

that said certified copy of Certificate of Death is hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth.

Helen H. Partridge
HELEN H. PARTRIDGE

Subscribed and sworn to before me
this 19th day of March, 1986.

Marie Y. Neis
NOTARY PUBLIC



STATE OF NEVADA

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
 DIVISION OF HEALTH SECTION OF VITAL STATISTICS
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	LOCAL FILE NUMBER DECEASED—NAME First Middle Last Ernest Oscar BAUMANN	DATE OF DEATH (Month, Day, Year) 2 Dec. 10, 1985	STATE FILE NUMBER COUNTY OF DEATH 3a Eureka
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH Eureka		HOSPITAL OR OTHER INSTITUTION—Name (If not within give street and number) 10114 Main St.
	RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4a White		ETHNIC 4b
1	AGE—Last Birthday (Years) 5a 77	UNDER 1 YEAR MOS. DAYS 5b	UNDER 1 DAY HOURS MIN. 5c
	DATE OF BIRTH (Mo., Day, Yr.) 6 Sept. 20, 1908	SEX 7 Male	
2	STATE OF BIRTH (If not U.S.A., name country) 8 Nevada	CITIZEN OF WHAT COUNTRY 9 USA	
	SOCIAL SECURITY NUMBER 12	USUAL OCCUPATION (Give kind of work done during most of Working Life, Even if Retired) 14a Rancher	MARRIED, NEVER MARRIED, DIVORCED, WIDOWED 11 Never Married
3	RESIDENCE—STATE 15a Nevada	COUNTY 15b Eureka	CITY, TOWN, OR LOCATION 15c Eureka
	FATHER—NAME First Middle Last 18 Emil Baumann	MOTHER—Maiden Name First Middle Last 19 Ida	16b 1107 Court St. Eureka, Nevada 89801
4	INFORMANT—NAME (Type or Print) 17 Werner Baumann	MAILING ADDRESS 16b 1107 Court St. Eureka, Nevada 89801	
	RELIGION 14c Cremation	CEMETERY OR CREMATORY—NAME 15b Sunset Lawn Crematory	LOCATION 16c Salt Lake City, Utah
5	NAME OF FUNERAL HOME 20a Burns Funeral Home, Inc.	ADDRESS OF FACILITY 20b P.O. Box 660 Eureka, Nevada 89801	
	DATE SIGNED December 16, 1985	SIGNATURE OF DECEASED Ernest Oscar Baumann	
6	NAME OF ATTENDING PHYSICIAN 21a Kenneth E. Jones, Box 86, Eureka, NV 89816	DATE RECEIVED BY REGISTER (Month, Day, Year) 21b 1-10-86	
	IMMEDIATE CAUSE 22a Gunshot wound to head.	MANNER OF DEATH 22b	
7	OTHER SIGNIFICANT COMMENTS 23a Undet	DATE OF INJURY (Mo., Day, Yr.) 23b 12-10-85	HOUR OF INJURY 23c 1:00 AM
	PLACE OF INJURY—(At home, farm, school, factory, office, building, etc.) (Specify) 23d Home	LOCATION 23e 10114 Main Street Eureka, NV 89316	

This is to certify that the above is a true and correct copy of the certificate on file in this office. VITAL RECORDS

Date Issued: **FEB 06 1986**

By: *Catherine S. L.* Deputy Registrar

No 55561

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86 MAR 24 A 8:33

OFFICIAL RECORDS
 EUREKA COUNTY, NEVADA
 M.L. REBALEATI, RECORDER
 FILE NO 102181
 FEE \$7.00

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EXHIBIT A