DOUGLAS COUNTY, NV

Rec:\$40.00 \$40.00

Pgs=4

2021-972109

08/06/2021 08:34 AM

File No.: 143-2630301 (mk)

FIRST AMERICAN TITLE MINDEN KAREN ELLISON, RECORDER

RECORDING REQUESTED BY

First American Title Insurance Company of Nevada

AND WHEN RECORDED RETURN TO AND MAIL TAX STATEMENTS TO:

LaMarch Trust 1119 S. Threave Ave Kuna ID, 83634

Space Above	This	Line	for
Recorder's	Use	Only	,

A.P.N. 1220-21-710-135

Affidavit - Death of Trustee

State of Idaho

County of Haa

)ss.

Jo K. Lamarch ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of perjury under the laws of the State of Nevada:

- 1. **Maurice H. Lamarch** ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **6-21-2021** at **Gardnerville**, **Nevada** (city and state of death).
- Decedent is the same person named as the trustee named in that certain Declaration of Trust dated 2-11-2015 executed by Murice H. Lamarch nd Jo K. Lamarch as trustor(s) (the "Trust").
- Decedent as a trustee is the same person who was named as a grantee in that certain Grant Bragain Sale Deed dated 2-25-2015 which was recorded as Instrument No. 2015-857464 in Book N/A, Page N/A, of Official Records of Douglas County, Nevada as legally described as follows:

Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

4. Declarant is the successor trustee under the Trust. The Trust was in effect at the date of the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

DEGI ADANIT
DECLARANT:
Jo K. Lamarch
State of Idaho)
County of Ada)ss
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Ada and State Idaho, this
day of August, 20 21 by by personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me
WITNESS my hand and official seal. This area for official notarial seal
Signature Work DOITON My Commission Expires: 12/19/24
Notary Name: Nancy Horton Notary Phone: 208-230-1549 Notary Registration Number: 1D-20182472 County of Principal Place of Business Ada

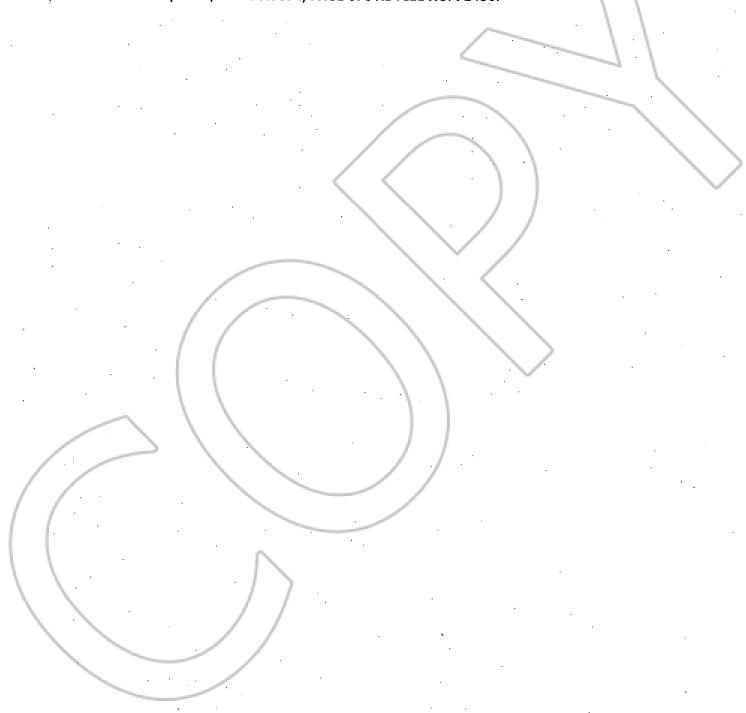
Dated:

8-2-2021

NANCY HORTON Notary Public - State of Idaho Commission Number 20182472 My Commission Expires 12-19-2024

EXHIBIT 'A'

LOT 474, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 7, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON MARCH 27, 1974, IN BOOK 374, PAGE 676 AS FILE NO. 72456.





WASHOE COUNTY HEALTH DISTRICT VITAL STATISTICS - RENO, NEVADA

					A	77 A 77	
CASE	LE NO. 4220586		ERTIFICATE (DE DEATH		/ 2024045	400
CASE FI	LE NO. 4220366					/ 2021015	
TYPE OR	1a. DECEASED-NAME (FIRST, MIDDI	I E I AST SIDERY	#17 #14 -\10 -\10 # -\10 # -\10 #		DATE OF DEATH (Mo/Da	STATE FILE NUI	TY OF DEATH::
PRINT IN PERMANENT	Maurice Ho	*****	LAMARC	v ran man mak			
BLACK INK				**************************************	June 21, 2021		::: Washoe::::
	36, CITY, TOWN, OR LOCATION OF I	Incompany		· -	reet an 3e.ir Hosp, or inst. Inpatient(Specify)	Indicate DEA OP/Eme	r. Km; -/ 4: SEX
DECEDENT	Reno	S	t Mary's Regional M			Inpatient	Male
	5 RACE (Specify)		anic Origin? Specify	7a AGE-Last birthday 7t		DER 1 DAY, 8. DATE	OF BIRTH (Mo/Day/Yr)
ν.	White	y y	lo - Non-Hispanic	77	MOS DATS. HOUR	Ja	nuary 07, 1944
IF DEATH	9a. STATE OF BIRTH (If not US/CA,	9b. CITIZEN OF WHA	T COUNTRY 10 EDUCATI	ON 11 MARITAL STATUS (Specify) 12. SURVIVING S	POUSE'S NAME (Last nam	
NSTITUTION SEE	name country) Michigan	√United Sta	tes 9	W.A. CHAIGHTEN		Jo VOH	
HANDBOOK REGARDING	13. SOCIAL SECURITY NUMBER	14a. USUAL OCCUPA	TION (Give Kind of Work D	one During Most of	14b. KIND OF BUSINESS		
COMPLETION OF	-2021		WELDER		Jet Pow	er Plant	Forces? No
() ITEMS () ()	15a RESIDENCE STATE 156 C	COUNTY	15c. CITY TOWN OR LO	CATION 15d. STREI	T AND NUMBER		15e. INSIDE CITY LIMITS (Specify Yes
` L	Nevada ′	Douglas	Gardnervi	lle 💝 🛮 629 Le	onard Court		or No) Yes
DADENTS	16. FATHER/PARENT - NAME (First	Middle Last Suffix)	440. San	/ 17 MOTHER/PAR	ENT - NAME (First Midd		
PARENTS	[₩ .a/a/a as _as_Hor	mer LAMARCH ~			Alice	PEPIN	
	18a INFORMANT- NAME (Type of Pri	int)	18b MAILING ADD	RESS (Street or R.F.D	. No, City or Town, State,	Zip) 🐃 🗀	WWW.
	Jo LAMAI	RCH 🏸 🧢		629 Leonard	Court Gardnerville,	Nevada 89460	
90 100 10 100	19a BURIAL, CREMATION, REMOVA	L, OTHER (Specify) 19b.	CEMETERY OR CREMAT	ORY - NAME	·,	LOCATION City or T	own State
Cremation	Cremation		Sie	rra Crematory		_ Reno Neva	da 89503
au <i>pi</i> ra	20a. FUNERAL DIRECTOR - SIGNAT	URE (Or Person Acting as			AND ADDRESS OF FACI	LITY	
	PHILLIPRA	NAYFIELD	LICENSE NUMI		Carrier and the same of the sa	Society of Reno	
	SIGNATURE	AUTHENTICATED 4	🏥 🖟 🛵 🛫 FD88	7	🔍 5890 S Virginia St.	Suite 4-E Reno N	IV. 89502
				75. 75. 37.			
RADE CALL	TRADE CALL NAME AND ADDRESS	5	AT STATE OF STATE	7	No. 1 m		
RADE CALL	> 21a. To the best of my knowled	ge, death occurred at the	time, date and place and du	e 22a. On the ba	is of examination and/or inve		
RADE CALL	21a: To the best of my knowled	ge, death occurred at the re & Title) SIGNA	time, date and place and du TURE AUTHENTICATE	e 22a. On the ba	is of examination and/or line and place and due to the ca		
	21a. To the best of my knowled 20 to the cause(s) stated. (Signatur	ge, death occurred at the restriction SIGNA	time, date and place and du TURE AUTHENTICATE MD	22a. On the bar D 2 at the time, date	and place and due to the ca		e & Title)
CERTIFIER	21a: To the best of my knowled	ge, death occurred at the restriction SIGNA	ime, date and place and du TURE AUTHENTICATE MD	22a. On the bar D 2 at the time, date		use(s) stated (Signaturo	e & Title)
Marie Carlo	21a. To the best of my knowled to the cause(s) stated. (Signatur TIMC	ge, death occurred at the see a Trile) SIGNA DTHY OSBORNE	time, date and place and du TURE AUTHENTICATE MD S OF DEATH >= 16.22	22a. On the bar D 2 at the time, date 22b. DATE S	and place and due to the ca	use(s) stated (Signaturo	e & Title)
Marie Carlo	21a. To the best of my knowled to the cause(s) stated. (Signatur TIMC 21b. DATE SIGNED (Mo/Day/No.) June 30, 2021	ge, death occurred at the see a Trile) SIGNA DTHY OSBORNE	time, date and place and du TURE AUTHENTICATE MD S OF DEATH >= 16.22	22a. On the bar D 2 at the time, date 22b. DATE S	and place and due to the ca t IGNED (Mo/Day/Yt)	use(s) stated (Signaturo	e & Title) DEATH
Marie Carlo	21a. To the best of my knowled to the cause(s) stated. (Signatur TIMC 21b. DATE SIGNED (Mo/Day/No) June 30, 2021	ge death occurred at the reserving SIGNA S	ime, date and place and du TURE AUTHENTICATE MD OF DEATH 16:22 AN CERTIFIER ENDING PHYSICIAN, MED	22a. On the bar p. 22a. On the bar g. 22b. DATES 22b. DATES 22c. PRONC 4 2 22d. PRONC 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and place and due to the ca GNED (Mo/Day/Yr)	22c. HOUR OF 22e. PRONOU! 23b. LICEN	e & Tide) DEATH NCED DEAD AT (Hour) SE NUMBER
Marie Carlo	21a. To the best of my knowled to the cause(s) stated. (Signatur TIMC 21b. DATE SIGNED (Mo/Day/No) June 30, 2021	ge death occurred at the reserving SIGNA S	ime, date and place and du TURE AUTHENTICATE MD OF DEATH 16:22 AN CERTIFIER ENDING PHYSICIAN, MED D / 235 West 6th St.	22a. On the bar p 23a the time, date 22b. DATES 22d. PRONC 22d. PRONC 22d. PRONC 22d. PRONC 22d. PRONC 23d. PRONC 23d	and place and due to the ca GNED (Mo/Day/Yr) UNCED DEAD (Mo/Day/Y CONER) (Type or Print)	22c. HOUR OF 22e. PRONOU! 23b. LICEN	DEATH NCED DEAD AT (Hour) SE NUMBER 11873
CERTIFIER	21a. To the best of my knowled to the cause(s) stated. (Signatur TIMC 21b. DATE SIGNED (Mo/Day/No) 22b. June 30, 2021	ge death occurred at the reserving SIGNA S	ime, date and place and du TURE AUTHENTICATE MD OF DEATH 16:22 AN CERTIFIER ENDING PHYSICIAN, MED D / 235 West 6th St.	22a. On the bar 2 of the time, date 2 of the t	and place and due to the car IGNED (Mo/Day/Yr) UNCED DEAD (Mo/Day/Yr) DRONER) (Type or Print) 3Y REGISTRAR 244	22c. HOUR OF 22e. PRONOUF 23b. LICEN DEATH DUE: TO CO	DEATH NCED DEAD AT (Hour) SE NUMBER 11873 MMUNICABLE DISEASE
CERTIFIER	21a. To the best of my knowled to the cause(s) stated. (Signatur TIMC 21b. DATE SIGNED (Mo/Day/No) 21b. DATE SIGNED (Mo/Day/No) 22b. June 30, 2021 21b. Campaign (Type or Print) 23a. NAME AND ADDRESS OF CERT 24a. REGISTRAR (Signature)	ge, death occurred at the re 2 Trile) SIGNA THY OSBORNE 21c, HOUR PHYSICIAN IF OTHER THE TIFIER (PHYSICIAN ATTI Timothy Osborne M KATHERINE J S SIGNATURE AUTHER	IMP. date and place and dutine AUTHENTICATE MD OF DEATH 16:22 AN CERTIFIER ENDING PHYSICIAN, MED D / 235: West 6th St. BULLIVAN NTICATED	D 22a On the base of the state	and place and due to the ca GNED (Mo/Day/Yr) UNCED DEAD (Mo/Day/Y CONER) (Type or Print)	22c. HOUR OF 22e. PRONOU! 23b. LICEN	DEATH NCED DEAD AT (Hour) SE NUMBER 11873
Marie Carlo	21a. To the best of my knowled to the cause(s) stated. (Signatur TIMC 21b. DATE SIGNED (Mo/Day/No.) June 30, 2021 June 30, 2021 (Type or Print) 23a. NAME AND ADDRESS OF CERT 24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE ((EN	Ge, death occurred at the research of the second of the se	IMP, date and place and dutine AUTHENTICATE MD OF DEATH 16:22 AN CERTIFIER ENDING PHYSICIAN, MED D / 235: West 6th St.	D 22a On the base of the state	and place and due to the car IGNED (Mo/Day/Yr) UNCED DEAD (Mo/Day/Yr) DRONER) (Type or Print) 3Y REGISTRAR 244	22c. HOUR OF 22c. PRONOUP 22b. PRONOUP 23b. LICEN 2 DEATH DUE TO CO	DEATH NCED DEAD AT (Hour) SE NUMBER 11873 MMUNICABLE DISEASE
CERTIFIER	21a. To the best of my knowled to the cause(s) stated. (Signatur TIMC 21b. DATE SIGNED (Mo/Day/November 21b. DATE SIGNED (Mo/Day/November 21c. NAME OF ATTENDING POST OF PRINT) 23a. NAME AND ADDRESS OF CERT 24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE (EN PART.) (a) ACUTE CARDIA	ge, death occurred at the re 2 Title) SIGNA THY OSBORNE Y1) 21c, HOUR PHYSICIAN IF OTHER TH. A TIFIER (PHYSICIAN ATTI Timothy Osborne M KATHERINE J S SIGNATURE AUTHER SIGNATURE AUTHER ATTICAL ONLY ONE CAUSE AC AFFEST	IMP. date and place and dutine AUTHENTICATE MD OF DEATH 16:22 AN CERTIFIER ENDING PHYSICIAN, MED D / 235: West 6th St. BULLIVAN NTICATED	22a On the base of the state of	and place and due to the car IGNED (Mo/Day/Yr) UNCED DEAD (Mo/Day/Yr) DRONER) (Type or Print) 3Y REGISTRAR 244	22c. HOUR OF 22c. PRONOUP 22b. PRONOUP 23b. LICEN 2 DEATH DUE TO CO	DEATH NCED DEAD AT (Hour) SE NUMBER 11873 MMUNICABLE DISEASE NO X
CERTIFIER	21a. To the best of my knowled to the cause(s) stated. (Signatur TIMC 21b. DATE SIGNED (Mo/Day/November 21b. DATE SIGNED (Mo/Day/November 21c. NAME OF ATTENDING POST OF PRINT) 23a. NAME AND ADDRESS OF CERT 24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE (EN PART.) (a) ACUTE CARDIA	Ge, death occurred at the research of the second of the se	IMP. date and place and dutine AUTHENTICATE MD OF DEATH 16:22 AN CERTIFIER ENDING PHYSICIAN, MED D / 235: West 6th St. BULLIVAN NTICATED	22a On the base of the state of	and place and due to the car IGNED (Mo/Day/Yr) UNCED DEAD (Mo/Day/Yr) DRONER) (Type or Print) 3Y REGISTRAR 244	22c. HOUR OF 22e. PRONOUF 23b. LICEN 25b. LICEN 27c. PEST Interval I	DEATH NCED DEAD AT (Hour) SE NUMBER 11873 MMUNICABLE DISEASE NO X
CERTIFIER EGISTRAR CAUSE OF DEATH	21a. To the best of my knowled to the cause(s) stated. (Signature TIMC 21b. DATE SIGNED (Mc/Day/100) June 30, 2021 21b. DATE SIGNED (Mc/Day/100) June 30, 2021 21b. DATE SIGNED (Mc/Day/100) June 30, 2021 21b. DATE SIGNED (Mc/Day/100) 21b. Clayer or Print) 23a. NAME AND ADDRESS OF CERT 24a. REGISTRAR (Signature) 225. IMMEDIATE CAUSE (EN PART.) (a) ACUTE CARGING CARG	ge, death occurred at the re 2 Trile) SIGNA THY OSBORNE Y1) 21c. HOUR PHYSICIAN IF OTHER TH. TIFIER (PHYSICIAN, ATTI Timothy Osborne M KATHERINE J S SIGNATURE AUTHER VITER ONLY ONE CAUSE CONSEQUENCE OF	IMP. date and place and dutine AUTHENTICATE MD OF DEATH 16:22 AN CERTIFIER ENDING PHYSICIAN, MED D / 235: West 6th St. BULLIVAN NTICATED	22a On the base of the state of	and place and due to the car IGNED (Mo/Day/Yr) UNCED DEAD (Mo/Day/Yr) DRONER) (Type or Print) 3Y REGISTRAR 244	22c. HOUR OF 22e. PRONOUF 23b. LICEN 25b. LICEN 27c. PEST Interval I	DEATH NCED DEAD AT (Hour) SE NUMBER 11873 MMUNICABLE DISEASE NO X
CERTIFIER REGISTRAR CAUSE OF DEATH: CONDITIONS IF ANY WHICH GOVE RISE TO	21a. To the best of my knowled to the cause(s) stated. (Signature TIMC 21b. DATE SIGNED (Mo/Day/November 21d. NAME OF ATTENDING POST (Type or Print) 23a. NAME AND ADDRESS OF CERT 24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE PARTIL (a) ACUTE CARDIA (b) Cardiogenic	ge, death occurred at the re 2 Trile) SIGNA THY OSBORNE Y1) 21c. HOUR PHYSICIAN IF OTHER TH. TIFIER (PHYSICIAN, ATTI Timothy Osborne M KATHERINE J S SIGNATURE AUTHER VITER ONLY ONE CAUSE CONSEQUENCE OF	IMP. date and place and dutine AUTHENTICATE MD OF DEATH 16:22 AN CERTIFIER ENDING PHYSICIAN, MED D / 235: West 6th St. BULLIVAN NTICATED	22a On the base of the state of	and place and due to the car IGNED (Mo/Day/Yr) UNCED DEAD (Mo/Day/Yr) DRONER) (Type or Print) 3Y REGISTRAR 244	22c. HOUR OF 22c. PRONOUP 23b. LICEN 23b. LICEN PES Interval I	DEATH NCED DEAD AT (Hour) SE NUMBER 11873 MMUNICABLE DISEASE NO X
CERTIFIER REGISTRAR CAUSE OF DEATH CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE	21a. To the best of my knowled to the cause(s) stated. (Signature TIMC 21b. DATE SIGNED (Mo/Day/November 21b. DATE SIGNED (Type or Pint) 23a. NAME AND ADDRESS OF CERT 24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE (EN PART.) (a) ACUITE CARDING DUE TO, OR AS A COUNTY OF THE	ge, death occurred at the real Title) SIGNA DTHY OSBORNE PHYSICIAN IF OTHER THE THE PHYSICIAN ATTI TIMER (PHYSICIAN ATTI TIMER (PHYSICIAN ATTI TIMEN OSBORNE M KATHERINE J S SIGNATURE AUTHER STER ONLY ONE CAUSE CONSEQUENCE OF SHOCK	IMP. date and place and dutine AUTHENTICATE MD OF DEATH 16:22 AN CERTIFIER ENDING PHYSICIAN, MED D / 235: West 6th St. BULLIVAN NTICATED	22a On the base of the state of	and place and due to the car IGNED (Mo/Day/Yr) UNCED DEAD (Mo/Day/Yr) DRONER) (Type or Print) 3Y REGISTRAR 244	22c. HOUR OF 22c. PRONOUP 23b. LICEN 23b. LICEN PES Interval I	a & Title) DEATH NCED DEAD AT (Hour) SE NUMBER 11873 MMUNICABLE DISEASE NO 🔯 Detween onset and death
CERTIFIER CEGISTRAR CAUSE OF DEATH CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE > UNDERLYING	21a. To the best of my knowled to the cause(s) stated. (Signatur TIMC 21b. DATE SIGNED (Mo/Day/November 21b. DATE SIGNED (Type or Print) 23a. NAME AND ADDRESS OF CERT 24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE (EN PARTI) (a) ACUTE CARDIA (DUE TO, OR AS A CO) (CORONAL ACUTE CORONAL	Ge, death occurred at the rest Title) SIGNA DTHY OSBORNE PHYSICIAN IF OTHER THE TITLE OF THE THE TITLE OF THE THE TITLE OF THE THE THE TITLE ONLY ONE CAUSE OF SHOCK CONSEQUENCE OF CONSEQUENCE OT CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF CO	IMP. date and place and dutine AUTHENTICATE MD OF DEATH 16:22 AN CERTIFIER ENDING PHYSICIAN, MED D / 235: West 6th St. BULLIVAN NTICATED	22a On the base of the state of	and place and due to the car IGNED (Mo/Day/Yr) UNCED DEAD (Mo/Day/Yr) DRONER) (Type or Print) 3Y REGISTRAR 244	22c. HOUR OF 22c. HOUR OF 22e. PRONOUH 23b. LICEN DEATH DUE:TO CO Interval	a & Title) DEATH NCED DEAD AT (Hour) SE NUMBER 11873 MMUNICABLE DISEASE NO 🔯 Detween onset and death
CERTIFIER EGISTRAR CAUSE OF DEATH CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE	21a. To the best of my knowled to the cause(s) stated. (Signatur TIMC 21b. DATE SIGNED (Mo/Day/November 21b. DATE SIGNED (Type or Print) 23a. NAME AND ADDRESS OF CERT 24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE (EN PARTI) (a) ACUTE CARDIA (DUE TO, OR AS A CO) (CORONAL ACUTE CORONAL	ge, death occurred at the real Title) SIGNA DTHY OSBORNE PHYSICIAN IF OTHER THE THE PHYSICIAN ATTI TIMER (PHYSICIAN ATTI TIMER (PHYSICIAN ATTI TIMER (PHYSICIAN ATTI TIMER ONLY ONE CAUSE THE ONLY ONE C	IMP. date and place and dutine AUTHENTICATE MD OF DEATH 16:22 AN CERTIFIER ENDING PHYSICIAN, MED D / 235: West 6th St. BULLIVAN NTICATED	22a On the base of the state of	and place and due to the car IGNED (Mo/Day/Yr) UNCED DEAD (Mo/Day/Yr) DRONER) (Type or Print) 3Y REGISTRAR 244	22c. HOUR OF 22c. HOUR OF 22e. PRONOUH 23b. LICEN DEATH DUE:TO CO Interval	a & Title) DEATH NCED DEAD AT (Hour) SE NUMBER 11873 MMUNICABLE DISEASE NO X Detween onset and death Detween onset and death
CERTIFIER CEGISTRAR CAUSE OF DEATH CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE > UNDERLYING	21a. To the best of my knowled to the cause(s) stated. (Signature TIMC 21b. DATE SIGNED (Mo/Day/No. 2) June 30, 2021 21d. NAME OF ATTENDING POLY (Type or Print) 23a. NAME AND ADDRESS OF CERT 24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE PARTI (a) ACUTE CARDIA (b) DUE TO, OR AS AC (c) CORONAS AC (d) DUE TO, OR AS AC (d) POLY (Type or Print) 25. IMMEDIATE CAUSE (EN PARTI (a) ACUTE CARDIA (b) DUE TO, OR AS AC (c) CORONAS AC (d) POLY (DE TO: OR AS AC (d) POLY (D) POLY (D) (d) POLY (D) (d) POLY (D) POLY (D) (d) POLY (D) (d) POLY (D) POLY (D) (d) POLY	ge, death occurred at the real Title) SIGNA DITHY OSBORNE TO SECULATE THE SIGNAL STEEL	ime, date and place and duture AUTHENTICATE MD OF DEATH 16:22 AN CERTIFIER ENDING PHYSICIAN MED D / 235 West 6th St. BULLIVAN ITICATED PER LINE FOR (a), (b), AN	22a On the base of the time, date of the time, d	a KI place and due to the call IGNED (Mo/Day/Yr) UNCED DEAD (Mo/Day/Yr) DRONER) (Type or Print) 3Y REGISTRAR 24	22c. HOUR OF 22c. HOUR OF 23b. LICEN 23b. LICEN NYES Interval Interval	a & Title) DEATH NCED DEAD AT (Hour) SE NUMBER 11873 MMUNICABLE DISEASE NO X Detween onset and death between onset and death
CERTIFIER CEGISTRAR CAUSE OF DEATH CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE > UNDERLYING	21a. To the best of my knowled to the cause(s) stated. (Signatur TIMC 21b. DATE SIGNED (Mo/Day/November 21b. DATE SIGNED (Type or Print) 23a. NAME AND ADDRESS OF CERT 24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE (EN PARTI) (a) ACUTE CARDIA (DUE TO, OR AS A CO) CARDIA (DUE TO, OR AS A CO) DUE TO, O	ge, death occurred at the real Title) SIGNA DITHY OSBORNE TO SECULATE THE SIGNAL STEEL	ime, date and place and duture AUTHENTICATE MD OF DEATH 16:22 AN CERTIFIER ENDING PHYSICIAN MED D / 235 West 6th St. BULLIVAN ITICATED PER LINE FOR (a), (b), AN	22a On the base of the time, date of the time, d	a KI place and due to the call IGNED (Mo/Day/Yr) UNCED DEAD (Mo/Day/Yr) DRONER) (Type or Print) 3Y REGISTRAR 24	22c. HOUR OF 22c. HOUR OF 23b. LICEN 23b. LICEN 10c. Hoterval Interval Interval 28. AUTOPSY (Spec Yes of No)	BEATH NCED DEAD AT (Hour) SE NUMBER 11873 MMUNICABLE DISEASE NO X Detween onset and death Detween onset and death between onset and death
CERTIFIER CEGISTRAR CAUSE OF DEATH CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE > UNDERLYING	21a. To the best of my knowled to the cause(s) stated. (Signatur TIMC 21b. DATE SIGNED (Mc/Day/10) June 30, 2021 34 22 21d. NAME OF ATTENDING POLY (Type or Print) 23a. NAME AND ADDRESS OF CERT 24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE (EN DUE TO, OR AS AC (b) Cardiogenic Due to, OR AS AC (c) Coronary. Ar (d) PART II OTHER SIGNIFICANT: CON Hyperlipidemia, Diabetes	ge, death occurred at the real Title) SIGNA DITHY OSBORNE TO SIGNA 21c. HOUR 21c. HOUR PHYSICIAN IF OTHER THE TIFIER (PHYSICIAN ATTI TIMOTHY OSBORNE KATHERINE JS SIGNATURE AUTHER VIER ONLY ONE CAUSE AC Arrest CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF TO SIGNATURE CONSEQUENCE OF TO SHOCK CONSEQUENCE OF TO SIGNATURE CONSEQUENCE OF	ime, date and place and dutine AUTHENTICATE MD OF DEATH 16:22 AN CERTIFIER ENDING PHYSICIAN, MED D / 235: West 6th St. SULLIVAN ITICATED PERLINE FOR (a), (b), AN	22a. On the base of the time, daily at the time, da	and place and due to the call IGNED (Mo/Day/Yr) UNCED DEAD (Mo/Day/Yr) PRONER) (Type or Print) SY REGISTRAR 24 29 30, 2021	22c. HOUR OF 22c. HOUR OF 23b. LICEN 23b. LICEN NEST Unitarial Interval Interval 26. AUTOPSY (Spec	a & Title) DEATH NCED DEAD AT (Hour) SE NUMBER 11873 MMUNICABLE DISEASE NO X Detween onset and death between onset and death
CERTIFIER CEGISTRAR CAUSE OF DEATH CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE > UNDERLYING	21a. To the best of my knowled to the cause(s) stated. (Signature TIMC 21b. DATE SIGNED (Mo/Day/No. 2) June 30, 2021 21d. NAME OF ATTENDING POLY (Type or Print) 23a. NAME AND ADDRESS OF CERT 24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE PARTI (a) ACUTE CARDIA (b) DUE TO, OR AS AC (c) CORONAS AC (d) DUE TO, OR AS AC (d) POLY (Type or Print) 25. IMMEDIATE CAUSE (EN PARTI (a) ACUTE CARDIA (b) DUE TO, OR AS AC (c) CORONAS AC (d) POLY (DE TO: OR AS AC (d) POLY (D) POLY (D) (d) POLY (D) (d) POLY (D) POLY (D) (d) POLY (D) (d) POLY (D) POLY (D) (d) POLY	ge, death occurred at the real Title) SIGNA DITHY OSBORNE TO SIGNA 21c. HOUR 21c. HOUR PHYSICIAN IF OTHER THE TIFIER (PHYSICIAN ATTI TIMOTHY OSBORNE KATHERINE JS SIGNATURE AUTHER VIER ONLY ONE CAUSE AC Arrest CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF TO SIGNATURE CONSEQUENCE OF TO SHOCK CONSEQUENCE OF TO SIGNATURE CONSEQUENCE OF	ime, date and place and dutine AUTHENTICATE MD OF DEATH 16:22 AN CERTIFIER ENDING PHYSICIAN, MED D / 235: West 6th St. SULLIVAN ITICATED PERLINE FOR (a), (b), AN	22a. On the base of the time, daily at the time, da	a KI place and due to the call IGNED (Mo/Day/Yr) UNCED DEAD (Mo/Day/Yr) DRONER) (Type or Print) 3Y REGISTRAR 24	22c. HOUR OF 22c. HOUR OF 23b. LICEN 23b. LICEN 10c. Hoterval Interval Interval 28. AUTOPSY (Spec Yes of No)	BEATH NCED DEAD AT (Hour) SE NUMBER 11873 MMUNICABLE DISEASE NO X Detween onset and death Detween onset and death between onset and death
CERTIFIER CEGISTRAR CAUSE OF DEATH CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE > UNDERLYING	21a. To the best of my knowled to the cause(s) stated. (Signatur TIMC 21b. DATE SIGNED (Mc/Day/10) June 30, 2021 34 22 21d. NAME OF ATTENDING POLY (Type or Print) 23a. NAME AND ADDRESS OF CERT 24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE (EN DUE TO, OR AS AC (b) Cardiogenic Due to, OR AS AC (c) Coronary. Ar (d) PART II OTHER SIGNIFICANT: CON Hyperlipidemia, Diabetes	ge, death occurred at the real Title) SIGNA DITHY OSBORNE TO SIGNA 21c. HOUR 21c. HOUR PHYSICIAN IF OTHER THE TIFIER (PHYSICIAN ATTI TIMOTHY OSBORNE KATHERINE JS SIGNATURE AUTHER VIER ONLY ONE CAUSE AC Arrest CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF TO SIGNATURE CONSEQUENCE OF TO SHOCK CONSEQUENCE OF TO SIGNATURE CONSEQUENCE OF	ime, date and place and dutine AUTHENTICATE MD OF DEATH 16:22 AN CERTIFIER ENDING PHYSICIAN, MED D / 235: West 6th St. SULLIVAN ITICATED PERLINE FOR (a), (b), AN	22a. On the base of the time, daily at the time, da	and place and due to the call IGNED (Mo/Day/Yr) UNCED DEAD (Mo/Day/Yr) PRONER) (Type or Print) SY REGISTRAR 24 29 30, 2021	22c. HOUR OF 22c. HOUR OF 23b. LICEN 23b. LICEN 10c. Hoterval Interval Interval 28. AUTOPSY (Spec Yes of No)	BEATH NCED DEAD AT (Hour) SE NUMBER 11873 MMUNICABLE DISEASE NO X Detween onset and death Detween onset and death between onset and death
CERTIFIER CEGISTRAR CAUSE OF DEATH CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE > UNDERLYING	21a. To the best of my knowled to the cause(s) stated. (Signatur TIMC 21b. DATE SIGNED (Mc/Day/10) June 30, 2021 34 22 21d. NAME OF ATTENDING POLY (Type or Print) 23a. NAME AND ADDRESS OF CERT 24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE (EN DUE TO, OR AS AC (b) Cardiogenic Due to, OR AS AC (c) Coronary. Ar (d) PART II OTHER SIGNIFICANT: CON Hyperlipidemia, Diabetes	ge, death occurred at the restriction of the restri	ime, date and place and duture AUTHENTICATE MD OF DEATH 16:22 AN CERTIFIER ENDING PHYSICIAN, MED D / 235 West 6th St. SULLIVAN STICATED PER LINE FOR (a), (b), AN DID TO THE STILL OF THE S	22a On the base of the time, day of the	and place and due to the car IGNED (Mo/Day/Yr) UNCED DEAD (Mo/Day/Yr) DRÖNER) (Type or Print) 3V REGISTRAR 24 2 30, 2021	22c. HOUR OF 22c. HOUR OF 23b. LICEN 23b. LICEN 10c. Hoterval Interval Interval 28. AUTOPSY (Spec Yes of No)	a & Title) DEATH NCED DEAD AT (Hour) SE NUMBER 11873 MMUNICABLE DISEASE NO X Detween onset and death between onset and death between onset and death between onset and death il 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) NO



CERTIFIED COPY OF VITAL RECORDS 000424905

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.

7/2/2021

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

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



DATE ISSUED:....