Rec:\$40.00 04/22/2022 02:14 PM \$40.00 Pgs=6 FIRST AMERICAN TITLE MINDEN APN# 1420-33-810-046 & 1420-33-810-045 KAREN ELLISON, RECORDER Recording Requested by/Mail to: Name: FIRST AMERICAN TITLE Address: \_\_\_\_\_ 1663 US HWY 395 N STE 101 City/State/Zip: MINDEN NV 89423 Mail Tax Statements to: Name: SEAN PATRICK MCCRAY Address: 3656 Larkspur Lane City/State/Zip: Cameron Park CA 95682 AFFIDAVIT DEATH OF TRUSTEE Title of Document (required) ----(Only use if applicable) --The undersigned hereby affirms that the document submitted for recording DOES contain personal information as required by law: (check applicable) Affidavit of Death - NRS 440.380(1)(A) & NRS 40.525(5) Judgment - NRS 17.150(4) Military Discharge - NRS 419.020(2)

**DOUGLAS COUNTY, NV** 

2022-984056

Signature

**EMILY TOBIAS** 

**Printed Name** 

This document is being (re-)recorded to correct document #\_\_\_\_\_\_, and is correcting

#### **RECORDING REQUESTED BY**

First American Title Insurance Company of Nevada

# AND WHEN RECORDED RETURN TO AND MAIL TAX STATEMENTS TO:

Sean Patrick McCray, Successor Trustee

Space Above This Line for Recorder's Use Only

File No.: 143-2640615 (et)

A.P.N. 1420-33-810-046 of 1426-33-810-045

Affidavit - Death of Trustee

State of

Nevada

)ss.

County of

Carson City

**Sean Patrick McCray** ("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. Patricia McCray ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on **December 26**, **2014** at **Carson City**, **Nevada** (city and state of death).
- Decedent is the same person named as the trustee named in that certain Declaration of Trust dated August 1, 2017 executed by Kenneth M. McCray and Patricia McCray as trustor(s) (the "Trust").
- Decedent as a trustee is the same person who was named as a grantee in that certain Quit Claim Deed dated March 9, 2011 which was recorded as Instrument No. 0780065 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 The Trust was in effect at the date of the death of the Decedent and has not been revoked.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.

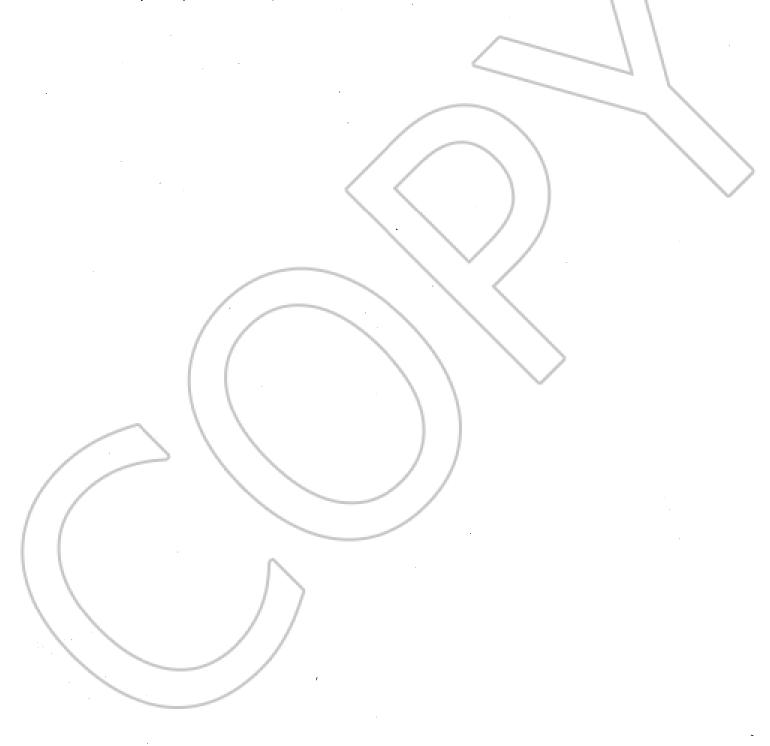
| Dated: 4-21-32  |  |              |
|---|--|--------------|
| DECLARANT:  |  | \\\          |
| Sean Patrick McCray, Successor Trustee  |  |              |
|   |  |              |
|   |  |              |
| State of NV )   |  |              |
| County of DOUGLAS )ss )   |  |              |
| SUBSCRIBED AND SWORN TO (or affirmed) before for said County and State day of | e me the undersigned, a Notary Pu<br>, this<br>, 20  |              |
| basis of satisfactory evidence to be the person(s)                            | ersonally know to me or proved to                    | me on the    |
| WITNESS my hand and official seal.  | This area for official n                             | otarial seal |
| Signature   |  |              |
| My Commission Expires:  | <del>/-</del> /                                      |              |
|   | otary Phone:<br>ounty of Principal Place of Business |              |
| * See attached  |  |              |

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 Duradu  |   |
| /  | Subscribed and sworn to (or affirmed) before me on                              |
|  |   |
|  | this $\frac{215+}{Date}$ day of $\frac{Apri}{Month}$ , $20\frac{22}{Year}$ , by |
| SHANE BRYCE KARLIN Z   | 11 Sean Patrick McCray  |
| COMM. # 2395004  |   |
| SACRAMENTO COUNTY () COMM. EXPIRES MAR. 24, 2026   | (and (2)), Name(s) of Signer(s)   |
|  | Nume(s) of Signer(s)  |
| / /  | proved to me on the basis of satisfactory evidence to                           |
|  | be the person(s) who appeared before me.  |
| \ \  |   |
| No. of the Comment of | Signature   |
| Place Notary Seal and/or Stamp Above   | Signature of Notary Public  |
|  |   |
| On.  | TIONAL  |
|  |   |
|  | deter alteration of the document or sform to an unintended document.            |
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| Description of Attached Document   |   |
| Title or Type of Document:   | wit - Death of Toustee  |
| Document Date:   | Number of Pages: 3  |
|  |   |
| Signer(s) Other Than Named Above:  |   |

## **EXHIBIT 'A'**

LOTS 28 AND 29, AS SHOWN ON THE OFFICIAL MAP OF IDLE ACRES SUBDIVISION, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON APRIL 5, 1960, IN BOOK 01, PAGE 65, AS FILE NO. 15812.



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

| a DECEASED-NAME (FIRST,MIDDLE,LAST, SUFFIX)  Patricia Frances  MCCRAY  December 26, 2014  Carson City  Carson City  Evergreen at CC Health and Rehab Cit  Carson City  Evergreen at CC Health and Rehab Cit  Frances  Second City  Evergreen at CC Health and Rehab Cit  Carson City  Evergreen at CC Health and Rehab Cit  Frances  Second City  Evergreen at CC Health and Rehab Cit  Frances  Evergreen at CC Health and Rehab Cit  Evergreen at CC Health and Rehab Cit  Frances  Evergreen at CC Health and Rehab Cit  France Frances  Evergreen at CC Health and Rehab Cit  Frances  Evergreen at CC Health and Rehab Cit  France Frances  Evergreen at CC Health and Rehab Cit  France Frances  Evergreen at CC Health and Rehab Cit  France Frances  Evergreen at CC Health and Rehab Cit  France Frances  Evergreen at CC Health and Rehab Cit  France Frances  Evergreen at CC Health and Rehab Cit  Frances  Evergreen at CC Health and Rehab Cit  France Frances  Evergreen at CC Health and Rehab Cit  France Frances  Evergreen at CC  | Total   Tota   | CERTIFICATE OF D   |  | STATE O  | 4021149<br>FILE NUMBER   |  |
|--|--|--|--|--|--|--|
| December 26, 2014 Carson City Carson City Evergreen at CC Health and Rehab Cit Carson City Evergreen at CC Health and Rehab Cit Fenges  | 1a. DECEASED-NAME (FIRST, MIDDLE, LAS  | T,SUFFIX)  | 2. DATE OF DEATH   |  |  |  |
| b. CITY, TOWN, OR LOCATION G. DEATH   Sc HOSPITAL OR OTHER INSTITUTION Named not either, give stroke after a feath of the projection of projec | Patricia Frances   | MCCRAY   | December   | 26, 2014   | 1. \   |  |
| Second   S   | D. CITY, TOWN, OR LOCATION OF DEATH  | 3c. HOSPITAL OR OTHER INSTITUTION Name(  | Constanting and the second and the s | 100 N 200 N  | 0-00F  | . ;  |
| No. Non-Hispanic   Non-Hispa   | Carson City  | Evergreen at CC Health and   | Rehab Ctr Inputient(   | Specify)<br>Nursing I  | Home Fei   | male   |
| California United States 16.4 DIXORCEO (Specify) Married (Section of Wick Done During Most of 14b, KIND OF BUSINESS OR INDUSTRY Ever in US Arm Flackher 150, COLL 150, |  |  | MOS DAYS   | ( IC. ONDER TON  | S I  | •  |
| 3. SOCIAL SECURITY NUMBER 3. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SOCIAL SECURITY  | 2,222,23   | AND PRODUCE AND ADDRESS OF A PARTY OF A PART |  | DOWED, 12. SU  |  |  |
| Teacher Education Forces? No Standard Residence - STATE 15b COUNTY   15c CITY, TOWN OR LOCATION   15d STREET AND NUMBER   15c NUMBER   15c NUMBER   15c NUMBER   15d STREET AND NUMBER   15d STREET AND NUMBER   15d | The state of the s | transport of the same of the s | . at account to that the same  | ICHNESS OR INOL  | CONTRACTOR  | der i  |
| Sa RESIDENCE - STATE   15b. COUNTY   15c. CITY, TOWN OR LOCATION   15d. STREET AND NUMBER   15h. NINGE (WITTER Opportry Very No. 2004)   17d. MOTHER/RARENT - NAME (First Middle) Last Suffix)   Villiam   HOWES   17d. MOTHER/RARENT - NAME (First Middle) Last Suffix)   Villiam   HOWES   17d. MOTHER/RARENT - NAME (First Middle) Last Suffix)   William   HOWES   17d. MOTHER/RARENT - NAME (First Middle) Last Suffix)   Helen   HASSLER   18d. MAILING ADDRESS (Street or R.F.D. No. City or Town, Stella SLEZE)   Suffix)   18d. MAILING ADDRESS (Street or R.F.D. No. City or Town, Stella SLEZE)   18d. MOTHER/RARENT - NAME   18d. MAILING ADDRESS (Street or R.F.D. No. City or Town, Stella SLEZE)   18d. MAILING ADDRESS (Street or R.F.D. No. City or Town, Stella SLEZE)   18d. MAILING ADDRESS (Street or R.F.D. No. City or Town, Stella SLEZE)   18d. MAILING ADDRESS (Street or R.F.D. No. City or Town Stella SLEZE)   18d. MAILING ADDRESS (Street or R.F.D. No. City or Town Stella Sleze Add Superior of Stella Sleze Add Superior or Truckee Meadows Crematory   18d. Location City or Town Stella Sleze Add Superior or Truckee Meadows Crematory   18d. Location City or Town Stella Sleze Add Superior or Truckee Meadows Crematory   18d. Location City or Town Stella Sleze Add Superior or Truckee Meadows Crematory   18d. Location City or Town Stella Sleze Add Superior or Truckee Meadows Crematory   18d. Location City or Town Stella Sleze Add Superior or Truckee Meadows Crematory   18d. Location City or Town Stella Sleze Add Superior or Truckee Meadows Crematory   18d. Location City or Town Stella Sleze Add Superior or Truckee Meadows Crematory   18d. Location City or Town Sleaf Sleze Add Superior or Truckee Meadows Crematory   18d. Location City or Town Sleaf Sleze Add Superior or Truckee Meadows Crematory   18d. Location City or Town Sleaf Sleze Add Superior or Truckee Meadows Crematory   18d. Location City or Town Sleaf Sleze Add Slea |  | **************************************   | Gring Wost Gr  | A CONTRACTOR OF THE PARTY OF TH | 6 - 1.000 C.30 T. T. T. T. ST. ST. 10  | 1.11   |
| Nevada Douglas Minden [1361 Judy Street] Or No Yes 5. FATHERPARENT - NAME (First Middle Last Suffix) William HOWES  a. INFORMANT - NAME (Type or Pint) 18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State Zip)  a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME Cremation  | a. RESIDENCE - STATE 156. COUNT  |  | ON 15d. STREET AND NUME  | CICCOCOTO CONTRACTOR   | 15e, INSIDE CI   | TY   |
| FATHERPRARENT - NAME (First Middle Last Suffix) William HOWES  a. INFORMANT-NAME (Type or Print) Kenneth. MCCRAY  a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Kenneth. MCCRAY  a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Selector of the case of the control of the case of the ca | Nevada D   | ouglas Minden  | 1361 Judy Street   | İ  |  |  |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify) 156. CEMETERY OR CREMATORY. NAME COMMENT OF SIGNATURE (Specify) 156. CEMETERY OR CREMATORY. NAME COMMENT OR SIGNATURE (Specify) 156. CEMETERY OR CREMATORY. NAME COMMENT OR SIGNATURE (Specify) 156. CEMETERY OR CREMATORY. NAME COMMENT OR SIGNATURE (Specify) 156. CEMETERY OR CREMATORY. NAME COMMENT OR SIGNATURE (Specify) 156. CEMETERY OR CREMATORY. NAME COMMENT OR SIGNATURE OF SIGNATURE (Specify) 156. CEMETERY OR CREMATORY. NAME COMMENT OF SIGNATURE OF SIGNATURE OF SIGNATURE AUTHENTICATED  BURIAL, CREMATURE AUTHENTICATED  BURIAL NAME AND ADDRESS 304R  22a. On the basis of examination and/or investigation, inmy opinion death occurred at the time, date and place and due to the cause(s) stated (Signature a Title)  SIGNATURE AUTHENTICATED  SIGNATURE AUTHENTICATED  SIGNATURE AUTHENTICATED  December 30, 2014  22b. DATE SIGNED (Mol/Day/Yr)  22c. HOUR OF DEATH  JOSE AGUIRE MD  22d. PRONOUNCED DEAD (Mol/Day/Yr)  22d. DATE RICEMPED BY REGISTRAR  22d. DATE RICEMPED BY R | FATHER/PARENT - NAME (First Middle   | the Market and the Market County Coun | arte arte arter rate. Marie 1  | ANIAN AMERICA  |  | L \  |
| Kenneth MCCRAY  a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME Cremation  Truckee Meadows Crematory  a. FUNERAL DIRECTOR - SIGNATURE (OF Person Acting as Such)  JOHN LAWRENCE  SIGNATURE (OF Person Acting as Such)  JOHN LAWRENCE  SIGNATURE AUTHENTICATED  ADDECALL - NAME AND ADDRESS  21b. To the best of my knowedge, death occurred at the time, date and pieze and due  SIGNATURE AUTHENTICATED  ADDRESS  22b. DATE SIGNED (ModDayNy)  21c. HOUR OF DEATH December 30, 2014  32d. On the basis of examination and/or investigation, inmy opinion death occurred to the beauter of state of the fune and pieze and due  22d. On the basis of examination and/or investigation, inmy opinion death occurred to the beauter of state of the fune and pieze and due  22d. On the basis of examination and/or investigation, inmy opinion death occurred to the beauter of state of the fune and pieze and due  22d. On the basis of examination and/or investigation, inmy opinion death occurred to the pieze and due to the cause(s) stated (Signature & Title)  22d. DATE SIGNED (ModDayNy)  22e. HOUR OF DEATH December 30, 2014  22d. DATE SIGNED (ModDayNy)  22e. PRONOUNCED DEAD AT (Hot 22d. DATE SIGNED (ModDayNy)  22e. PRONOUNCED DEAD AT (Hot 22d. DATE SIGNED (ModDayNy)  22e. PRONOUNCED DEAD AT (Hot 22d. DATE SIGNED (ModDayNy)  22e. PRONOUNCED DEAD AT (Hot 22d. DATE SIGNED (ModDayNy)  22b. DATE SIGNED (ModDayNy)  22c. PRONOUNCED DEAD AT (Hot 22d. DATE SIGNED (ModDayNy)  22d. PRONOUNCED DEAD BY REGISTRAR  24d. DATE DATE DATE DATE DATE DATE DATE DATE  |  | The second section of  | 100 TO 10 | . 174 10 100000 1000   | ER   | <b>\</b>   |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify) 195. CEMÉTERY OR CREMATORY - NAME Cremation  Truckee Meadows Crematory  JOHN LAWRENCE SIGNATURE OF Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED  RADE CALL - NAME AND ADDRESS SIGNATURE AUTHENTICATED  221s. To be best of my knowledge, deeth occurred at the time, date and place and due signature at the time, date and place and due signature at the time, date and place and due to the cause(s) stated (Signature & Title)  JOSE AGUIRRE MD  21b. DATE SIGNED (MolDay/Yr)  December 30, 2014  13c. HOUR OF DEATH JOSE AGUIRRE MD  21c. HOUR OF DEATH JOSE AGUIRRE MD  22d. PRONOUNCED DEAD (MolDay/Yr)  22d. DATE SIGNED (MolDay/Yr)  22d. PRONOUNCED DEAD (MolDay/Yr)  22d. PRONOUNCED DEAD (MolDay/Yr)  22d. PRONOUNCED DEAD (MolDay/Yr)  22d. DATE SIGNED (MolDay/Yr)  22d. PRONOUNCED DEAD (MolDay/Yr)  22d. PRONOUNCED DEAD (MolDay/Yr)  22d. DATE SIGNED (MolDay/Yr)  22d. PRONOUNCED DEAD (MolDay/Yr)  22d. DATE RECEIVED BY REGISTRAR  (MolDay/Yr)  Dacember 30, 2014  YES NO  Interval between onset and de the cause of th |  | M200   | and the transport of the control of  | tabria. reside these   | 2422   |  |
| Truckee Meadows Crematory  Sparks Nevada 89431  a. FUNERAL DIRECTOR - SIGNATURE (OF Person Acting as Such)  JOHN LAWRENCE  JOB. FUNERAL DIRECTOR - SIGNATURE AUTHENTICATED  SIGNATURE AUTHENTICATED  Zib. FUNERAL DIRECTOR - Auturn Funerals & Cremations  SIGNATURE AUTHENTICATED  Zib. To the best of my knowledge, death occurred at the time, date and place and due  SIGNATURE AUTHENTICATED  SIGNATURE AUTHENTICATED  SIGNATURE AUTHENTICATED  SIGNATURE AUTHENTICATED  JOSE AGUIRRE MD  Zib. DATE SIGNED (Mo/Day/Yr)  Zib. FUNERAL DIRECTOR - Auturn Funerals & Cremations  SIGNATURE AUTHENTICATED  JOSE AGUIRRE MD  Zib. DATE SIGNED (Mo/Day/Yr)  December 30, 2014  YES NO  Interval between onset and divided on the cause of the ca |  |  |  |  |  | /  |
| FUNERAL DIRECTOR - SIGNATURE (OF Person Acting as Such)  JOHN LAWRENCE  SIGNATURE AUTHENTICATED  DE CALL - NAME AND ADDRESS  21a, To the best of my knowledge, death occurred at the time, date and place and due 3 to the passe(s) stated (Signature & Title)  JOSE AUGINER MD  21b, DATE SIGNATURE (Mol/Day/Yr)  DOSE AUGINER MD  21b, DATE SIGNATURE (Mol/Day/Yr)  DECEMBER MD  21c, HOUR OF DEATH  DECEMBER 30, 2014  10 the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated (Signature & Title)  21c, HOUR OF DEATH  21d, NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER  JOSE AUGINER MD  21d, MAME OF ATTENDING PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Pint)  NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Pint)  NIGOLE SHORE  SIGNATURE AUTHENTICATED  IMMEDIATE CAUSE  (Mol/Day/Yr)  December 30, 2014  IMMEDIATE CAUSE  (ENTER ONLY ONE CAUSE PER LINE FOR (a); (b), AND (c))  DUE TO, OR AS A CONSEQUENCE OF:  UNE TO, OR AS A CONSE | and and segment that arms  | many transfer to the contract of the contract of   |  |  |  |  |
| JOHN LAWRENCE SIGNATURE AUTHENTICATED 304R 1575 N.Lompai.n. Carson City NV 89701  E CALL. NAME AND ADDRESS 21a. To the best of my knowledge, death-occurred at the time, date and place and due to the cause(s) stated (Signature & Title)  SIGNATURE AUTHENTICATED SIGNATURE SIGNATURE AUTHENTICATED SIGNATURE SIGNATURE AUTHENTICATED SIGNATURE SIGNATURE AUTHENTICATED SIGNATURE SIGNAT | AL COMPANY TO A COMPANY THE PARTY OF THE PAR | The state of the s | averies vivie and a secret   |  | 200  |  |
| ADE CALL "NAME AND ADDRESS  21a. To the best of my knowledge, death occurred at the time, date and place and due 3 to the localise(s) stated. (Signature & Title) 3 UNSEA GOURRE MD  21b. DATE SIGNED (Mo/Day/Yr) 3 21c. HOUR OF DEATH 3 22d. DATE SIGNED (Mo/Day/Yr) 4 21c. HOUR OF DEATH 4 22d. DATE SIGNED (Mo/Day/Yr) 5 21d. MAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 6 2 22d. PRONOUNCED DEAD (Mo/Day/Yr) 6 22d. PRONOUNCED DEAD (Mo/Day/Yr) 7 22e. PRONOUNCED DEAD AT (Mo/Day/Yr) 8 ANAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 9 3 A REGISTRAR (Signature) 9 1 1479 9 2 24b. DATE SIGNED (Mo/Day/Yr) 9 2 22d. PRONOUNCED DEAD (Mo/Day/Yr) 9 2 22d. PRONOUNCED DEAD (Mo/Day/Yr) 9 2 22d. PRONOUNCED DEAD (Mo/Day/Yr) 9 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2  | A. FUNERAL DIRECTOR - SIGNATURE IC   | Dr Person Acting as Such) 120b. FUNERAL DIRE   | CTUFIZUC NAME AND ADDRESS  | OF FAGILITY :  |  |  |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due signature at the time, date and place and due signature at the time, date and place and due to the cause(s) stated (Signature & Title)  JOSÉ AGUIRRE MD  21b. DATE SIGNED (Mol/Day/Yr)   21c. HOUR OF DEATH   22d. DATE SIGNED (Mol/Day/Yr)   22c. HOUR OF DEATH   22d. PRONOUNCED DEAD (Mol/Day/Yr)   22d. PRONOUNCED DEAD AT (Hor virgor)   23d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)   23b. LICENSE NUMBER   11479   23b. DATE RECEIVED BY REGISTRAR (Signature)   24d. DATE RECEIVED BY REGISTRAR   24d. DEATH DUE TO COMMUNICABLE DISE   NO   X   11479   24d. DATE RECEIVED BY REGISTRAR   24d. DEATH DUE TO COMMUNICABLE DISE   NO   X   25d. DATE SIGNIFICANT CONDITIONS—Conditions controlling to death but not resulting in the underlying cause given in Part 1.   26d. AUTOPSY (Special PERERED TO CORG, Special Yes or No)   Yes or No)   No   REFERENCE TO CORG, Special Yes or No)   Yes or | resistance consider terresistance, tapare  | NCE LICENSE NUMBER   | The state of the state of the state of the   | ** *******   | Cremations   |  |
| to the cause(s) stated (Signature & Title)  JOSÉ AGUIRRE MD  21b. DATE SIGNED (Mo/Day/Yr)  22c. HOUR OF DEATH  December 30, 2014  03:17  22b. DATE SIGNED (Mo/Day/Yr)  22c. HOUR OF DEATH  December 30, 2014  03:17  22c. HOUR OF DEATH  December 30, 2014  03:17  22c. HOUR OF DEATH  December 30, 2014  03:17  22c. PRONOUNCED DEAD (Mo/Day/Yr)  22c. PRONOUNCED DEAD AT (Horder Print)  23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703  11479  4a. REGISTRAR (Signature)  NIGOLE SHORE  SIGNATURE AUTHENTICATED  DIETO, OR AS A CONSEQUENCE OF:  (a)  DUE TO, OR AS A CONSEQUENCE OF:  (b)  DUE TO, OR AS A CONSEQUENCE OF:  (c)  DUE TO, OR AS A CONSEQUENCE OF:  (d)  DUE TO, OR AS  | JOHN LAWRE<br>SIGNATURE AUTH   | NCE LICENSE NUMBER   | Autu   | nn Funerals &  | The state of the s |  |
| JOSE AGUIRRE MD  21b. DATE SIGNED (Mio/Day/Yr)  December 30, 2014  21c. HOUR OF DEATH  | JOHN LAWRE<br>SIGNATURE AUTH<br>MADE CALL MAME AND ADDRESS   | NGE LICENSE NUMBER BENTICATED 304R   | Autu<br>1575 N L   | nn Funerals &<br>ompa Ln Carso   | in City NV 89701   |  |
| December 30, 2014  103:17  21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER  22d. PRONOUNCED DEAD (Mo/Day/Yr)  23b. LICENSE NUMBER  23b. LICENSE NUMBER  21d. DATE RECEIVED BY REGISTRAR  24c. DEATH DUE TO COMMUNICABLE DISE  (Mo/Day/Yr)  December 30, 2014  YES NO X  Interval between onset and december 1900 DUE TO, OR AS A CONSEQUENCE OF:  (d)   | JOHN LAWRE SIGNATURE AUTH RADE CALL:: NAME AND ADDRESS \$\frac{2}{2} 21a. To the best of my knowledge, death or  | NGE LICENSE NUMBER SOURCE SOUR | Autui<br>1575 N.L<br>22a. On the basis of examination a  | nn Funerals & ompa: Ln Carso and/or investigation,   | in: City NV 89701  |  |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  JOSE Aguirre MD 1600 Medical Parkway Carson City, NV. 89703.  REGISTRAR (Signature)  NICOLE SHORE  SIGNATURE AUTHENTICATED  (Mo/Day/Yr)  Décember 30, 2014  YES  NO  Interval between onset and displayed on the print of the print of the underlying cause given in Part 1.  (B)  OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  UNKNOWN Etiology  ACC, SUICIDE HOM, UNDET: 286 DATE OF INJURY (Mo/Day/Yr)  1286. HOUR OF INJURY (1286. DESCRIBE HOWINJURY) COCURRED  2289. PRONOUNCED DEAD (Mo/Day/Yr)  229. PRONOUNCED DEAD (Mo/Day/Yr)  226. AUTOPSY (Special 27. WAS CASE REFERRED TO CORE (Special Yes or No.)  Yes or No.)  NO  NO  RETIRED TO CORE (Special Yes or No.)  Yes or No.)  NO  NO  RETIRED TO CORE (Special Yes or No.)  NO  NO  NO  NO  NO  NO  NO  NO  NO  N   | JOHN LAWRE SIGNATURE AUTH ADE CALL NAME AND ADDRESS 21a. To the best of my knowledge, death or to the cause(s) stated (Signature & Title) JOSE   | INCE LICENSE NUMBER 304R SOUTH STATE | Autui<br>1575 N.L<br>22a. On the basis of examination a<br>2 at the time, date and place and du  | mn Funerals & ompa En Carso and/or investigation, to the cause(s) state  | in City NV 89701 in my opinion death occurred ted. (Signature & Title)   |  |
| (Type or Print)  NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  JOSE Aguirre MD 1600 Medical Parkway Carson City, NV 89703.  REGISTRAR (Signature)  NICOLE SHORE  SIGNATURE AUTHENTICATED  NICOLE SHORE  SIGNATURE AUTHENTICATED  NO X  IMMEDIATE CAUSE  (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  RRT.I.  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:  (d)  RT.II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  Unknown Etiology  ACC, SUICIDE HOM, UNDET:  23b. LICENSE NUMBER  24c. DEATH DUE TO COMMUNICABLE DISE.  (Mo//Day/Yr)  December 30, 2014  YES NO X  Interval between onset and distributions to the number of the nu | JOHN LAWRE SIGNATURE AUTH ADE CALL NAME AND ADDRESS 21a. To the best of my knowledge, death or to the cause(s) stated (Signature & Title) JOSE 21b. DATE SIGNED (Mo/Day/Yr)  | INCE LICENSE NUMBER 304R  COURTED at the time, date and place and due SIGNATURE AUTHENTICATED AGUIRRE MD  21c. HOUR OF DEATH   | Autui<br>1575 N.L<br>22a. On the basis of examination a<br>2 at the time, date and place and du  | mn Funerals & ompa En Carso and/or investigation, to the cause(s) state  | in City NV 89701 in my opinion death occurred ted. (Signature & Title)   |  |
| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  Jose Aquirre MD 1600 Medical Parkway Carson City, NV. 89703.  REGISTRAR (Signature)  NICOLE SHORE  SIGNATURE AUTHENTICATED  IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a); (b), AND (c).)  RTI  (a) Brain Cancer  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:  (b)  DUE TO, OR AS A CONSEQUENCE OF:  (c)  DUE TO, OR AS A CONSEQUENCE OF:  Interval between onset and did  (d)  RTI:  OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  Unknown Etiology  ACC., SUICIDE HOM, UNDET: 1286, DATE OF INJURY MorDay(r)  1286, HOUR OF INJURY  CCURRED.  | JOHN LAWRE SIGNATURE AUTH DE CALL - NAME AND ADDRESS 21a. To the best of my knowledge, death or to the cause(s) stated (Signature & Title) JUSE / 21b. DATE SIGNED (Mc/Day/Yr) December 30, 2014   | ILICENSE NUMBER 304R  COURTED at the time, date and place and due SIGNATURE AUTHENTICATED AGUIRRE MD  21c. HOUR OF DEATH 03:17   | Autui 1575 N.L. 22a. On the basis of examination at the time, date and place and du  | mn Funerals & ompain Carso Car | in City NV 89701  In my opinion death occurred ted. (Signature & Title)  Ic. HOUR OF DEATH.  | Hour   |
| ACC. SUICIDE, HOM. UNDET: 1286, DATE OF INJURY (Mo/Day/Yr) 1286, HOW FOR INJURY (Signature) Discording to death but not resulting in the underlying cause given in Part 1.  JOSE Aguirre MD 1600 Medical Parkway Carson City, NV 89703  11479  24b. DATE RECEIVED BY REGISTRAR 24c. DEATH DUE TO COMMUNICABLE DISE (Mo/Day/Yr) December 30, 2014  YES NO X  Interval between onset and do interval between o | JOHN LAWRE SIGNATURE AUTH DE CALL - NAME AND ADDRESS  21a. To the best of my knowledge, death or to the cause(s) stated (Signature & Title)  JUSE  21b. DATE SIGNED (Mo/Day/Yr) December 30, 2014  | ILICENSE NUMBER 304R  COURTED at the time, date and place and due SIGNATURE AUTHENTICATED AGUIRRE MD  21c. HOUR OF DEATH 03:17   | Autui 1575 N.L. 22a. On the basis of examination at the time, date and place and du  | mn Funerals & ompain Carso Car | in City NV 89701  In my opinion death occurred ted. (Signature & Title)  Ic. HOUR OF DEATH.  | Hour)  |
| SIGNATURE AUTHENTICATED  (Mo/Day/Yr) December 30, 2014  YES NO X  Interval between onset and december 30, 2014  PER NO X  Interval between onset and december 30, 2014  ART I (a) Brain Cancer  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:  Interval between onset and december 30, 2014  Interval between onset and december 30,  | ADE CALL - NAME AND ADDRESS  21a. To the best of my knowledge, death of the cause(s) stated (Signature & Title)  21b. DATE SIGNED (Mo/Day/Yr)  December 30, 2014  21d. NAME OF ATTENDING PHYSIC  (Type or Print)  a. NAME AND ADDRESS OF CERTIFIER   | LICENSE NUMBER 304R  COUTRED at the time, date and place and due SIGNATURE AUTHENTICATED AGUIRRE MD  21c. HOUR OF DEATH 03:17  CAN IF OTHER THAN CERTIFIER  (PHYSICIAN, AFTENDING PHYSICIAN, MEDICAL   | Autui 1575 N.L  22a. On the basis of examination at the time, date and place and du 22b. DATE SIGNED (Mo/Day/  | mn Funerals & ompain Carso Car | in City NV 89701  In my opinion death occurred ted. (Signature & Title)  IC. HOUR OF DEATH  IE. PRONOUNCED DEAD AT (   | Hour)  |
| SIGNATURE AUTHENTICATED  DECEMBER 30, 2014  Interval between onset and displayed and displayed authenticated between onset and displayed authenticated authenticated between onset and displayed authenticated authe | JOHN LAWRE SIGNATURE AUTH NAME CALL NAME AND ADDRESS 21a. To the best of my knowledge, death of to the cause(s) stated (Signature & Title) 21b. DATE SIGNED (Mo/Day/Yr.) December 30, 2014 21d. NAME OF ATTENDING PHYSIC (Type or Print) a. NAME AND ADDRESS OF CERTIFIER JOSE Agu   | INCE IENTICATED  COURTED A STATE NUMBER 304R  COURTED AT THE STATE NUMBER  | 22a. On the basis of examination at the time, date and place and du  | nn Funerals & ompa in Carso and/or investigation, a to the cause(s) star Yr) 22  Mo/Day/Yr) 22  or Print)  | in City NV 89701 in my opinion death occurred ted (Signature & Title) ic. HOUR OF DEATH ie. PRONOUNCED DEAD AT (   | 10.000 |
| ART I  (a) Brain Cancer  DUE TO, OR AS A CONSEQUENCE OF:  Interval between onset and decomposition of the conset and decomposi | JOHN LAWRE SIGNATURE AUTH ADE CALL: NAME AND ADDRESS 21a. To the best of my knowledge, death of the cause(s) stated (Signature & Title)  21b. DATE SIGNED (Mc/DayYY) December 30, 2014 21d. NAME OF ATTENDING PHYSIC 3 (Type or Print)  a. NAME AND ADDRESS OF CERTIFIER Jöse Agu a. REGISTRAR (Signature)   | ILICENSE NUMBER 304R  SCURTED 304R  SIGNATURE AUTHENTICATED  AGUIRRE MD  21c. HOUR OF DEATH 03:17  IAN IF OTHER THAN CERTIFIER  (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL LITE MD) 1600 Medicat Parkway Carson  NICOLE SHORE  | Autui 1575 N.L  22a. On the basis of examination a 25 at the time, date and place and du 25 by 26 by 27 at the time, date and place and du 28 by 29 by 20 DATE SIGNED (Mo//Day/ 20 DATE SIGNED (Mo//Day/ 20 DATE SIGNED (Mo//Day/ 20 DATE SIGNED (Mo//Day/ 21 City, NV 89703.  DATE RECEIVED BY REGISTRAR  | min Funerals & ompail in Carso and/or investigation, a to the cause(s) star Yr) 22  Mo/Day/Yr) 22  or Print)   | in City NV 89701  In my opinion death occurred ted (Signature & Title)  Ic. HOUR OF DEATH  Ic. PRONOUNCED DEAD AT (  23b. LICENSE NUMBER 11479  DUE TO COMMUNICABLE DI   | No.14  |
| DUE TO, OR AS A CONSEQUENCE OF:    Interval between onset and decomposition of the consequence of the conseq | JOHN LAWRE SIGNATURE AUTH ADE CALL NAME AND ADDRESS  21a. To the best of my knowledge, death of the cause(s) stated (Signature & Title)  21b. DATE SIGNED (Mo/Day/Yr)  December 30, 2014  21d. NAME OF ATTENDING PHYSIC (Type or Print)  a. NAME AND ADDRESS OF CERTIFIER JOSE Agu  a. REGISTRAR (Signature)  SIGN   | ILICENSE NUMBER 304R  SCURTED 304R  SCURTED AGE AND PLACE AND CLE SIGNATURE AUTHENTICATED  21c. HOUR OF DEATH 03:17  STAN IF OTHER THAN CERTIFIER  (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL INTER MD 1600 Medicat Parkway Carson NICOLE SHORE ATURE AUTHENTICATED  | Autui 1575 N.L  22a. On the basis of examination a 25 at the time, date and place and du 25 by 25 by 25 cm 26 cm 27 cm 28 cm 29 cm 20 cm 2 | min Funerals & ompail in Carso and/or investigation, a to the cause(s) star Yr) 22  Mo/Day/Yr) 22  or Print)   | in City NV 89701  In my opinion death occurred ted. (Signature & Title)  Ic. HOUR OF DEATH  IE. PRONOUNCED DEAD AT (  23b. LICENSE NUMBER 11479  DUE TO COMMUNICABLE DI  ES NO X   | SEASE  |
| (b)  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:  Interval between onset and of the control of the contro | JOHN LAWRE SIGNATURE AUTH RADE CALL NAME AND ADDRESS  V 21a. To the best of my knowledge, death or to the cause(s) stated (Signature 8, Title)  21b. DATE SIGNED (MoDay/Yr)  December 30, 2014  21d. NAME OF ATTENDING PHYSIC  21d. NAME AND ADDRESS OF CERTIFIER JOSE AGU  1a. REGISTRAR (Signature)  SIGN  5. IMMEDIATE CAUSE (ENTER C   | ILICENSE NUMBER 304R  SCURTED 304R  SCURTED AGE AND PLACE AND CLE SIGNATURE AUTHENTICATED  21c. HOUR OF DEATH 03:17  STAN IF OTHER THAN CERTIFIER  (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL INTER MD 1600 Medicat Parkway Carson NICOLE SHORE ATURE AUTHENTICATED  | Autui 1575 N.L  22a. On the basis of examination a 25 at the time, date and place and du 25 by 25 by 25 cm 26 cm 27 cm 28 cm 29 cm 20 cm 2 | min Funerals & ompail in Carso and/or investigation, a to the cause(s) star Yr) 22  Mo/Day/Yr) 22  or Print)   | in City NV 89701  In my opinion death occurred ted. (Signature & Title)  Ic. HOUR OF DEATH  IE. PRONOUNCED DEAD AT (  23b. LICENSE NUMBER 11479  DUE TO COMMUNICABLE DI  ES NO X   | SEASE  |
| (c) DUE TO, OR AS A CONSEQUENCE OF:  Interval between onset and of the control of | JOHN LAWRE SIGNATURE AUTH RADE CALL NAME AND ADDRESS 21a. To the best of myknowledge, death of to the cause(s) stated (Signature & Title) 21b. DATE SIGNED (Mo/DayYr) December 30, 2014 21d. NAME OF ATTENDING PHYSIC (Type or Print) 1a. NAME AND ADDRESS OF CERTIFIER JOSE Agu 1a. REGISTRAR (Signature) SIGN 5. IMMEDIATE CAUSE (ENTER CART.) (a) Brain Cancer  | ILICENSE NUMBER 304R  SIGNATURE AUTHENTICATED  SIGNATURE AUTHENTICATED  21c. HOUR OF DEATH  03:17  IAN IF OTHER THAN CERTIFIER  (PHYSICIAN, AFTENDING PHYSICIAN, MEDICAL LITE MD)  1600 Medical Parkway Carsor  NICOLE SHORE  ATURE AUTHENTICATED  (NO/LY ONE CAUSE PER LINE FOR (a); (b), AND (c)   | Autui 1575 N.L  22a. On the basis of examination a 25 at the time, date and place and du 25 by 25 by 25 cm 26 cm 27 cm 28 cm 29 cm 20 cm 2 | min Funerals & ompail in Carso and/or investigation, a to the cause(s) star Yr) 22  Mo/Day/Yr) 22  or Print)   | in City NV 89701  In my opinion death occurred ted (Signature & Title)  Ic. HOUR OF DEATH  IE. PRONOUNCED DEAD AT (  23b. LICENSE NUMBER 11479  DUE TO COMMUNICABLE DI ES NO X  Interval between onset and   | SEASE<br>d death   |
| (c) DUE TO, OR AS A CONSEQUENCE OF:  (d)  DART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  Unknown Etiology  Ba, ACC, SUICIDE, HOM, UNDET: 1286, DATE OF INJURY (Mo/Day/Y) 1286, HOUR OF INJURY 1286, DESCRIBE HOW INJURY OCCURRED.   | JOHN LAWRE SIGNATURE AUTH RADE CALL NAME AND ADDRESS  21a. To the best of my knowledge, death of the cause(s) stated (Signature 8 Title) JOSE JULIUS DATE SIGNED (Mc/Day/Yr) December 30, 2014  21b. DATE SIGNED (Mc/Day/Yr) December 30, 2014  21d. NAME OF ATTENDING PHYSIC Utype or Print)  3a. NAME AND ADDRESS OF CERTIFIER JÖSE AGU  4a. REGISTRAR (Signature)  SIGN 5. IMMEDIATE CAUSE (ENTER COPARTIL (a) Brain Cancer   | ILICENSE NUMBER 304R  SIGNATURE AUTHENTICATED  SIGNATURE AUTHENTICATED  21c. HOUR OF DEATH  03:17  IAN IF OTHER THAN CERTIFIER  (PHYSICIAN, AFTENDING PHYSICIAN, MEDICAL LITE MD)  1600 Medical Parkway Carsor  NICOLE SHORE  ATURE AUTHENTICATED  (NO/LY ONE CAUSE PER LINE FOR (a); (b), AND (c)   | Autui 1575 N.L  22a. On the basis of examination a 25 at the time, date and place and du 25 by 25 by 25 cm 26 cm 27 cm 28 cm 29 cm 20 cm 2 | min Funerals & ompail in Carso and/or investigation, a to the cause(s) star Yr) 22  Mo/Day/Yr) 22  or Print)   | in City NV 89701  In my opinion death occurred ted (Signature & Title)  Ic. HOUR OF DEATH  IE. PRONOUNCED DEAD AT (  23b. LICENSE NUMBER 11479  DUE TO COMMUNICABLE DI ES NO X  Interval between onset and   | SEASE<br>d death   |
| (d)  ART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  Unknown Etiology  Ba, ACC, SUICIDE, HOM, UNDET: 1286, DATE OF INJURY (Mo/Day/Yr) 1286, HOUR OF INJURY 1286, DESCRIBE HOW INJURY OCCURRED.  | JOHN LAWRE SIGNATURE AUTH RADE CALL NAME AND ADDRESS  2 21a. To the best of my knowledge, death of the cause(s) stated (Signature & Title)  JOSE 1  21b. DATE SIGNED (Mc/Day/Yr) December 30, 2014  21d. NAME OF ATTENDING PHYSIC (Type or Print)  Ba. NAME AND ADDRESS OF CERTIFIER JOSE Agu  As. REGISTRAR (Signature)  SIGN  5. IMMEDIATE CAUSE (ENTER CAUSE)  PART I (a) Brain Cancer  DUE TO, OR AS A CONSE  (b)  | ILICENSE NUMBER 304R  COLITED 304R  COLITED 304R  COLITED 4 IN THE NUMBER AND PLACE AN | Autui 1575 N.L  22a. On the basis of examination a 25 at the time, date and place and du 25 by 25 by 25 cm 26 cm 27 cm 28 cm 29 cm 20 cm 2 | min Funerals & ompail in Carso and/or investigation, a to the cause(s) star Yr) 22  Mo/Day/Yr) 22  or Print)   | in City NV 89701  In my opinion death occurred ted (Signature & Title)  Ic. HOUR OF DEATH  I. PRONOUNCED DEAD AT (  23b. LICENSE NUMBER  11479  DUE TO COMMUNICABLE DI  ES NO X  Interval between onset an   | SEASE<br>d death<br>d death  |
| Unknown Etiology  Yes or No) No  No  Yes or No) No  Yes or No  No  No  Yes or No  No  No  Yes or No  No  No  No  Yes or No   | JOHN LAWRE SIGNATURE AUTH RADE CALL NAME AND ADDRESS 2 21a. To the best of my knowledge, death of to the cause(s) stated (Signature & Title) JOSE / 2 21b. DATE SIGNED (Mo/Day/Yr) December 30, 2014 2 1d. NAME OF ATTENDING PHYSIC VICTORIAN (Signature)  SIGN 5. IMMEDIATE CAUSE (a) Brain Cancer DUE TO, OR AS A CONSE (b)  | ILICENSE NUMBER 304R  COLITED 304R  COLITED 304R  COLITED 4 IN THE NUMBER AND PLACE AN | Autui 1575 N.L  22a. On the basis of examination a 25 at the time, date and place and du 25 by 25 by 25 cm 26 cm 27 cm 28 cm 29 cm 20 cm 2 | min Funerals & ompail in Carso and/or investigation, a to the cause(s) star Yr) 22  Mo/Day/Yr) 22  or Print)   | in City NV 89701  In my opinion death occurred ted (Signature & Title)  Ic. HOUR OF DEATH  I. PRONOUNCED DEAD AT (  23b. LICENSE NUMBER  11479  DUE TO COMMUNICABLE DI  ES NO X  Interval between onset an   | SEASE<br>d death<br>d death  |
| Unknown Etiology  Yes or No) No. Specify Yes or No) Yes or No) No. Specify Yes or No) No. Specify Yes or No) Yes or No)  | TABLE CALL NAME AND ADDRESS  22 ta. To the best of my knowledge, death of the cause(s) stated (Signature & Title)  32 ta. To the best of my knowledge, death of the cause(s) stated (Signature & Title)  32 ta. To the best of my knowledge, death of the cause(s) stated (Signature & Title)  33 ta. Cause (Signature)  34 ta. Cause (Signature)  35 ta. NAME AND ADDRESS OF CERTIFIER JOSE Agu  25 ta. REGISTRAR (Signature)  36 ta. Cause (ENTER Cause (ENTER Cause)  37 ta. Cause (Cause (Cause)  38 ta. Cause (Cause (Cause)  39 ta. Cause (Cause (Cause)  40 ta. Cause (Cause (Cause)  41 ta. Cause (Cause (Cause)  42 ta. Cause (Cause (Cause)  43 ta. Cause (Cause (Cause)  44 ta. Cause (Cause (Cause)  45 ta. Cause (Cause (Cause)  46 ta. Cause (Cause)  47 ta. Cause (Cause)  48 ta. Cause (Cause)  49 ta. Cause (Cause)  40 ta. Cause (Cause)  50 ta. Cause (Cause)  51 ta. Cause (Cause)  52 ta. Cause (Cause)  53 ta. Cause (Cause)  54 ta. Cause (Cause)  55 ta. Cause (Cause)  56 ta. Cause (Cause)  57 ta. Cause (Cause)  58 ta. Cause (Cause)  59 ta. Cause (Cause)  60 ta. Cause (Cause)  61 ta. Cause (Cause)  61 ta. Cause (Cause)  61 ta. Cause (Cause)  61 ta. C | ILICENSE NUMBER 304R  COLITED 304R  COLITED 304R  COLITED AGUIRE AUTHENTICATED  AGUIRE MD  21c. HOUR OF DEATH 03:17  CHAN IF OTHER THAN CERTIFIER  (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL PARKWAY CARSON  NICOLE SHORE ATURE AUTHENTICATED  ONLY ONE CAUSE PER LINE FOR (a); (b), AND (c).  QUENCE OF:   | Autui 1575 N.L  22a. On the basis of examination a 25 at the time, date and place and du 25 by 25 by 25 cm 26 cm 27 cm 28 cm 29 cm 20 cm 2 | min Funerals & ompail in Carso and/or investigation, a to the cause(s) star Yr) 22  Mo/Day/Yr) 22  or Print)   | in City NV 89701  In my opinion death occurred ted (Signature & Title)  Ic. HOUR OF DEATH  I. PRONOUNCED DEAD AT (  23b. LICENSE NUMBER 11479  DUE TO COMMUNICABLE DI ES NO X  Interval between onset an Interval between Interv | SEASE<br>d.death<br>d death<br>d death   |
| Unknown Etiology  Yes or No) No. Specify Yes or No) No. Specify Yes or No) Yes or No) Yes or No) No. Specify Yes or No) Yes or No) Yes or No) Yes or No)   | JOHN LAWRE  SIGNATURE AUTH  RADE CALL NAME AND ADDRESS  A 21a. To the best of my knowledge, death or company to the cause(s) stated (Signature 8 Title)  JOSE / JOS | LICENSE NUMBER 304R  COURTED AT THE NUMBER ATTENDING PHYSICIAN, MEDICAL INTER MD 1500 Medical Parkway Carson NICOLE SHORE  ATURE AUTHENTICATED  COURTED OF:  COURTED OF:   | Autui 1575 N L  22a. On the basis of examination at the time, date and place and du  25 2 2b. DATE SIGNED (Mo/Day/  26 2 2cl. PRONOUNCED DEAD (  EXAMINER, OR CORONER) (Type 1 City, NV-89703.  DATE RECEIVED BY REGISTRAR.  Day/Yr) December 30, 2014   | mn Funerals & ompa En Carso and/or investigation, a to the cause(s) star Yr) 22  Mo/Day/Yr) 22  or Print) 24c. DEATH Y1  | in City NV 89701  In my opinion death occurred ted (Signature & Title)  Ic. HOUR OF DEATH  I. PRONOUNCED DEAD AT (  23b. LICENSE NUMBER 11479  DUE TO COMMUNICABLE DI ES NO X  Interval between onset an Interval between Interv | SEASE<br>d.death<br>d death<br>d death   |
| 288, ACC., SUICIDE, HOM., UNDET: 286, DATE OF INJURY (Mo/Day/Yr) 286, HOUR OF INJURY 286, DESCRIBE HOW INJURY OCCURRED   | JOHN LAWRE SIGNATURE AUTH TRADE CALL -NAME AND ADDRESS  21a. To the best of my knowledge, death or to the cause(s) stated (Signature & Title) JOSE / 21b. DATE SIGNED (Mo/Day/Y) December 30, 2014 21d. NAME OF ATTENDING PHYSIC (Type or Print)  23a. NAME AND ADDRESS OF CERTIFIER JOSE AGU 24a. REGISTRAR (Signature)  SIGN 25. IMMEDIATE CAUSE (ENTER C PART I (a) Brain Cancer DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) DUE TO, OR AS A CONSE (d)  PART II OTHER SIGNIFICANT CONDITION   | LICENSE NUMBER 304R  COURTED AT THE NUMBER ATTENDING PHYSICIAN, MEDICAL INTER MD 1500 Medical Parkway Carson NICOLE SHORE  ATURE AUTHENTICATED  COURTED OF:  COURTED OF:   | Autui 1575 N L  22a. On the basis of examination at the time, date and place and du  25 2 2b. DATE SIGNED (Mo/Day/  26 2 2cl. PRONOUNCED DEAD (  EXAMINER, OR CORONER) (Type 1 City, NV-89703.  DATE RECEIVED BY REGISTRAR.  Day/Yr) December 30, 2014   | mn Funerals & ompa En Carso and/or investigation, a to the cause(s) star Yr) 22  Mo/Day/Yr) 22  or Print) 24c, DEATH Y1  | in City NV 89701  In my opinion death occurred ted (Signature & Title)  Ic. HOUR OF DEATH  23b. LICENSE NUMBER 11479  DUE TO COMMUNICABLE DI ES NO X  Interval between onset an  | SEASE<br>d.death<br>d death<br>d death<br>d death  |
| REPRINCE INVESTIGATION 1 AND DESCRIPTION OF THE PROPERTY OF TH | JOHN LAWRE SIGNATURE AUTH RADE CALL NAME AND ADDRESS  V 21a. To the best of my knowledge, death of to the cause(s) stated (Signature 8 Title)  JOSE / JUNE 10 DATE SIGNED (Mo/Day/Yr)  December 30, 2014  21b. DATE SIGNED (Mo/Day/Yr)  December 30, 2014  21d. NAME OF ATTENDING PHYSIC (Type or Print)  Ba. NAME AND ADDRESS OF CERTIFIER JOSE Agu  Ba. REGISTRAR (Signature)  SIGN  SIGN  DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)  DUE TO, OR AS A CONSE  (d)  PART IF OTHER SIGNIFICANT CONDITION   | LICENSE NUMBER 304R  COURTED AT THE NUMBER ATTENDING PHYSICIAN, MEDICAL INTER MD 1500 Medical Parkway Carson NICOLE SHORE  ATURE AUTHENTICATED  COURTED OF:  COURTED OF:   | Autui 1575 N L  22a. On the basis of examination at the time, date and place and du  25 2 2b. DATE SIGNED (Mo/Day/  26 2 2cl. PRONOUNCED DEAD (  EXAMINER, OR CORONER) (Type 1 City, NV-89703.  DATE RECEIVED BY REGISTRAR.  Day/Yrr) December 30, 2014  | mn Funerals & ompa En Carso and/or investigation, a to the cause(s) star Yr) 22  Mo/Day/Yr) 22  or Print) 24c, DEATH Y1  | in City NV 89701  in my opinion death occurred ted (Signature & Title)  ic. HOUR OF DEATH  ic. PRONOUNCED DEAD AT (  23b. LICENSE NUMBER 11479  DUE TO COMMUNICABLE DI  ES NO X  Interval between onset and Interv | SEASE d death d death d death id death   |

STATE REGISTRAR

28g. LOCATION

558578

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.

28f. PLACE OF INJURY- At home, farm, street, factory, office

building, etc. (Specify)

DATE ISSUED:

This copy is not valid unloss from an engraved border displaying date, seal and significant Hats authenticated

STREET OR R.F.D. No.



VRS-Rev-20120523a

28e. INJURY AT WORK (Specify

Yes or No)