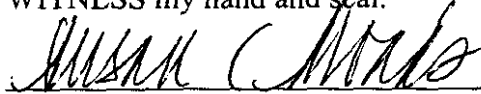


On September 20, 2004, before me, the undersigned, a Notary Public in and for said County and State, personally appeared Lorraine B. Dotson, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same.

WITNESS my hand and seal.



Susan C. Rhoads
Washoe County, Nevada
My commission expires 07/23/08



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

ROLL 106 IMAGE 960

LOCAL FILE NUMBER **945**

STATE FILE NUMBER

DECEDENT	1. DECEASED—NAME First Middle Last James E. DOTSON		2. DATE OF DEATH (Month, Day, Year) April 8, 2002		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Saint Mary's Regional Center		3e. Inpatient <input checked="" type="checkbox"/> 4. Male	
PARENTS	5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7a. AGE—Last Birthday (Years) 73	
	8. DATE OF BIRTH (Mo., Day, Yr.) May 28, 1928		9a. STATE OF BIRTH (If not U.S.A., name country) Nevada		9b. CITIZEN OF WHAT COUNTRY U.S.A.	
DISPOSITION	10. Decedent's Education. Specify highest grade completed. 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Lorraine Berrueta	
	13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Owner/Operator		14b. KIND OF BUSINESS OR INDUSTRY Gaming	
CERTIFIER	15a. RESIDENCE—STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN, OR LOCATION Reno	
	15d. STREET AND NUMBER 5 Bitterbrush Rd.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
CAUSE OF DEATH	16. FATHER—NAME First Middle Last Timothy James Dotson		17. MOTHER—MAIDEN NAME First Middle Last Myrtle Crosley			
	18a. INFORMANT—NAME (Type or Print) Lorraine Dotson		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 5 Bitterbrush Rd., Reno, Nevada 89523			
CAUSE OF DEATH	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada	
	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 9		20c. NAME AND ADDRESS OF FACILITY Northern Nevada Memorial 616 S. Wells Ave. Reno, Nevada 89502	
CAUSE OF DEATH	21a. To be completed by CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 4-10-02		21c. HOUR OF DEATH 1450		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) JOHN A. SHIELDS, MD 236 W SIXTH ST #400 RENO NV 89503	
	22a. To be completed by CORNER & OFFICE 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) and manner stated. <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.)		22b. PRONOUNCED DEAD (Mo., Day, Yr.)		22c. PRONOUNCED DEAD (Hour)	
CAUSE OF DEATH	23a. REGISTRAR <i>[Signature]</i> Wendy Cantu Dep.		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) April 10, 2002		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Metastatic Adenocarcinoma of Brain DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death None		(b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death		(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. PART I	
CAUSE OF DEATH	26. 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. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

No. 181240

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

193605

STATE REGISTRAR

Deputy Registrar: *[Signature]*

Date: **AUG 6 2004**

