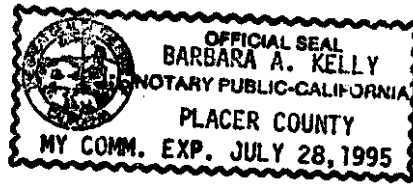




State of California )  
 ) ss  
County of Placer )



On this 6th day of March, 1992, Howard L. Brown, personally appeared before me a Notary Public for the State of California, and who acknowledged to me that he executed the above instrument.

*Barbara A. Kelly*  
\_\_\_\_\_  
Notary Public

COPY

BOOK 232 PAGE 445

WHEN CERTIFIED IN PURPLE INK THIS IS A TRUE AND CORRECT COPY OF THE RECORD ON FILE IN THE OFFICE OF THE PLACER COUNTY RECORDER.

Mary Ann Hulse, County Registrar  
 By *[Signature]* **SEAL Affixed**

**CERTIFICATE OF DEATH**  
 STATE OF CALIFORNIA  
 USE BLACK INK ONLY

3913100 1288  
 LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER		1A. NAME OF DECEDENT—FIRST GIVEN <b>VELMA</b>		1B. MIDDLE <b>LOUISE</b>	1C. LAST (FAMILY) <b>BROWN</b>	2A. DATE OF DEATH—MO. DAY, YR. <b>DECEMBER 8, 1991</b>		2B. HOUR <b>0730</b>	2C. SEX <b>F</b>		
DECEDENT PERSONAL DATA	4. RACE <b>WHITE</b>	5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MO. DAY, YR. <b>MARCH 13, 1905</b>		7. AGE IN YEARS <b>86</b>	8. UNDER 1 YEAR MONTHS DAYS	9. UNDER 24 HOURS HOURS MINUTES			
	6. STATE OF BIRTH <b>CA</b>	8. CITIZEN OF WHAT COUNTRY <b>USA</b>	10A. FULL NAME OF FATHER <b>CHARLES ALFRED ISBELL</b>		10B. STATE OF BIRTH <b>CA</b>	11A. FULL MAIDEN NAME OF MOTHER <b>GERTRUDE DENA DeYOUNG HOLLAND</b>		11B. STATE OF BIRTH <b>HOLLAND</b>			
	12. MILITARY SERVICE <b>19 TO 19 NONE</b>	13. SOCIAL SECURITY NO. <b>[REDACTED]</b>		14. MARITAL STATUS <b>MARRIED</b>		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) <b>HOWARD LEVAR BROWN</b>					
	16A. USUAL OCCUPATION <b>CLERK TYPIST</b>	16B. USUAL KIND OF BUSINESS OR INDUSTRY <b>CLERICAL</b>		16C. USUAL EMPLOYER <b>McCLELLAN AFB</b>		16D. YEARS IN OCCUPATION <b>16</b>	17. EDUCATION—YEARS COMPLETED <b>13</b>				
USUAL RESIDENCE	18A. RESIDENCE—STREET AND NUMBER OR LOCATION <b>22305 CANYON WAY</b>				18B. CITY <b>COLFAX</b>	18C. ZIP CODE <b>95713</b>					
	18D. COUNTY <b>PLACER</b>	18E. NUMBER OF YEARS IN THIS COUNTY <b>58</b>	18F. STATE OR FOREIGN COUNTRY <b>CA</b>		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>HOWARD LEVAR BROWN - SPOUSE 22305 CANYON WAY COLFAX, CA 95713</b>						
PLACE OF DEATH	19A. PLACE OF DEATH <b>RESIDENCE</b>		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA <b>---</b>		19C. COUNTY <b>PLACER</b>						
	19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>22305 CANYON WAY</b>				19E. CITY <b>COLFAX</b>		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input checked="" type="checkbox"/> YES <b>080023</b> <input type="checkbox"/> NO		23. WASopsy PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
CAUSE OF DEATH	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) <b>PROBABLE MYOCARDIAL INFARCTION</b>						TIME INTERVAL BETWEEN ONSET AND DEATH <b>HRS</b>		24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	DUE TO (B) _____								24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	DUE TO (C) _____										
	25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 <b>COPD, Alzheimer's Disease, Chronic Renal Failure</b>						26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. <b>NO</b>				
PHYSICIAN'S CERTIFICATION	I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.				27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER <i>[Signature]</i>		27C. CERTIFIER'S LICENSE NUMBER <b>G17445</b>	27D. DATE SIGNED <b>12/10/91</b>			
	27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR <b>2/13/80</b>		DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR <b>11/13/91</b>		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS <b>3240 ARDEN WAY, SACRAMENTO, CA 95825</b>		A. BRANDWEIN, M.D.,				
CORONER'S USE ONLY	I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.				28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>		28B. DATE SIGNED				
	29. MANNER OF DEATH—specify one: natural, accidental, homicide, suicide, pending investigation of cause not yet determined		30A. PLACE OF INJURY		30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR		
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)				33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)							
FUNERAL DIRECTOR AND LOCAL REGISTRAR	34A. DISPOSITION <b>CR/BU</b>		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS <b>CHAPEL OF THE CHIMES, 2601 SANTA ROSA AVE., SANTA ROSA, CA 95407</b>			34C. DATE MO. DAY, YEAR <b>DEC 14, 1991</b>		35A. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		35B. LICENSE NUMBER	
	36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>NEPTUNE SOCIETY OF SACRAMENTO</b>		36B. LICENSE NO. <b>1335</b>		37. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>		38. REGISTRATION DATE <b>DEC 12 1991</b>				
STATE REGISTRAR	A.	B.	C.	D.	E.	F.	CENSUS TRACT				

VS-11 (REV. 3-81)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

BOOK 232 PAGE 446

BOOK 232 PAGE 444  
 OFFICIAL RECORDS  
 RECORDED AT THE REQUEST OF  
*Howard & Brown*  
 92 MAR -9 P157  
 EUREKA COUNTY, NEVADA  
 M.N. REBALEATI, RECORDER  
 FILE NO. 140178  
 FEE \$ 7.00