DOUGLAS COUNTY, NV Rec:\$40.00 2022-988479

Total:\$40.00

08/16/2022 09:13 AM

JUSTIN M CLOUSER, ESQ

Pgs=3

APN# 1320-33-816-025	
Recording Requested by/Mail to:	00158570202209884790030036 KAREN ELLISON, RECORDER
Name: Justin M. Clouser, Esq.	KAREN ELLISON, RECONDER
Address: 1669 Lucerne St., Ste A	\ \
City/State/Zip: Minden, NV 89423	
Mail Tax Statements to:	
Name:	
Address: 1669 Lucerne St., Ste A	
City/State/Zip: Minden, NV 89423	
Affidavit of D	eath of Trustee
Title of Do	ocument (required)
/ /	se if applicable)
1 1 -	ion as required by law: (check applicable)
XAffidavit of Death –	NRS 440.380(1)(A) & NRS 40.525(5)
Judgment – NRS 17	.150(4)
Military Discharge –	NRS 419.020(2)
Justin Do. Clouser	
Signature	
Justin M. Clouser	
Printed Name	
This document is being (re-)recorded to correct	document #, and is correcting
/	

Recording requested by: Justin M. Clouser, Esa. 1669 Lucerne St., Ste. A Minden, NV 89423

And when recorded, mail to: Justin M. Clouser, Esq. 1669 Lucerne St., Ste. A Minden, NV 89423

APN: 1320-33-816-025

For recorder's use

AFFIDAVIT OF DEATH OF TRUSTEE						
State of Nevada						
County of Douglas) ss.)					
Justin M. Clouser, of legal age, being first duly	y sworn, deposes and says:					

- Margaret E. Warswick, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Margaret Elizabeth Warswick named as Trustee in the Declaration of Trust dated January 17, 2017, and executed by Margaret Elizabeth Warswick as Grantor and Trustee.
- 2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 1407 South Marion Russell Court, Gardnerville, NV 89410, which property is described in a Deed which was executed by Margaret Warswick, an unmarried woman as Grantor on January 17, 2017, and recorded as Docrument No. 2017-897515, of Official Records of Douglas County, Nevada.
- 3. The legal description of said property is as follows: Lot 58, Block C, as set forth on FINAL SUBDIVISIONMAP No. 1006-11 for CHICHESTER ESTATES. PHASE 11. filed in the office of the County Recorder of Douglas County, Nevada and recorded December 27, 2002 in Book 1202, Page 12732, as Document no. 562225, and by Certificate of Amendment recorded March 27, 2003 in Book 0303, Page 13037, as Document No. 0571430, Official Records of Douglas County, Nevada.
- 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.
- 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.

Justin M. Clouser

State of Nevada **County of Douglas**

Subscribed and sworn to (or affirmed) before me on this _____, 20_22, by Justin M. Clouser, proved to me on the basis August of satisfactory evidence to be the person who appeared before me.

Shawryne Yarren

NOTARY PUBLIC STATE OF NEVADA County of Douglas SHAWNÝNE GARREN My Appointment Expires February 1, 2024

බව විව විව වෙත වෙත ව

Signature



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

CASE FI	LE NO. 4261439		CERT	IFICATE OF	DEATH			20220C	2242	
TYPE OR						•		STATE FILE		
PRINT IN	1a DECEASED-NAME (FIRST	FIX)				OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH				
PERMANENT BLACK INK		aret E		WARSWICK			January 16, 2022 Washo			
BLACKINK	3b CITY, TOWN, OR LOCATIO	N OF DEATH 3c. H		R INSTITUTION -Nam	e(If not either, giv			te DOA,OP/Er	mer Rm 4 S	EX
DECEDENT	Reno	Indino	Renow	n Regional Medic		'	nt(Specify) Inp	atient	\	emale
DECEDENT	5 RACE (Specify)			Hispanic Ongin? Specify No - Non-Hispanic (Years) 85			AR 7c UNDER 1	DAY 8 DA	TE OF BIRTH (Mo	D/Day/Yr)
	· W	/hite	No - No				MOS DAYS HOURS MINS December 22, 1936			
IF DEATH OCCURRED IN	9a. STATE OF BIRTH (If not US	/CA, 9b. CITIZE	N OF WHAT COUN	TRY 10 EDUCATION	11 MARITAL STATE	JS (Specify) 12	SURVIVING SPOUSE			
INSTITUTION SEE HANDBOOK	name country) Tennesse	ee u	nited States							
REGARDING COMPLETION OF								Ever in US		
RESIDENCE ITEMS	2095 15a RESIDENCE - STATE	15b. COUNTY		SECRETARY TY, TOWN OR LOCA	riou Laguer		PUBLIC WOR	RKS	Forces?	
I			1		and the same of th	REET AND NUMB		The second second	15e INSIDE LIMITS (Spr or No)	
$\overline{}$	Nevada 16 FATHER/PARENT - NAME	<u>Dougla</u>		<u>Gardnerville</u>		E. Marion Rus			or Ma)	No
PARENTS		(First Middle Last James Earl Wh			17. MOTHER/F	PARENT - NAME	(First Middle La rine Claire E		ON	- N.
	18a INFORMANT- NAME (Type			8b MAILING ADDRES	S (Street or P			ו טאוואט	ON	
•		BRENNAMAN	['	OD WAILING ADDICES	e i	ide Drive #3 C	1	levada 897	'O1	\
	19a BURIAL, CREMATION, RE		pecify) 19b. CEMET	ERY OR CREMATOR		ide Bille #0 c		TION City of		\sim
ISPOSITION	Cremat		"		dows Crema	itory			evada 89431	_
	20a. FUNERAL DIRECTOR - SI	GNATURE (Or Perse	on Acting as Such)	20b FUNERAL DIF	ECTOF 20c NA	ME AND ADDRES	S OF FACILITY			
		N CODY BILL		LICENSE NUMBER	1	487	Nevada Fune		-	
	SIGNAT	TURE AUTHENTIC	CATED	FD943	7%	3094 Rese	earch Way #63	Carson City	V NV 89706	
			OATED	76.	75.					
RADE CALL	TRADE CALL - NAME AND AD	DRESS								
RADE CALL	TRADE CALL - NAME AND ADI	DRESS nowledge, death occu	urred at the time, dat			basis of examination		ion, in my opinio		
RADE CALL	TRADE CALL - NAME AND ADD	DRESS nowledge, death occu ignature & Title) 'SSA D MCPH	urred at the time, dat SIGNATURE A IERSON APR	N N		basis of examination date and place and	due to the cause(s)	ion, in my opinio		
RADE CALL CERTIFIER	TRADE CALL - NAME AND ADI	DRESS nowledge, death occu- ignature & Title) /SSA D MCPH D/Day/Yr)	urred at the time, dan SIGNATURE A IERSON APR 21c HOUR OF DE	AUTHENTICATED N ATH	at the time;	basis of examination	due to the cause(s)	ion, in my opinio	ture & Title)	-
	TRADE CALL - NAME AND ADI	DRESS nowledge, death occu ignature & Title) (SSA D MCPH b/Day/Yr) (2	Irred at the time, dan SIGNATURE A IERSON APR 21c HOUR OF DE 13:	N ATH 25	at the time,	basis of examination date and place and E SIGNED (Mo/Da	due to the cause(s)	ion, in my opinio) stated. (Signal 22c. HOUR (of DEATH	
	TRADE CALL - NAME AND ADI	DRESS nowledge, death occu ignature & Title) (SSA D MCPH b/Day/Yr) (2	Irred at the time, dan SIGNATURE A IERSON APR 21c HOUR OF DE 13:	N ATH 25	at the time, 22b DAT	basis of examination date and place and	due to the cause(s)	ion, in my opinio) stated. (Signal 22c. HOUR (ture & Title)	
	TRADE CALL - NAME AND ADI	DRESS nowledge, death occupanting a Title) TSSA D MCPH ofDay/Yr) 12 DING PHYSICIAN IF	urred at the time, dat SIGNATURE A IERSON APR 21c HOUR OF DE 13: OTHER THAN CER	NTHENTICATED N TH 25	at the time,	basis of examination date and place and place and place and E SIGNED (Mo/Da	due to the cause(s) ay/Yr) D (Mo/Day/Yr)	ion, in my opinio stated (Signal 22c. HOUR (22e PRONC	ture & Title) OF DEATH DUNCED DEAD A	
	TRADE CALL - NAME AND ADD TRADE CALL - NAME AND	DRESS nowledge, death occupinature & Title) TSSA D MCPH ODDAY/Yr) 2 DING PHYSICIAN IF CERTIFIER (PHYSI	SIGNATURE / SIGNATURE / IERSON APR 21c HOUR OF DE 13: OTHER THAN CER	NATH 25 TIFIER PHYSICIAN, MEDICA 1155 Mill St R	at the time, 22b DAT 22d PRO	basis of examination date and place	due to the cause(s) ay/Yr) D (Mo/Day/Yr) pe or Print)	ion, in myopinio stated (Signal 22c. HOUR (22e PRONC 23b. LIC	ture & Title) DE DEATH DUNCED DEAD A ENSE NUMBER APRN818968	T (Hour)
	TRADE CALL - NAME AND ADI	DRESS nowledge, death occupinature & Title) TSSA D MCPH Olinogryri) COUNTY PHYSICIAN IF CERTIFIER (PHYSICIAN DESCRIPTION OF THE PHYSICIAN DESCRIPTION DESCRIPT	SIGNATURE / SIGNATURE / IERSON APR 21c HOUR OF DE 13: OTHER THAN CER	NATH 25 TIFIER PHYSICIAN, MEDICA N 1155 Mill St R	at the time, 22b DAT 22d PRO	basis of examination date and place	due to the cause(s) ay/Yr) D (Mo/Day/Yr) pe or Print) R 24c DEA	ion, in my opinion) stated (Signal 22c. HOUR (22c. PRONG 23b. LIC)	DE DEATH DUNCED DEAD A ENSE NUMBER APRN818966 COMMUNICABLE	T (Hour)
CERTIFIER	TRADE CALL - NAME AND ADD TRADE CALL - NAME AND	DRESS nowledge, death occupinature & Title) TSSA D MGPH ODDAY/Y) 2 DING PHYSICIAN IF CERTIFIER (PHYSICIAN DESTRUCTION DESTRUCTION DESTRUCTION DESTRUCTION DESTRUCTION DESTRUCTION DESTRUCTION DESTRUCTION DESTRUCTION DE	ITEM at the time, day SIGNATURE A IERSON APR 21c HOUR OF DE 13: OTHER THAN CER ICIAN, ATTENDING CPHERSON APRIC R J HEDRICI E AUTHENTICAT	NATH 25 TIFIER PHYSICIAN, MEDICA 1155 Mill St R (M.	L EXAMINER, OF eno, NV 895 DATE RECEIVED TO THE PROPERTY OF T	basis of examination date and place	due to the cause(s) ay/Yr) D (Mo/Day/Yr) pe or Print) R 24c DEA	ion, in myopinio stated (Signal 22c. HOUR (22e PRONC 23b. LIC	ture & Title) DE DEATH DUNCED DEAD A ENSE NUMBER APRN818968	T (Hour)
CERTIFIER	TRADE CALL - NAME AND ADD TRADE CALL - NAME AND	DRESS nowledge, death occupinature & Title) TSSA D MGPH D/Day/rr) 22 DING PHYSICIAN IF CERTIFIER (PHYSICIAN IF Alyssa D MG BLAI SIGNATUR (ENTER ONLY O	ITEM at the time, day SIGNATURE A IERSON APR 21c HOUR OF DE 13: OTHER THAN CER ICIAN, ATTENDING CPHERSON APRIC R J HEDRICI E AUTHENTICAT	NATH 25 TIFIER PHYSICIAN, MEDICA 1155 Mill St R 4 44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	L EXAMINER, OF eno, NV 895 DATE RECEIVED TO THE PROPERTY OF T	basis of examination date and place	due to the cause(s) ay/Yr) D (Mo/Day/Yr) pe or Print) R 24c DEA	ion, in my opinion of stated (Signar 22c. HOUR (Signar 22c. HOUR (Signar 22c. HOUR (Signar 23c. LIC) 23b. LIC)	DE DEATH DUNCED DEAD A ENSE NUMBER APRN818966 COMMUNICABLE	T (Hour)
CERTIFIER	TRADE CALL - NAME AND ADD TRADE CALL - NAME AND	DRESS nowledge, death occupinature & Title) TSSA D MGPH D/Day/Yr) 22 DING PHYSICIAN IF CERTIFIER (PHYSICIAN IF Alyssa D MG BLAI SIGNATUR (ENTER ONLY O	SIGNATURE A SIGNAT	NATH 25 TIFIER PHYSICIAN, MEDICA 1155 Mill St R (M.	L EXAMINER, OF eno, NV 895 DATE RECEIVED TO THE PROPERTY OF T	basis of examination date and place	due to the cause(s) ay/Yr) D (Mo/Day/Yr) pe or Print) R 24c DEA	ion, in my opinion of stated (Signal 22c. HOUR (Signal 22c. HOUR (Signal 22c. HOUR (Signal 23c. LIC) 23c. LIC)	DUNCED DEAD A ENSE NUMBER APRN818968 COMMUNICABLE NO X al between onset	T (Hour) 3 E DISEASE and death
CERTIFIER REGISTRAR CAUSE OF DEATH	TRADE CALL - NAME AND ADD TRADE CALL - NAME AND	DRESS TOWIEDGE, death occupinature & Title) TSSA D MGPH ODING PHYSICIAN IF CERTIFIER (PHYSICIAN IF Alyssa D MG BLAI SIGNATUR (ENTER ONLY O Arrest AS A CONSEQUENCE	SIGNATURE A SIGNAT	PHYSICIAN, MEDICA 1155 Mill St R (M) NE FOR (a), (b), AND (L EXAMINER, OF eno, NV 895 DATE RECEIVED TO THE PROPERTY OF T	basis of examination date and place	due to the cause(s) ay/Yr) D (Mo/Day/Yr) pe or Print) R 24c DEA	ion, in my opinion of stated (Signal 22c. HOUR (Signal 22c. HOUR (Signal 22c. HOUR (Signal 23c. LIC) 23c. LIC)	COMMUNICABLE NO X	T (Hour) 3 E DISEASE and death
CERTIFIER REGISTRAR CAUSE OF DEATH CONDITIONS IF ANY WHICH	TRADE CALL - NAME AND ADD TRADE CALL - NAME AND	DRESS TOWIEDGE, death occupinature & Title) TSSA D MGPH ODIO PHYSICIAN IF CERTIFIER (PHYSICIAN IF ALYSSA D MC BLAI SIGNATUR (ENTER ONLY O Arrest AS A CONSEQUENCE enal Failure	ITTED at the time, day SIGNATURE A SIGNATURE A SIGNATURE A SIGNATURE A 21c HOUR OF DE 13: OTHER THAN CER ICIAN, ATTENDING CPHERSON APRI R J HEDRICI E AUTHENTICAT NE CAUSE PER LIST CE OF	PHYSICIAN, MEDICA 1155 Mill St R (M) NE FOR (a), (b), AND (c)	L EXAMINER, OF eno, NV 895 DATE RECEIVED TO THE PROPERTY OF T	basis of examination date and place	due to the cause(s) ay/Yr) D (Mo/Day/Yr) pe or Print) R 24c DEA	ion, in my opinion of stated (Signal 22c. HOUR of 22c. HOUR of 23b. LICI ATH DUE TO of YES Interv	COMMUNICABLE NO X al between onset	T (Hour) B DISEASE and death and death
CERTIFIER REGISTRAR CAUSE OF DEATH CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE	TRADE CALL - NAME AND ADD 21a To the best of my kr to the cause(s) stated (s ALY 21b DATE SIGNED (Mc January 31, 202 21d. NAME OF ATTENC (Type or Print) 23a NAME AND ADDRESS OF 24a REGISTRAR (Signature) 25 IMMEDIATE CAUSE PART I (a) DUE TO, OR ACUITE RE DUE TO, OR DUE TO, OR DUE TO, OR	DRESS TOWIEDGE, death occu- ignature & Title) TSSA D MGPH D/Day/Yr) TOWN PHYSICIAN IF CERTIFIER (PHYSI Alyssa D MG BLAI SIGNATUR (ENTER ONLY O Arrest AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE	SIGNATURE A SIGNATION A SIGNATURE A SIGNAT	PHYSICIAN, MEDICAN 1155 Mill St R	L EXAMINER, OF eno, NV 895 DATE RECEIVED TO THE PROPERTY OF T	basis of examination date and place	due to the cause(s) ay/Yr) D (Mo/Day/Yr) pe or Print) R 24c DEA	ion, in my opinion of stated (Signal 22c. HOUR of 22c. HOUR of 23b. LICI ATH DUE TO of YES Interv	DUNCED DEAD A ENSE NUMBER APRN818968 COMMUNICABLE NO X al between onset	T (Hour) B DISEASE and death and death
CERTIFIER REGISTRAR CAUSE OF DEATH CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE >	TRADE CALL - NAME AND ADD TRADE CALL - NAME AND ADD TRADE CALL - NAME AND ADD TO the cause(s) stated (S TRADE CALL - NAME AND ADD TO the cause(s) stated (S TRADE CALL - NAME AND ADD TO the cause(s) stated (S TRADE CALL - NAME AND ADD TO the cause(s) stated (S TO TRADE CALL TO TRA	DRESS TOWIEDGE, death occupinature & Title) TSSA D MGPH ODING PHYSICIAN IF CERTIFIER (PHYSICIAN IF ALLES A CONSEQUENCE CANCER WITH	ITTED at the time, day SIGNATURE A SIGNATURE A SIGNATURE A SIGNATURE A 21c HOUR OF DE. 13: OTHER THAN CER CIAN, ATTENDING CPHERSON APRI R J HEDRICI E AUTHENTICAT NE CAUSE PER LIST CE OF: Metastasis	PHYSICIAN, MEDICAN 1155 Mill St R	L EXAMINER, OF eno, NV 895 DATE RECEIVED TO THE PROPERTY OF T	basis of examination date and place	due to the cause(s) ay/Yr) D (Mo/Day/Yr) pe or Print) R 24c DEA	22c. HOUR (22c. HOUR (22c. HOUR (23b. LIC) ATH DUE TO (YES Interv Interv	DEATH DUNCED DEAD A ENSE NUMBER APRN818968 COMMUNICABLE NO X all between onset all between onset	T (Hour) B DISEASE and death and death
CERTIFIER REGISTRAR CAUSE OF DEATH CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE TO	TRADE CALL - NAME AND ADIA TRADE CALL - NAME AND ADIA TO the best of my kr to the cause(s) stated (S ALY 21b DATE SIGNED (M January 31, 202 21d. NAME OF ATTEND (Type or Print) 23a NAME AND ADDRESS OF 24a REGISTRAR (Signature) 25 IMMEDIATE CAUSE PART I (a) Cardiac DUE TO, OR OVARIAN LIPK TO, ON INK NOW	DRESS TOWIEDGE, death occu- ignature & Title) TSSA D MGPH D/Day/Yr) TOWN PHYSICIAN IF CERTIFIER (PHYSI Alyssa D MG BLAI SIGNATUR (ENTER ONLY O Arrest AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE	ITTED at the time, day SIGNATURE A SIGNATURE A SIGNATURE A SIGNATURE A 21c HOUR OF DE. 13: OTHER THAN CER CIAN, ATTENDING CPHERSON APRI R J HEDRICI E AUTHENTICAT NE CAUSE PER LIST CE OF: Metastasis	PHYSICIAN, MEDICAN 1155 Mill St R	L EXAMINER, OF eno, NV 895 DATE RECEIVED TO THE PROPERTY OF T	basis of examination date and place	due to the cause(s) ay/Yr) D (Mo/Day/Yr) pe or Print) R 24c DEA	22c. HOUR (22c. HOUR (22c. HOUR (23b. LIC) ATH DUE TO (YES Interv Interv	COMMUNICABLE NO X al between onset	T (Hour) B DISEASE and death and death
CERTIFIER REGISTRAR CAUSE OF DEATH CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE > UNDERLYING	TRADE CALL - NAME AND ADD TRADE CALL - NAME AND	DRESS TOWIEDGE, death occupinature & Title) TSSA D MCPH ODING PHYSICIAN IF CERTIFIER (PHYSICIAN IF CERTIFIER (PHYSICIAN IF CENTER ONLY O Arrest AS A CONSEQUENCE AS A	ITTED at the time, dat SIGNATURE / SIGNATU	PHYSICIAN, MEDICAN 1155 Mill St R	L EXAMINER, OF eno, NV 895 DATE RECEIVED (D) (D)	basis of examination date and place	due to the cause(s) ay/Yr) D (Mo/Day/Yr) De or Print) R 24c DEA	22c. HOUR (22c. HOUR (22c. HOUR (23b. LIC) ATH DUE TO (YES Interv Interv Interv	ENSE NUMBER APRN818968 COMMUNICABLE NO X all between onset ral between onset	T (Hour) B DISEASE and death and death and death
CERTIFIER REGISTRAR CAUSE OF DEATH CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE > UNDERLYING	TRADE CALL - NAME AND ADIA TRADE CALL - NAME AND ADIA TO the best of my kr to the cause(s) stated (S ALY 21b DATE SIGNED (M January 31, 202 21d. NAME OF ATTEND (Type or Print) 23a NAME AND ADDRESS OF 24a REGISTRAR (Signature) 25 IMMEDIATE CAUSE PART I (a) Cardiac DUE TO, OR OVARIAN LIPK TO, ON INK NOW	DRESS TOWIEDGE, death occupinature & Title) TSSA D MCPH DIDAY(Y) TOWN PHYSICIAN IF T	ITTED at the time, dat SIGNATURE / SIGNATU	PHYSICIAN, MEDICAN 1155 Mill St R	L EXAMINER, OF eno, NV 895 DATE RECEIVED (D) (D)	basis of examination date and place	due to the cause(s) ay/Yr) D (Mo/Day/Yr) pe or Print) R 24c DEA	ion, in my opinion of stated (Signal 22c. HOUR of 22c. HOUR of 23b. LICI 23b. LICI ATH DUE TO (YES Interval Interval Interval 25c. Signal	DUNCED DEAD A ENSE NUMBER APRN818968 COMMUNICABLE NO X all between onset all between onset val between onset	T (Hour) B DISEASE and death and death and death
CERTIFIER REGISTRAR CAUSE OF DEATH CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE > UNDERLYING	TRADE CALL - NAME AND ADD TRADE CALL - NAME AND ADD TRADE CALL - NAME AND ADD TO THE SIGNED (MC TO THE S	DRESS TOWIEDGE, death occupinature & Title) TSSA D MCPH TSSA D MCPH DING PHYSICIAN IF CERTIFIER (PHYSICIAN IF CERTIFIER (PHYSICIAN IF CENTER ONLY O Arrest AS A CONSEQUENCE CANCER With AS A CONSEQUENCE TETIOLOGY TOONDITIONS-CONDICIONS-CONDICIC ACIDOSIS	JUREA STATE OF THE CONTINUE OF	PHYSICIAN, MEDICAN 1155 Mill St R	at the time, 22b DAT 22b DAT 22d PRC 22d PRC L EXAMINER, OF eno, NV 895 DATE RECEIVI (/Day/Yr) Fell c))	basis of examination date and place	due to the cause(s) ay/Yr) D (Mo/Day/Yr) pe or Print) R 24c DEA 22	22c HOUR (22c HOUR (22c HOUR (22c HOUR (22c HOUR (22c)	ENSE NUMBER APRN818968 COMMUNICABLE NO X all between onset ral between onset	T (Hour) B DISEASE and death and death and death





CERTIFIED COPY OF VITAL RECORDS

28g LOCATION

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

DATE ISSUED:

28e INJURY AT WORK (Specify

2/4/2022

For Shapel

STREET OR R.F.D. No.

CITY OR TOWN

STATE REGISTRAR



STATE