIN TERMINAL EVENTS SUCH AS C ETIOLOGY. DO NOT ABBREVIAT IMMEDIATE CAUSE: [Final disease or condition —> resulting in death)  Sequentially list conditions, if any, leading to the cause fisted on fine a. Enter the UNDERLYING GAUSE (disease or CAUSE) (disease or fluy) that initiated, the events resulting in death) UAST	ELECTRO CERTIFIER ( 5 HOLCO) IOF EVENTS TE ENTER (  a. MET.) b.	of examination  DNIC  Street and Nu  MBE BLA  : DISEASE  REST, RESP  NILY ONE C	, ander investigation of the control	end memmer stated.  28. OA  28. OA  DE  2. OA  DE  DUE to (or  Due to (or	TE CENTIFIED ECEMBER  X 77030 NS - THAT DI CULAR RBRIL F LUNG as a conseque as a conseque	t the time.date (min-dd-yyy 21, 2016  RECTLY CALLATION WIThout once of):	ISED THE C	d due to the can ENSE NUMB 6	SSO(N) AING MERTHAF IS ER 30. TIME (  32. TIT  MD (  MD ENTER	OF DEATH(Actual or print) O6:37 AM LE OF CERTIFIER Approximate inten- Oriset to death  6 MONTHS
ANNER OF DEATH   37. DID TORACCO USE CONTRIBUTE   S8. IF FEMALE:   38. IF TRANSPORTATION INJURY   Natural   Accident   Yes   Not pregnant within past year   Driver/Operator	CENTIFIER (Check only one) certifying physician-to the best of my ix tedical Examined Austice of the Peace- IGNATURE OF CENTIFIER NINA ZHUKOVSKY, BY INATURE PRINTED NAME, ADDRESS OF C  NNA ZHUKOVSKY 1515 33. PART 1. ENTER THE CHAIN TERMINAL EVENTS SUCH AS C ETIOLOGY. DO NOT ABBREVIAT IMMEDIATE CAUSE: [Final disease or condition —> resulting in death)  Sequentially list conditions, if any, leading to the cause fisted on fine a. Enter the UNDERLYING GAUSE (disease or CAUSE) (disease or fluy) that initiated, the events resulting in death) UAST	ELECTRO CERTIFIER ( 5 HOLCO) IOF EVENTS TE ENTER (  a. MET.) b.	of examination  DNIC  Street and Nu  MBE BLA  : DISEASE  REST, RESP  NILY ONE C	, ander investigation of the control	end memmer stated.  28. OA  28. OA  DE  2. OA  DE  DUE to (or  Due to (or	TE CENTIFIED ECEMBER  X 77030 NS - THAT DI CULAR RBRIL F LUNG as a conseque as a conseque	t the time.date (min-dd-yyy 21, 2016  RECTLY CALLATION WIThout once of):	ISED THE C	d due to the can ENSE NUMB 6  EATH. DO I	AS AN AUTOPSY	OF DEATH(Actual or print) O6:37 AM LE OF CERTIFIER Approximate intentional to death  G MONTHS  PERFORMED?
Netural Accident	CENTIFIER (Check only one) certifying physician-to the best of my ix tedical Examined Austice of the Peace- IGNATURE OF CENTIFIER NINA ZHUKOVSKY, BY INATURE PRINTED NAME, ADDRESS OF C  NNA ZHUKOVSKY 1515 33. PART 1. ENTER THE CHAIN TERMINAL EVENTS SUCH AS C ETIOLOGY. DO NOT ABBREVIAT IMMEDIATE CAUSE: [Final disease or condition —> resulting in death)  Sequentially list conditions, if any, leading to the cause fisted on fine a. Enter the UNDERLYING GAUSE (disease or CAUSE) (disease or fluy) that initiated, the events resulting in death) UAST	ELECTRO CERTIFIER ( 5 HOLCO) IOF EVENTS TE ENTER (  a. MET.) b.	of examination  DNIC  Street and Nu  MBE BLA  : DISEASE  REST, RESP  NILY ONE C	, ander investigation of the control	end memmer stated.  28. OA  28. OA  DE  2. OA  DE  DUE to (or  Due to (or	TE CENTIFIED ECEMBER  X 77030 NS - THAT DI CULAR RBRIL F LUNG as a conseque as a conseque	t the time.date (min-dd-yyy 21, 2016  RECTLY CALLATION WIThout once of):	ISED THE C	d due to the can ENSE NUMB 6  EATH. DO I	AS AN AUTOPSY	OF DEATH(Actual or print) O6:37 AM LE OF CERTIFIER  Approximate inter- Oriset to death  6 MONTHS  PERFORMEO?  NOTE: The print of the pr
Accident Suicide Suicide Not pregnant at time of death Not pregnant within 42 days of death Pending Investigation Could not be determined DATE OF INJURY (mm-dd-yyyy)    Ob. TIME OF INJURY   40c. INJURY AT WORK?   40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)   Other (Specify)   Occation (Sinest and Number, City, State, Zip Code)	CERTIFIER (Check only one) certifying physician-to the best of my k hedical Examined Austral on of the Peace- IGNATURE OF CERTIFIER NINNA ZHUKOVSKY, BY E SINATURE PRINTED NAME, ADDRESS OF C NNA ZHUKOVSKY 1515 33. PART 1. ENTER THE CHAIN TERMINAL EVENTS SUCH AS C ETIOLOGY, DO NOT ABBREVIAT IMMEDIATE CAUSE (Final disease or condition ————————————————————————————————————	ELECTRO CERTIFIER ( 5 HOLCO) IOF EVENTS TE ENTER (  a. MET.)  b	ONIC Street and Nu MBE BLA	mber, City, Stat  /D UNITE, City, Stat  /D UNITE, City, Stat  /P U	and mammer stated.  28. OA  28. OA  DE  29. OA  DE  29. OA  DE  20. OA  DE  DUE to (or  DUE to (or	TE CENTIFIED ECEMBER  X 77030 NS - THAT DI CULAR RBRIL F LUNG as a conseque as a conseque	t the time.date (min-dd-yyy 21, 2016  RECTLY CALLATION WIThout once of):	ISED THE C	d due to the can ENSE NUMB 6  EATH. DO I	AS AN AUTOPSY FREE AUTOPSY FALETE THE CAUSE	OF DEATH(Actual or pri O6:37 AM LE OF CERTIFIER  Approximate inten Onset to death  6 MONTHS  PERFORMED? NO INDINGS AVAILABLE 1 SE OF DEATH? Yes
Suicide No Not pregnant, but pregnant within 42 days of death Probably Unknown	CERTIFIER (Check only one) Certhying physician-To the best of my k Medical Examined Austice of the Peace- SIGNATURE OF CERTIFIER DNNA ZHUKOVSKY, BY S BAATURE PRINTED NAME, ADDRESS OF C DNNA ZHUKOVSKY 15.15 S3. PART 1. ENTER THE CHAN TERMINAL EVENTS SUCH AS C ETICLOGY. DO NOT ABBREVIAT IMMEDIATE CAUSE (Final disease or conditions, if any, leading to the cause selection in death) Sequentially list conditions, if any, leading to the cause selection or injury that initiated, the events resulting in death) LAST  Y2. ENTER OTHER  SEGIVEN IN PART 1.	crowledge, deleter on the basis ELECTRO CERTIFIER ( 5 HOLCOI TOF EVENTS ARDIACA SE  B. META  C. C	of examination  DNIC  Street and No.  MBE BLU  1 DISEASE REST, RESP, DNILY ONE C.  ASTATIC	mber, City, State  (D UNIT 8, 8, INJURIES, C. IRATORY ARRAUSE ON EACH  ADENOCAL  TRIBUTING TO  ONTRIBUTING TO	and manner stated.  28. OA  DE  27. OA  DE  28. OA  DE  28. OA  DE  27. OA VENTRI H.  DUE to (or  Due to (or  Due to (or	TE CENTIFIED ECEMBER  X 77030 NIS - THAT DI CULAR RIBRIL F LUNG as a conseque as a conseque as a conseque	I the time date (min-dd-yyy 21, 2016  RECTLY CALLATION WITH more of):  INCH OFF:  INCH O	ISED THE C	d due to the can ENSE NUMB 6  EATH. DO I	AS AN AUTOPSY FOREST HE CAUSE  39. TIME 1  MD  MD  MD  TOT ENTER  AS AN AUTOPSY FOREST HE CAUSE  39. IF TANS.  SPECIFY.	OF DEATH(Actual or print) O6:37 AM LE OF CERTIFIER  Approximate intentioned to death  6 MONTHS  PERFORMED?  MINDINGS AVAILABLE 1 SE OF DEATH  Yes ORTATION INJURY.
Homicide Problety Pro	CERTIFIER (Check only one) Certhying physician-To the best of my ix Medical Examined Auston of the Peace- SIGNATURE OF CERTIFIER NONNA ZHUKOVSKY, BY IS BANTURE PRINTED NAME, ADDRESS OF C  ONNA ZHUKOVSKY 1515 33. PART 1. ENTER THE CHANN TERMINAL EVENTS SUCH AS C ETIOLOGY, DO NOT ABBREVIAT UMSEASE OF CONSISTENCY MIMEDIA CAUSE (Final disease or condition——> resisting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated, the vents at mitiated, the vents at mitiated, the surface TY2. ENTER OTHER SEGIVEN IN PART I.  JANNER OF DEATH  JANNER	ELECTRO  CERTIFIER ( 5 HOLCO)  GO EVENT  AROUAC MATE  B.  MET  B.  C.  CANT COND  7. DID TORAY	of examination  DNIC  Street and No.  MBE BLU  1 DISEASE REST, RESP, DNILY ONE C.  ASTATIC	mber, City, State  (D UNIT 8, 8, INJURIES, C. IRATORY ARRAUSE ON EACH  ADENOCAL  TRIBUTING TO  ONTRIBUTING TO	and manner stated.  28. OA  DE  27. OA  DE  28. OA  DE  28. OA  DE  27. OA VENTRI H.  DUE to (or  Due to (or  Due to (or	TE CENTIFIED ECEMBER  X 77030 NIS - THAT DI CULAR RIBRIL F LUNG as a conseque as a conseque as a conseque	I the time date (min-dd-yyy 21, 2016  RECTLY CALLATION WITH more of):  INCH OFF:  INCH O	ISED THE C	d due to the can ENSE NUMB 6  EATH. DO I	AS AN AUTOPSY FALETE THE CAUSE  39. IT TRANSF SPECIFY:	OF DEATH(Actual or pri O6:37 AM LE OF CERTIFIER  Approximate inten Onset to death  6 MONTHS  PERFORMEO?  NOTICE TO THE STATE OF DEATH? Yes PORTATION INJURY,
Could not be determined  DATE OF INJURY (nm-dd-yyyy)   40b. TIME OF INJURY   40c. INJURY AT WORK?   40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)  LOCATION (Street and Number, City,State,Zip Code)   40f. COUNTY OF INJURY	CERTIFIER (Check only one) Certifying physician-To the best of my ix Medical Exeminer/Lastice of the Peace- SIGNATURE OF CERTIFIER NAMA E HUKOVSKY , BY SIGNATURE PRINTED NAME, ADDRESS OF CO NINA ZHUKOVSKY , BY SIGNATURE SIGNATURE ON SIGNATURE ON SIGNATURE TERMINAL EVENTS SIGNAT TERMINAL EVENTS SIG	C. ANT COND	of examination  DNIC  Street and No.  MBE BLU  1 DISEASE REST, RESP, DNILY ONE C.  ASTATIC	mber, City, State  (D UNIT 8, 8, INJURIES, C. IRATORY ARRAUSE ON EACH  ADENOCAL  TRIBUTING TO  ONTRIBUTING TO	and mammer stated.    28. OA'   DE	TE CENTIFIED  ECEMBER  X 77030  NS - THAT DI  CULAR RBRIL  F LUNG  as a conseque  as a conseque  with past yes  ime of death  but pregnant  but pregnant	t the time.date (min-dd-yyy 21, 2016  RECTLY CALLATION WITH mose of):  mose of):  mose of):  within 42 days	ISED THE CHOUT SHO	d due to the can ENSE NUMB 6  BEATH, DOT	AS AN AUTOPSY  AS AN AUTOPSY  VETE THE CAUS  39. IF TRANSIS SPECIFY: Orber/Op  Passenge	OF DEATH(Actual or print) O6:37 AM LE OF CERTIFIER  Approximate intention of the control of the
LOCATION (Street and Number, City, State, Zip Code)	CERTIFIER (Check only one) Certifying physician-To the best of my k Medical Examiner/Laston of the Peace-SIGNATURE OF CERTIFIER DAMAE, ADDRESS OF CONNA ZHUKOVSKY 15-15  33. PART 1. ENTER THE CHAIN TERMINAL EVENTS SUCH AS CETICLORY. DO NOT ABBREVIAT MAMEDIATE CAUSE (Final disease or condition)  Sequentially list conditions, if any, leading to the cause side on line a. Enter the UNIONICAL SECTION OF THE CHAIN CHAIR	ELECTRO ENTIFER ( 5 HOLCOI TO FENTIFER ( 6.  C.  ANT COND  O  O  Proble  Probl	of examination ONIC Street and No. MBE BLU 1 DISEASE REST, RESP ONIC ONE C ASTATIC	mber, City, State  (D UNIT 8, 8, INJURIES, C. IRATORY ARRAUSE ON EACH  ADENOCAL  TRIBUTING TO  ONTRIBUTING TO	BY OF PERMALE:    Not prognant at it.   Not	TE CENTIFIED  ECEMBER  X 77030  NS 1 THAT DI  CULAR ABRIL  ELUNG  as a conseque  as a conseque  as a conseque  within past yes  time of death  but pregnant  but pregnant	the time, date (min-dd yyy 21, 2016 ) 21, 2016 ) PECTLY CAL LATION WIT  nos of):  IN THE UI  Within 42 days to on	is of death	d due to the can ENSE NUMB 6  BEATH, DOT	AS AN AUTOPSY FACET FINE CAUSE  39. IT THE CAUSE  39. IT THE CAUSE  39. IT THANS!  SPECIFY:  Oriver/Op  Passengy  Pedestria	OF DEATH(Actual or print) O6:37 AM LE OF CERTIFIER  Approximate intentions to death  6 MONTHS  PEN No. INDINGS AVAILABLE 1 SE OF DEATH? Yes PORTATION INJURY.
LOCATION (Street and Number, City, State, Zip Code)  407. COUNTY OF INJURY	CERTIFIER (Check only one) Certifying physician-To the best of my k Medical Examiner/Laston of the Peace- SIGNATURE OF CERTIFIER NAMA ZHUKOVSKY , BY SIGNATURE PRINTED NAME, ADDRESS OF C  NINA ZHUKOVSKY 15:15 33. PART 1. ENTER THE CHAIN TERMINAL EVENTS SUCH AS C ETIOLOGY, DO NOT ABBREVAT MANUER CAUSE (Fine) MARCHATE CAUSE (Fine) Sequentially list conditions, if any, leading to the cause sisted on line a. Enter the UNDERLYING CAUSE (cliestess or injury that SEC (cliestes) or injury t	crowledge, delay control basis  ELECTRO  CERTIFIER ( 5 HOLCO)  TO EVENT:  ARDIAC ART  B.  MET.  C.  C.  C.  J. Yes  NO.  Yes  L. Holcon  L. Holcon  J. Yes  L. Holcon  J. Yes  L. Holcon  J. Ho	ONIC Street and Nu MBE BLU 1 DISEASE REST, RESP ONILY ONE C ASTATIC  CCO USE C	mber, ChySiati //D UNIT 8, S, INJURIES, C IRATORY ARR AUSE ON EAC ADENOCAL	BOT OF PERSONS IN PROPERTY IN THE PERSONS IN PERSONS IN THE PERSON	TE CERTIFIED  ECEMBER  X 77030  NIS - THAT DI  COLLAR RIBRI  ELUNG  as a conseque  as a conseque  as a conseque  to the conse	the time.date (min-dd/yyy) 21, 2016 21, 2016 PECTLY CAL LATION WIT nos of):  ICE OF: I	INDERLYING	d due to the cas ENSE NUMB 6  BEATH. DO IT WING THE 35.W. SS.W. COMF	AS AN AUTOPSY  AS AN AUTOPSY  Yes  SPECIFY:  Other (Sp	OF DEATH(Actual or print) O6:37 AM LE OF CERTIFIER  Approximate intention of the control of the
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This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

**ISSUED DEC 28 2016** 

**BMA**