



interest of said AURORA ITURRI in and to the real property described herein.

Dated this 23 day of August, 2024.

Jose A. Iturri  
JOSE ANTONIO ITURRI

STATE OF NEVADA     )  
  )  
COUNTY OF DOUGLAS    )

On this 23<sup>rd</sup> day of August, 2024, personally appeared before me, a Notary Public, Jose Antonio Iturri, personally known or proved to me to be the person whose name is subscribed to the above instrument and who acknowledged that she executed the above instrument.

[Signature]  
NOTARY PUBLIC



# STATE OF ARIZONA

## CERTIFICATION OF VITAL RECORD

ORIGINAL  
STATE COPY

### STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS CERTIFICATE OF DEATH

State File Number  
102-2024-041689

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX), <b>AURORA, , ITURRI</b>		2. AKA'S (IF ANY)		3. DATE OF DEATH <b>08/06/2024</b>	
4. SEX <b>FEMALE</b>		5. SOCIAL SECURITY NUMBER [REDACTED]-9616		6. DATE OF BIRTH <b>06/05/1934</b>	
7. AGE <b>90 YEARS</b>					
8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH <b>SCOTTSDALE, MARICOPA, 85251</b>					
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS) <b>NURSING HOME/LONG TERM CARE - THE GARDENS OF SCOTTSDALE</b>					
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>LINTZOAIN, SPAIN</b>		11. MARITAL STATUS <b>WIDOWED</b>		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) <b>NOT LISTED</b>	
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP) <b>6001 E THOMAS ROAD, SCOTTSDALE, MARICOPA, AZ, 85251</b>					
14. DECEDENT'S HISPANIC ORIGIN(S): <b>SPANISH</b>		15. DECEDENT'S RACE(S) <b>WHITE</b>		16. EVER IN ARMED FORCES <b>NO</b>	
17. OCCUPATION <b>HOMEMAKER</b>					
18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>ANTONIO, , URRUTIA</b>			19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) <b>MARGARITA, AZCARATE, ELIZALDE</b>		
20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>JOSÉ, ANTONIO, ITURRI</b>				21. RELATIONSHIP <b>SON</b>	
22. INFORMANT'S MAILING ADDRESS <b>6230 E MONTEROSA STREET, SCOTTSDALE, AZ, 85251</b>					
23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON <b>MESSINGER INDIAN SCHOOL MORTUARY 7601 E INDIAN SCHOOL ROAD, SCOTTSDALE, AZ, 85251</b>			24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON <b>MARLEY, G., SAGE</b>		25. LICENSE NUMBER <b>FDL-001574</b>
26. METHOD(S) OF DISPOSITION <b>REMOVAL/BURIAL</b>		27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY <b>EASTSIDE MEMORIAL PARK, MINDEN, NV, US</b>		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
<b>MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I</b>					
29. A. IMMEDIATE CAUSE OF DEATH <b>SENILE DEGENERATION OF THE BRAIN</b>				30. APPROXIMATE INTERVAL <b>UNKNOWN</b>	
31. B. DUE TO OR AS A CONSEQUENCE OF:				32. APPROXIMATE INTERVAL	
33. C. DUE TO OR AS A CONSEQUENCE OF:				34. APPROXIMATE INTERVAL	
35. D. DUE TO OR AS A CONSEQUENCE OF:				36. APPROXIMATE INTERVAL	
<b>CAUSE OF DEATH PART II</b>					
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:			38. INJURY? <b>NO</b>	39. INJURY AT WORK? <b>NO</b>	40. MANNER OF DEATH <b>NATURAL DEATH</b>
			41. TIME OF DEATH <b>02:22</b>	42. WAS AN AUTOPSY PERFORMED? <b>NO</b>	43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
<b>CAUSE AND MANNER CERTIFICATION</b>					
TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ABOVE IS CORRECT AND THE DEATH OCCURRED DUE TO THE CAUSE(S) AND MANNER			44. NAME OF PERSON COMPLETING CAUSE OF DEATH <b>KATY, , LOCKHART</b>		45. DATE CERTIFIED <b>08/06/2024</b>
46. CERTIFIER'S ADDRESS <b>1510 E FLOWER STREET #BLDG 2, PHOENIX, AZ, 85014</b>					

Date Registered: 08/07/2024

Date Issued: 08/09/2024

VS-49 Rev. 12/2017



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA.  
Revised 07/2016

*Krystal Colburn*  
**KRYSTAL COLBURN  
ASSISTANT STATE REGISTRAR**



This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE