A.P.N. No.:	1420-07-214-005	
File No.:	2177010 MMB	
Recording Requested By:		
	Stewart Title Company	
1	When Recorded Mail To:	
Karen Hutch	ins, Successor Trustee of The Keith	
D. Hall Living	Trust dated February 15, 2004	
188 Artesia F	Rd.	
Wellington, N	IV 89444	

Print Signature

DOUGLAS COUNTY, NV
Rec:\$40.00
\$40.00 Pgs=4 11/21/2023 09:20 AM
STEWART TITLE COMPANY - NV
SHAWNYNE GARREN, RECORDER

(for recorders use only)

# AFFIDAVIT DEATH OF TRUSTEE (Title of Document)

## Please complete Affirmation Statement below:

	submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)
	-OR-
×	I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 440.380(1)(A) and NRS 40.525(5)
	Escrow Officer
Signatu Miranda	re Title a Bowlen
minanuc	A DOWLOTT

This page added to provide additional information required by NRS 111.312 Sections 1 - 2 and NRS 239B.030 Section 4.

# RECORDING REQUESTED BY: Stewart Title Company

WHEN RECORDED MAIL TO: Karen Hutchins, Successor Trustee of The Keith D. Hall Living Trust dated February 15, 2004 188 Artesia Road Wellington, NV 89444

ORDER NO. 2177010 A.P.N. No.: 1420-07-214-005

### AFFIDAVIT - DEATH OF TRUSTEE - SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada County of Douglas

} ss.

Karen Hutchins of legal age, being first duly sworn, deposes and says:

1. That the decedent mentioned in the attached copy of Certificate of Death, is the same person as named as one of the parties in that certain Grant, Bargain, and Sale Deed dated April 9, 2020, executed by Keith Hall, an unmarried man to Keith Hall, Trustee of the Keith D. Hall Living Trust dated February 15, 2004, recorded as Instrument No. 2020-944542 of the Official Records of Douglas County, Nevada, covering the following described property situated in the City of Carson City, County of Douglas, State of Nevada.

All that certain real property situated in the County of Douglas, State of Nevada, described as follows:

Lot H-24, as shown on the Final Map #97-1007-7 of VALLEY VISTA ESTATES PHASE 6, according to the Map thereof, filed for record in the Office of the Douglas County Recorder, State of Nevada, on April 24, 2002, in Book 0402, at Page 7191, as Document No. 540408, Official Records.

- 2. That I am named within the aforementioned trust as Successor Trustee;
- 3. That I hereby consent to act as Successor Trustee of the aforementioned trust and do hereby assume the powers and duties of Successor Trustee of such trust;
- That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the subject property.

The Keith D. Hall Living Trust Karen Hutchins, Successor Trustee State of Nevada County of Douglas 2023 by Karen Hutchins. Signature MBQULL (Seal) M. BOWLEN Notary Public - State of Nevada Appointment Recorded in Douglas County No. 20-5990-05 - Expires November 13, 2024

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

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

38, CITY, TOWN, OR LOCATION OF DEATH   3c, HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street art art float DCA, OP/Emer. R. Carson City   White   White   White   White   White   White   White   No. Nort-Hispanic   7a. AGE-List birding   7c. UNDER 1 Vez. (2 UNDER 1 DAY 8)   DATE OF WASSISTED LIVER   AGSISTED LIVER	arson City m. 4. SEX Mal BIRTH (Mc/Day/ ril 09, 1940 for to first marriage) Ever in US Am
Carson City    number   Whispering Heights   Carson City   No. Non-Hispanic Organi? Specity   No. Non-Hispanic Organi? Specity   No. Non-Hispanic Organi? Specity   No. Non-Hispanic Organi?   No. Non-Hispanic Organi?   No. Non-Hispanic Organi?   No. Non-Hispani?   No. Non-Hispani.   No. Non-Hispani	Mal BIRTH (Mc/Day/ ril 09, 1940 rior to first marriage) Ever in US Am
Carson City  White  S. RACE (Specify)  White  S. Hispanic Origin's Specify No - Non-Hispanic  Non-Hours  Non-Hou	BIRTH (Mc/Day/ ril 09, 1940 ricr to first marriage) Ever in US Arm
White No - Non-Hispanic (Years) 83 MOS DAYS HOURS MINS April 198. STATE OF BIRTH (If not USICA, name country) California UNITED STATE 12  13. SOCIAL SECURITY NUMBER 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of 14b. KIND OF BUSINESS OR INDUSTRY Trucking 15a. CITY, TOWN OR LOCATION 15d. STREET AND NUMBER Nevada Douglas Wellington 18d. Artesia Rd 16b. COUNTY 15c. CITY, TOWN OR LOCATION 18d. Artesia Rd 16b. COUNTY 15b. CITY, TOWN OR LOCATION 18d. Artesia Rd 16b. COUNTY 15b. CITY, TOWN OR LOCATION 18d. Artesia Rd 16b. COUNTY 15b. CITY, TOWN OR LOCATION 18d. Artesia Rd 18d. Industry 16d. Lawrence HALL 18d. INFORMANT- NAME (First Middle Last Suffix) 16d. Artesia Rd 16b. COUNTY 18d. MAILING ADDRESS (Street or R.D. No, City or Town, State, Ze) 16d. Artesia Rd Wellington, Nevada 89444 19d. Burnal, CREMATION, REMOVAL, DTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory 19c. LOCATION 19d. Or Tow Carson City Nev 25d. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) 12d. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) 12d. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) 12d. Name And Address Artesia Rd Wellington, Nevada 89444 19d. Edition's Sierra Crematory 19d. Carson City Nev 25d. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) 12d. Name And Address Artesia Rd Wellington, Nevada 89444 19d. Edition's Sierra Crematory 19d. Carson City Nev 25d. Date Signature & Trib) 19d. Carson City Nev 25d. Date Signature & Trib) 19d. Carson City Nev 25d. Date Signature & Trib) 19d. Carson City Nev 25d. Date Signature & Trib) 19d. Carson City Nev 25d. Date Signature & Trib) 19d. Carson City Nev 25d. Date Signature & Trib) 19d. Carson City Nev 25d. Date Signature & Trib) 19d. Carson City Nev 25d. Date Signature & Trib) 19d. 18d. Date Signature & Trib) 19d. 18d. Date Signature & Trib) 19d. 18d. Date Signature & Trib	ril 09, 1940 nor to first marriage) Ever in US Am
98. SI FEOF BIRK (Filted USE)  13. SOCIAL SECURITY NUMBER  148. USUAL OCCUPATION (GIVE Kind of Work Done During Most of Trucking  158. CESTORICE - STATE  158. COUNTY  150. COUNTY  150. CITY, TOWN OR LOCATION  150. STREET AND NUMBER  16. FATHER/PARENT - NAME (First Middle Last Suffix)  Lawrence HALL  189. INFORMANT- NAME (First Middle Last Suffix)  Lawrence HALL  189. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 199. CEMETERY OR CREMATORY - NAME  Walton's Sierra Crematory  CARLEN THOMAS  SIGNATURE (Or Person Ading as Such)  CARLEN THOMAS  SIGNATURE AUTHENTICATED  170. BURIAL - NAME AND ADDRESS  SIGNATURE AUTHENTICATED  189. NAME AND ADDRESS  SIGNATURE AUTHENTICATED  189. NAME AND ADDRESS  SIGNATURE AUTHENTICATED  180. NAME AND ADDRESS OF GERTFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  201. DATE SIGNED (Mo/Day/Yr)  202. PONDUNCED DEAD (Mo/Day/Yr)  203. NAME AND ADDRESS OF CERTFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  204. REGISTRAR (Signature)  WESLEY T STOREY  205. IMMEDIATE CAUSE  (ENIER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (e).)  WESLEY T STOREY  206. Chronic Diastolic Congestive Heart Failure  100. Interval be  120. Interval be  120. Interval be  120. Interval be  120. Chronic Diastolic Congestive Heart Failure  120. Interval be  120.	Ever in US Am
Truck Driver   Trucking   Trucking   Trucking   Trucking   15a. RESIDENCE - STATE   16b. COUNTY   15c. CITY, TOWN OR LOCATION   15d. STREET AND NUMBER   Nevada   Douglas   Wellington   18d. Artesia Rd   17. MOTHER/PARENT - NAME (First Middle Last Suffix)   Elaine EBERHARD   18b. INFORMANT - NAME (First Middle Last Suffix)   Elaine EBERHARD   18b. INFORMANT - NAME (Type or Print)   Rampon   18b. MAIL ING ADDRESS   (Street or R.F.D. No. City or Town, State, Zip)   18b. BURIAL, CREMATION, REMOVAL, OTHER (Specify)   18b. CEMETERY OR CREMATORY - NAME   Tige, LOCATION   City or Town Carson City Nev Carson City New Malton's Sierra Crematory   Walton's Sierra Crematory   Walton's Funerals & Cremations - Chapel of 1281 N Roop Carson City Nev Bignature Authenticated   Signature Authe	
Nevada Douglas Wellington 188 Artesia Rd  16. FATHER/PARENT - NAME (First Middle Last Suffix) Lawrence HALL  189. INFORMANT- NAME (Type or Print) Karen HUTCHINS  180. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 189. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME Cremation Carson City Nev  20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN THOMAS SIGNATURE AUTHENTICATED  17. MOTHER/PARENT - NAME (First Middle Last Suffix) Elaine EBERHARD  188. Artesia Rd Wellington, Nevada 89444  19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME Cremation Walton's Sierra Crematory  20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN THOMAS SIGNATURE AUTHENTICATED  128b. FUNERAL DIRECTOF 20c. NAME AND ADDRESS OF FACILITY Walton's Funerals & Cremations-Chapel of LICENSE NUMBER FD861  1281 N Roop Carson City NV 89:  22a. On the best of my knowledge, death occurred at the time, date and place and due to the cause(s) statec, (Signature & Tale) SIGNATURE AUTHENTICATED  22b. DATE SIGNED (Mo/Day/Yr)  22c. HOUR OF DEATH Color of Print)  22b. DATE SIGNED (Mo/Day/Yr)  22c. HOUR OF DEATH Color of Print)  22b. DATE SIGNED (Mo/Day/Yr)  22c. HOUR OF DEATH Color of Print)  22c. HOUR OF DEATH Color of Print)  22c. HOUR OF DEATH Color of Print)  22c. HOUR OF Print)  22c. HOUR OF Print)  22d. PRONOUNCED DEAD (Mo/Day/Yr)  22d. PRONOUNCED DEAD (Mo/Day/Yr)  22d. DATE SIGNED (Mo/Day/Yr)  22d. PRONOUNCED DEAD (Mo/Day/Yr)  22d. PRONOUNCED DEAD (Mo/Day/Yr)  22d. DEATH DUE TO COME YES  24d. DEATH DUE TO COME YES  25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (e).)  25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (e).)  25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (e).)  25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (e).)  26 Immediate Cause (Color of Print) (Mo/Day/Yr) (Mo/Day/Yr) (Mo/Day/Yr) (Mo/Day/Yr) (Mo/Day/Yr) (Mo/Day/Yr) (Mo/Day/Yr) (Mo/Day/Yr) (Mo	Forces? No
16. FATHER/PARENT - NAME (First Middle Last Suffix)  Lawrence HALL  18a. INFORMANT - NAME (Type or Print)  Karen HUTCHINS  18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)  18a. INFORMANT - NAME (Type or Print)  18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)  18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)  18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)  18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)  18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)  18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)  18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)  18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)  18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)  18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)  18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)  18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)  18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)  18b. Artesia Rd Wellington, Nevada 89444  19c. LOCATION City or Town Carson City Nev  Carson City Nev  Carson City Nev  Walton's Funerals & Cremations-Chapel of  12c. NAME AND ADDRESS OF FACILITY  Waltons Funerals & Cremations-Chapel of  12c. NAME AND ADDRESS OF Carson City N.V. 897  21c. HOUR OF DEATH  21c. HOUR OF DEATH  21c. HOUR OF DEATH  21c. HOUR OF DEATH  22d. PRONOUNCED DEAD (Mo/Day/Yr)  22d. DATE SIGNED (Mo/Day/Yr)  22d. DATE SIGNED (Mo/Day/Yr)  22d. DATE SIGNED (Mo/Da	15a. INSIDE CITY LIMITS (Specify Y
188. INFORMANT- NAME (Type or Print) Karen HUTCHINS  188. ARIL NIG ADDRESS (Street or R.F.D. No., City or Town, State, Zip) Karen HUTCHINS  198. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME Cremation  Carson City Nev  20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN THOMAS SIGNATURE AUTHENTICATED  TRADE CALL - NAME AND ADDRESS  SIGNATURE AUTHENTICATED  TRADE CALL - NAME AND ADDRESS  SIGNATURE AUTHENTICATED  TRADE CALL - NAME AND ADDRESS  SIGNATURE AUTHENTICATED  SIGNATURE AUTHENTICATED  12b. DATE SIGNED (Mo/Day/Yr)  21c. HOUR OF DEATH OCtober 22, 2023  21d. NAME OF ATTENDING PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  24a. REGISTRAR (Signature)  WESLEY T STOREY SIGNATURE AUTHENTICATED  SIGNATURE AUTHENTICATED  24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 23, 2023  15t. DATE SIGNED (Mo/Day/Yr)  24c. DEATH DUE TO COMM YES  Chronic Diastolic Congestive Heart Failure	er No) No
Cremation  Cremation  Carson City Nev  20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)  CARLEN THOMAS  SIGNATURE AUTHENTICATED  TRADE 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 & Trile)  SIGNATURE AUTHENTICATED  21b. DATE SIGNED (Mo/Day/Yr)  October 22, 2023  21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER  22a. NAME AND ADDRESS OF ERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  23b. FUNERAL DIRECTOF 20c. NAME AND ADDRESS OF FACILITY  Walton's Sierra Crematory  Walton's Punerals & Cremations-Chapel of 128h (Physician in my opinion dead at the time, date and place and due to the cause(s) stated. (Signature & 22b. DATE SIGNED (Mo/Day/Yr)  22b. DATE SIGNED (Mo/Day/Yr)  22c. HOUR OF DIA Signature of Print)  22d. PRONOUNCED DEAD (Mo/Day/Yr)  22d. DATE RECEIVED BY REGISTRAR  24d. DEATH DUE TO COMPANY (Mo/Day/Yr)  24d. DATE RECEIVED BY REGISTRAR  24d. DEATH DUE TO COMPANY (Mo/Day/Yr)  25d. Interval be  Interval be  Interval be	
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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 JOSEPH W HEFLIN JR MD  21b. DATE SIGNED (Mo/Day/Yr) October 22, 2023  21c. HOUR OF DEATH October 22, 2023  21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER OF Type or Print)  23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  24a. REGISTRAR (Signature)  WESLEY T STOREY SIGNATURE AUTHENTICATED  24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 23, 2023  24c. DEATH DUE TO COMPART (Mo/Day/Yr) October 23, 2023  Interval be Interval be	
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Joseph W Heflin Jr MD 1600 Medical Parkway Carson City, NV 89/03  24a. REGISTRAR (Skynature)  WESLEY T STOREY SIGNATURE AUTHENTICATED  24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 23, 2023  YES  Interval be PART I (a) Chronic Diastolic Congestive Heart Failure	
SIGNATURE AUTHENTICATED  WESLEY T STOREY  SIGNATURE AUTHENTICATED  (Mo/Day/Yr) October 23, 2023  YES  25, IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  PART I (a) Chronic Diastolic Congestive Heart Failure	15218
PART I (a) Chronic Diastolic Congestive Heart Failure	ио 🗵
DUE TO, OR AS A CONSEQUENCE OF:	tween onset and
(b) Coronary Artery Disease	tween onset and
DUE TO, OR AS A CONSEQUENCE OF: Pulmonary Hypertension	tween onset and
DUE TO, OR AS A CONSEQUENCE OF: Sleep Apnea	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  26. AUTOPSY (Specify Yes or No) No	etween onset and
286. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)  28b. DATE OF INJURY (MorDay/Yr)  28c. HOUR OF INJURY  28d. DESCRIBE HOW INJURY OCCURRED	etween onset and 27. WAS CASE REFERRED TO CO (Spedfy Yes or No)
28e. INJURY AT WORK (Specify Ves or No) 28f. PLACE OF INJURY At home, farm, street, factory, office 28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN Ves or No)	etween onset and





CERTIFIED COPY OF VITAL RECORDS Codyd Phinique

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.

DATE ISSUED:

10/24/2023

STATE REGISTRAR



