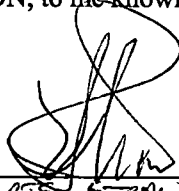





Personally came before me this 24<sup>th</sup> day of April, 2023, the above named KAREN L. GARRISON, to me known to be the people who executed the foregoing instrument and acknowledged the same.



VALERIE STRAW, Notary Public  
DOUGLAS County, NEVADA  
My Commission 1/28/2025

 VALERIE STRAW  
Notary Public - State of Nevada  
Appointment Recorded in Douglas County  
No: 08-7375-5 - Expires January 28, 2025

COPY

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4340666

**CERTIFICATE OF DEATH**

2023006579  
STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

**DECEDENT**

IF DEATH  
OCCURRED IN  
INSTITUTION SEE  
HANDBOOK  
REGARDING  
COMPLETION OF  
RESIDENCE  
ITEMS

**PARENTS**

**DISPOSITION**

**TRADE CALL**

**CERTIFIER**

**REGISTRAR**

**CAUSE OF  
DEATH**

CONDITIONS IF  
ANY WHICH  
GAVE RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Betty A MESSIER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 20, 2023</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or number) <b>1370 Muir Drive</b>		3e. If Hosp. or Inst. indicate DOA,OP/ Emer. Rm. Inpatient(Specify) <b>Home</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>90</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Saskatchewan</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
13. SOCIAL SECURITY NUMBER <b>4271</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>CUSTOMER SERVICE</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>GOVERNMENT</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1370 Muir Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Roy Aldo WOLLENHAUPT</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Emma POLSFUT</b>		
18a. INFORMANT - NAME (Type or Print) <b>Karen GARRISON</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>P.O. Box 1072 Gardnerville, Nevada 89460</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CARLEN THOMAS</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD861</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>NITA SCHWARTZ MD</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>March 24, 2023</b>		21c. HOUR OF DEATH <b>02:08</b>		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
22a. On 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)				22b. DATE SIGNED (Mo/Day/Yr)	
				22c. HOUR OF DEATH	
				22d. PRONOUNCED DEAD (Mo/Day/Yr)	
				22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>9114</b>	
24a. REGISTRAR (Signature) <b>SCOTT SHELDON SPANGLER</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 29, 2023</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Cerebral Atherosclerosis</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Unknown Etiology</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b></b> DUE TO, OR AS A CONSEQUENCE OF: (d) <b></b>					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Idiopathic Normal Pressure Hydrocephalus, Alzheimers Dementia</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED					
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	



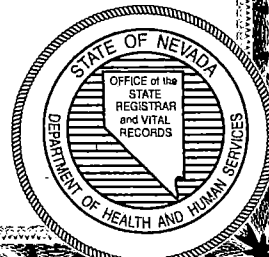
**CERTIFIED COPY OF VITAL RECORDS**

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.

DATE ISSUED: **3/31/2023**

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

*Scott Spangler*  
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE