APN# NONE

Recording Requested by and Return To:

Vaughan & Hull, Ltd. P.O. Box 1420 Elko, NV 89803 BOOK 408 PAGE 50 -53
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Vaughn + Shull
2005 MAR 21 PM 1:00

EUREKA COUNTY, NEVADA M.N. REBALEATI, RECORDER FILE NO. FEE\$ /75

196561

CERTIFICATION OF TRUST

CERTIFICATION OF TRUST

STATE OF NEVADA)
) SS.
COUNTY OF ELKO)

The undersigned Trustees hereby declare, represent and confirm, pursuant to Nevada Revised Statutes Chapter 164:400-440.

- A. The ROBERTA M. DAMELE REVOCABLE TRUST was created by a Revocable Trust executed on February 7, 1991.
 - B. The Settlor of the Trust was ROBERTA M. DAMELE.
 - C. The Trustee of the Trust was ROBERTA M. DAMELE.
- D. The Trust Agreement was amended and restated April 28, 1994, and September 7, 1999.
- E. The powers of the Trustee and any restrictions imposed upon the Trustee in dealing with the assets of the Trust are as set out in Section VII of the Trust in the attached copies of pages 6 and 7 of the Trust Agreement.
 - F. The Trust was revocable by ROBERTA M. DAMELE.
- G. The powers of the Trustee were to be exercised by ROBERTA M. DAMELE.
- H. ROBERTA M. DAMELE, who was also known as ROBERTA MERIALDO DAMELE, died on July 13, 2004, as evidenced by Certificate of Death attached hereto, and pursuant to the terms of the Trust ARLENE DAMELE SMITH and STEPHANIE DAMELE SITTNER became the Co-Trustees of said Trust, unless either is unwilling or unable to serve as Trustee, and then the other shall act as the sole Trustee.
- I. The assets comprising the Trust were conveyed to ROBERTA M. DAMELE, Trustee of the ROBERTA M. DAMELE TRUST dated February 7, 1991.
- J. Upon the death of ROBERTA M. DAMELE, the Trust provides the Trust assets be distributed to her daughters, ARLENE DAMELE SMITH and STEPHANIE DAMELE SITTNER.

The undersigned hereby certify that the Trust has not been revoked or amended to make any representations contained in this certification incorrect, and that the signature of the Trustee below is that of the currently acting Trustees and further declare under the penalty of perjury that the foregoing is true and correct.

Reproduction of this executed original (with reproduced signatures) shall be deemed to be original counterparts of this Certificate. DATED the 2nd day of March, 2005. ARLENE DAMELE SMITH, Trustee STEPHANIE DAMELE SITTNER, Trustee STATE OF NEVADA) SS. COUNTY OF ELK The foregoing instrument is acknowledged before me this ____ day of __ 2005, by ARLENE DAMELE SMITH, Trustee of the ROBERTA M. DAMELE REVOCABLE TRUST. **NOTARY PUBLIC** STATE OF) SS. Elko County · Nevada CERTIFICATE # 92-0651-6 APPT. EXP. NOV. 1, 2008 COUNTY OF CLAC The foregoing instrument is acknowledged before me this

2005, by STEPHANIE DAMELE SITTNER, Trustee of the ROBERTA M. DAMELE

Tofucial Miller NOTARY PUBLIC 2/3/09

REVOCABLE TRUST.

HOLD TO LIGHT TO VIEW WATERMARK

STATE OF COLORADO CERTIFICATE OF DEATH

STATE FILE NUMBER

	1. DECEDENT'S NAME (Firs	A BALLIANA C N				2. SEX 13 DATE OF D	5 4 5 4 4 4 5 14 C
			ai al da	DAMET			EATH (Month, Day, Year)
EDENT	Koberta	5a. AGE - Last	ialdo 55. UNDER 1 YEAR	DAMELI 5c. UNDER 1 DAY	6. DATE OF BIRTH		13, 2004 CE (City and State or Fo
- 1	4. SOCIAL SECURITY NUMBER	Birthday (Years)	Mos Days	Hrs Mins	(Month, Day, Year)	Country)	DE (City and Stelle of Po
	2 Will a scale sur five a	83	<u> </u>		June 6, 1921	Eurek	ı. Nevada
ì	8. WAS DECEDENT EVER II U.S. ARMED FORCES?		SEATH (Check only one)	· · ·			
	CiYes CXNo		npatient DER/Outpat	fent DOA XON	raing Home C Residence		1 1
}	9b. FACILITY NAME III not in	stitution, give street a	nd number)	9c. CITY,	TOWN, OR LOCATION OF DE	EATH 8	d. COUNTY OF DEATH
	Elms Haven Ca	re Center		_	Thornton	The state of the s	Adams
- }	10a. DEGEDENT'S USUAL O	CCUPATION	106. KIND OF BUSI	NESS/INDUSTRY	11. MARITAL STAT Never Married.	US - Married, 12, SPOU: Widowed	SE (If wife, give melden n
	(Give kind of work done of Do <u>not</u> use retired.)	annig most of weaking			Divorced (Spec	(14)	1
į	Rancher		Ranci	hina	Wilder	rod John	V. Damele
	13a. RESIDENCE STATE 1	36. COUNTY		N, OR LOCATION	WICHOW 13d STREET AND		V. Damere
Į	Nevada	Eureka	Eure		1/2 6		- N
ŀ	13e. INSIDE 13f. ZIP C	ODF 14 W	AS DECEDENT OF HISP	ANIC ORIGIN? 11	S. RACE: American Indian.	pring Street	CATION (Specify only hig
- 1	CITY LIMITS?	(\$	pecify No or Yes . If yes lexican, Puerlo Rican, et	, specify Cuban, c.)	Black, White, etc. (Specify)	grade completed) (3) (0 through 12) Collect	ementary or secondary ge (13 through 16 or 17+
l	OCY#S	X	No DYes	a way of		7	
. `		210 L	70%	1, 1 (A)	White		L6
sk	17. FATHER-NAME (First, M	(iddie, ¿asi)	I IB. MOTHERIN	AME (First, Middle, Last (A	faiden Namel) 19. INF(DRIMANT-NAME and relation	nahip to deceased.
`		rialdo	Dolores			<u>ene Smith - I</u>	aughter
	20a. METHOD OF DISPOSIT	7 4 7 3 4	205. PLACE OF other place	F DISPOSITION (Name of c	emetery, crematory, or 20c.	LOCATION - City or Town.	State
ION	D Burlai D Cremation 10 A						
\neg	Donation Other (Special	· · · · · · · · · · · · · · · · · · ·	Eureka	Catholic Cem	eterv E	ureka. Nevada	1
- 1	214 SIGNATURE OF FUNER	AL DIRECTOR OR PE			D ADDRESS OF FACILITY:		<u> </u>
ļ		-		Olinoa	r Highland Mo	Ttu orm	'
Ų	▼		/	The state of the s	Grant Street.		2ip: 80229
	224 REGISTRAR'S SIGNAT	URE A	1 1 >	<u> 1 10201</u>	22b: DATE FILED IMONTH		<u> 00229</u> ≪+
	→ → → →	A	Jack W	\		ann I	
				10 XXVIII	TOT INC	1904	i, f
	23. TIME OF DEATH	24. DATE PRONOU	NCÉD DEAD	responsible.	25. WAS CO	RONER NOTIFIED?	
1	23. THE OF DEATH	24. DATE PRONOU	NCED DEAD	004° (5	MOUT IN 1Year or it	RONER NOTIFIED?	(1)"
ſ	6-53A. M	Month JUL)	NCED DEAD		31.7. Year)	Mrz -	
f	6 - 5 3A, M	Month UL)	NCED DEAD	CIAN	TO BE C	OMPLETED BY CORONER	
	6-53A. M	Month UL)	NCED DEAD	CIAN	70 BE C	OMPLETED BY CORONER	opinion death occurred
	6 - 5 3A, M	Month UL)	NCED DEAD	CIAN	70 BE C	OMILETED BY CORONER	opinion death occurred
R	TO BE 26. To the best of my knowle the cause(s) and manner	COMPLETED ONLY dge, death occurred a as stated.	NCED DEAD	CIAN 2	TO BE C	OMPLETED BY CORONER on and/or investigation, in my due to the cause(s) and man	opinion death occurred
R	G = 53A, M TO BE 28. To the best of my knowle the cause(s) and manner Signature	COMPLETED ONLY dge, delath occurred a as styled.	NCED DEAD	CIAN 2	TO BE C.	OMPLETED BY CORONER on and/or investigation, in my due to the cause(s) and man	opinion death occurred
E	6 - 534, M TO BE 28. To the best of my knowle the cause(s) and manner Signature 28. DATE SIGNED (Month, D	Month VL) COMPLETED ONLY doe, dight occurred a as stated.	NO ED DEAD 2 SY CERTIFYING PHYSI I the time, date and place	CIAN and dig to 2	TO BE C.	OMPLETED BY CORONER on and/or investigation, in my due to the cause(s) and man	opinion death occurred
E	28. To the best of my knowle the cause(s) and manner Signature 28. DATE SIGNED (Month, D	COMPLETED ONLY dge, dash occurred a as staded. 4// Yulr) 13 NG ADDRESS OF CE	NOED DEAD BY CERTIFYING PHYSI I the time, date and place O 4 RTIFIER/CORONER (Type)	ICIAN and d0/ to 2	TO BE C TO No the basis of examination lime, date and place, and Signature PATE SIGNED (Month, Da	OMPLETED BY CORONER on and/or investigation, in my due to the cause(s) and man	opinion death occurred there as stated.
R	28. To the best of my knowle the cause(s) and manner Signature 28. DATE SIGNED (Month, D	COMPLETED ONLY dge, dgth occurred a as staded. ay, YM7) 13 NG ADDRESS OF CE	BY CERTIFYING PHYSI I the time, date and place	ICIAN and d0/ to 2	TO BE C TO No the basis of examination lime, date and place, and Signature PATE SIGNED (Month, Da	OMPLETED BY CORONER on and/or investigation, in my due to the cause(s) and man	opinion death occurred ner as stated.
≅R	6 - 534, M TO BE 28. To the best of my knowle the cause(s) and manner Signature 28. DATE SIGNED (Month, D	COMPLETED ONLY dge, dash occurred a as stagled. 13 ING ADDRESS OF CE A FRA	NOED DEAD BY CERTIFYING PHYSI I the time, date and place O 4 RTIFIER/CORONER (Type W CISCA	ician and d0/10 2 2 a/Print) n D P - 0	TO BE C TO No the basis of examination lime, date and place, and Signature PATE SIGNED (Month, Da	OMPLETED BY CORONER on and/or investigation, in my due to the cause(s) and man	opinion death occurred ner as stated.
₽.	28. To the best of my knowle the cause(s) and manner Signature 28. DATE SIGNED (Month, D 30. NAME, TITLE AND MAIL!	COMPLETED ONLY dge, dash occurred a as stagled. 13 ING ADDRESS OF CE A FRA	NOED DEAD BY CERTIFYING PHYSI I the time, date and place O 4 RTIFIER/CORONER (Type W CISCA	ician and d0/10 2 2 a/Print) n D P - 0	TO BE C TO No the basis of examination lime, date and place, and Signature PATE SIGNED (Month, Da	OMPLETED BY CORONER on and/or investigation, in my due to the cause(s) and man	opinion death occurred there as stated.
R	28. To the best of my knowle the cause(s) and manner Signature 28. DATE SIGNED (Month, D 30. NAME. TITLE AND MAIL!	COMPLETED ONLY doe, dath occurred a as stated. 13 ING ADDRESS OF CE A FRA HYSICIAN IF OTHER	NOED DEAD BY CERTIFYING PHYSI I the lime, date and place O 4 RTIFIER/CORONER (Type// THAN CERTIFIER (Type// FINJURY 335, TIME	CIAN 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	TO BE C TO No the basis of examination lime, date and place, and Signature PATE SIGNED (Month, Da	OMPLETED BY CORONER on and/or investigation, in my due to the cause(s) and mark sy, Year) G DENVER	opinion death occurred iner as stated.
ER	28. To the best of my knowle the cause(s) and manner Signature 28. DATE SIGNED (Month, D 20 NAME, TITLE AND MAILS OF ATTENDING P 31. NAME OF ATTENDING P 32. MANNER OF DEATH	COMPLETED ONLY dge, dath occurred a as staded. 13 ING ADDRESS OF CE A FRA HYSICIAN IF OTHER 33a. DATE OF IMPARTS	NO ED DEAD SY CERTIFYING PHYSI I the lime, date and place O + RTIFIER/CORONER (Type// THAN CERTIFIER (Type//	CIAN and d0 to 2 a/Print) on 0	TO BEC TO BEC TO BEC TO On the basis of examination time, date and place, and signature DATE SIGNED (Month, Date SIGNED (Month, Date SIGNED (Month))	OMPLETED BY CORONER on and/or investigation, in my due to the cause(s) and mark sy, Year) G DENVER	opinion death occurred iner as stated.
R	28. To the best of my knowle the cause(s) and manner Signature 28. DATE SIGNED (Month, D 30. NAME, TITLE AND MALLS 31. NAME OF ATTENDING F	COMPLETED ONLY dge, dath occurred a as staded. 13 ING ADDRESS OF CE A FRA HYSICIAN IF OTHER 33a. DATE OF IMPARTS	NOED DEAD BY CERTIFYING PHYSI I the lime, date and place O 4 RTIFIER/CORONER (Type// THAN CERTIFIER (Type// FINJURY 335, TIME	CIAN 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	TO BEC TO BEC TO BEC TO On the basis of examination time, date and place, and signature DATE SIGNED (Month, Date SIGNED (Month, Date SIGNED (Month))	OMPLETED BY CORONER on and/or investigation, in my due to the cause(s) and mark sy, Year) G DENVER	opinion death occurred iner as stated.
R	28. To the best of my knowle the cause(s) and manner Signature 28. DATE SIGNED (Month, D 30. NAME, TITLE AND MAILS 31. NAME OF ATTENDING P 32. MANNER OF DEATH Netural Pending Investig	COMPLETED ONLY dge, dath occurred a as staded. AV 1/1 AV 1/1	NOED DEAD BY CERTIFYING PHYSI I the time, date and place I the time, date and place O + RTIFIER/CORONER (Type/ W C I S C A THAN CERTIFIER (Type/ FINJURY 33b. TIME DOWN Year)	ICIAN and d0/ to 2 2 a/Print) Print) OF 330. INJURY AT WORK? M 245. No	TO BE C. TO In the basis of examination time, date and place, and signature. DATE SIGNED (Month, Date of the basis of the basis of examination time, date and place, and place, and place, and place, and place of the basis of th	OMPLETED BY CORONER on and/or investigation, in my due to the cause(s) and man ay, Year) G DENVER	opinion death occurred a ner as stated.
R	TO BE 28. To the best of my knowle the cause(s) and manner Signature 28. DATE SIGNED (Month, D 30. NAME, TITLE AND MAIL! 30. NAME TITLE AND MAIL! 31. NAME OF ATTENDING P 32. MANNER OF DEATH Natural Pending Investig Accident Undeter Manner	COMPLETED ONLY doe, deth occurred a as styled. I Sample of the courred a as styled.	NOED DEAD BY CERTIFYING PHYSI I the lime, date and place O 4 RTIFIER/CORONER (Type// THAN CERTIFIER (Type// FINJURY 335, TIME	ICIAN and d0/ to 2 2 a/Print) Print) OF 330. INJURY AT WORK? M 245. No	TO BE C. TO In the basis of examination time, date and place, and signature. DATE SIGNED (Month, Date of the basis of the basis of examination time, date and place, and place, and place, and place, and place of the basis of th	OMPLETED BY CORONER on and/or investigation, in my due to the cause(s) and mark sy, Year) G DENVER	opinion death occurred in the stated.
ER	TO BE 28. To the best of my knowle the cause(s) and manner Signature 28. DATE SIGNED (Month, D 30. NAME, TITLE AND MAILE 31. NAME OF ATTENDING F 32. MANNER OF DEATH Netural Pending Pen	COMPLETED ONLY dge, dath occurrid a as staded. J 3 ING ADDRESS OF CE A FRA HYSICIAN IF OTHER 33a. DATE Of Whithing 33a. PLACE building	I BY CERTIFYING PHYSI I the time, date and place	CIAN and d0/ to 2 2 2 2 2 2 2 2 2 2 2 2 2	TO BE C TO BE C TO BE C TO On the basis of examination time, date and place, and signature DATE SIGNED (Month, Da BDX 46072 33d. DESCRIBE HOW INJUSTED SIGNED (Street and	OMPLETED BY CORONER on and/or investigation, in my due to the cause(s) and man ay, Year) OF DENVER URY OCCURRED	opinion death occurred sher as stated. 2
	TO BE 28. To the best of my knowle the cause(s) and manner Signature 28. DATE SIGNED (Month, D 30. NAME, TITLE AND MAILE 31. NAME OF ATTENDING F 32. MANNER OF DEATH Netural Pending Pen	COMPLETED ONLY doe, dath occurred a as stated. ING ADDRESS OF CE A FRA HYSICIAN IF OTHER 33a. DATE Of (Monto). ation mined 33a. PLACE building	I BY CERTIFYING PHYSI I the time, date and place	CIAN and d0/ to 2 2 2 2 2 2 2 2 2 2 2 2 2	TO BE C. TO In the basis of examination time, date and place, and signature. DATE SIGNED (Month, Date of the basis of the basis of examination time, date and place, and place, and place, and place, and place of the basis of th	OMPLETED BY CORONER on and/or investigation, in my due to the cause(s) and man ay, Year) OF DENVER URY OCCURRED	opinion death occurred oner as stated. O ZIP: 80246 Der, Chy, County, State)
)F	TO BE 28. To the best of my knowle the cause(s) and manner Signature 28. DATE SIGNED (Month, D 30. NAME, TITLE AND MAILE 31. NAME OF ATTENDING P 32. MANNER OF DEATH Natural Pending Investig Accident Suicide Undeter Mariner Homicide 34. IMMEDIATE CAUS PART (a)	COMPLETED ONLY doe, dath occurrid a as stated. 13 ING ADDRESS OF CE A FRA HYSICIAN IF OTHER 33a. DATE Of (Monta.) ation mined 33a. PLACE building E JENTER ONLY ONE PNEU	I BY CERTIFYING PHYSI I the time, date and place	CIAN and d0/ to 2 2 2 2 2 2 2 2 2 2 2 2 2	TO BE C TO BE C TO BE C TO On the basis of examination time, date and place, and signature DATE SIGNED (Month, Da BDX 46072 33d. DESCRIBE HOW INJUSTED SIGNED (Street and	OMPLETED BY CORONER on and/or investigation, in my due to the cause(s) and man ay, Year) OF DENVER URY OCCURRED	opinion death occurred and as stated. ZIP: 80246 ber, Chy, County, State) Interval between onse and death. WEKS
ER	TO BE 28. To the best of my knowle the cause(s) and manner Signature 28. DATE SIGNED (Month, D 30. NAME, TITLE AND MALL 30. NAME, TITLE AND MALL 31. NAME OF ATTENDING P 32. MANNER OF DEATH Natural Pending Investig Accident Suicide Undeter Manner Homicide 34. IMMEDIATE CAUS PART (a) CONDITIONS IF ARY WHICH	COMPLETED ONLY doe, dath occurred a as stated. ING ADDRESS OF CE A FRA HYSICIAN IF OTHER 33a. DATE Of (Monto). ation mined 33a. PLACE building	NOED DEAD TO BY BY CERTIFYING PHYSI I the lime, date and place. I the lime, date and place. THAN CERTIFIER (Type/I THAN	CIAN and d0 / 10 2 av/Print) OF 330. INJURY AT WORK? M 948 No street, factory, office	TO BE C TO BE C TO BE C TO DE C TO BE C TO DE C TO	OMPLETED BY CORONER on and/or investigation, in my due to the cause(s) and man oy, Year) OR DENVER URY OCCURRED I Number or Rural Route Num or Respiratory Arrest alone.	opinion death occurred and as stated. ZIP: 80246 ber, Chy, County, State) Interval between onse and death. WEKS
F	TO BE 28. To the best of my knowle the cause(s) and manner Signature 28. DATE SIGNED (Month, D 30. NAME, TITLE AND MAILE 31. NAME OF ATTENDING P 32. MANNER OF DEATH Netural Pending Investig Accident Suicide Undeter Mariner Homicide 34. IMMEDIATE CAUS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (b)	C F N E R	NOED DEAD Jay 2 BY CERTIFYING PHYSI I the lime, date and place I the lime, date and place OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY CAUSE PER LINE FOR (a) YOUNG CAUSE PER LINE FOR (a) YOUNG SEQUENCE OF AL GERIA	CIAN and d0 / 10 2 av/Print) OF 330. INJURY AT WORK? M 948 No street, factory, office	TO BE C TO BE C TO BE C TO On the basis of examination time, date and place, and signature DATE SIGNED (Month, Da BDX 46072 33d. DESCRIBE HOW INJUSTED SIGNED (Street and	OMPLETED BY CORONER on and/or investigation, in my due to the cause(s) and man oy, Year) OR DENVER URY OCCURRED I Number or Rural Route Num or Respiratory Arrest alone.	opinion death occurred a ner as stated. O ZIP: 80246 Dec. City, County, State) Interval between onse and death. Interval between onse and death. Interval between onse and interval between onse
	32. MANNER OF DEATH Netural Name OF ATTENDING P Accident Suicide Homicide Actident CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE STATING THE CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE TO BE TO	COMPLETED ONLY doe, dath occurrid a as stated. 13 ING ADDRESS OF CE A FRA HYSICIAN IF OTHER 33a. DATE Of (Monta.) ation mined 33a. PLACE building E JENTER ONLY ONE PNEU	NOED DEAD Jay 2 BY CERTIFYING PHYSI I the lime, date and place I the lime, date and place OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY CAUSE PER LINE FOR (a) YOUNG CAUSE PER LINE FOR (a) YOUNG SEQUENCE OF AL GERIA	CIAN and d0 / 10 2 av/Print) OF 330. INJURY AT WORK? M 948 No street, factory, office	TO BE C TO BE C TO BE C TO DE C TO BE C TO DE C TO	OMPLETED BY CORONER on and/or investigation, in my due to the cause(s) and man oy, Year) OR DENVER URY OCCURRED I Number or Rural Route Num or Respiratory Arrest alone.	opinion death occurred a ner as stated. O ZIP: 80246 Der, City, County, State) Interval between onse and death. L.K.S. Interval between onse and death. A.S. Interval between onse and death. T.S.A.S. Interval between onse and death. T.S.A.S.
	TO BE 28. To the best of my knowle the cause(s) and manner Signature 28. DATE SIGNED (Month, D 30. NAME, TITLE AND MAIL! 30. NAME, TITLE AND MAIL! 31. NAME OF ATTENDING P 32. MANNER OF DEATH Natural Pending Investig Accident Undeter Manner Homicide Undeter Manner Homicide CONDITIONS FARY WHICH GAVE RISE TO MMEDIATE CAUSE (b) MMEDIATE CAUSE (b) MMEDIATE CAUSE (b) MMEDIATE CAUSE (b) (b) (c) (c) (c) (d) (d)	C F N E R	NOED DEAD Jay 2 BY CERTIFYING PHYSI I the lime, date and place I the lime, date and place OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY CAUSE PER LINE FOR (a) YOUNG CAUSE PER LINE FOR (a) YOUNG SEQUENCE OF AL GERIA	CIAN and d0 / 10 2 av/Print) OF 330. INJURY AT WORK? M 948 No street, factory, office	TO BE C TO BE C TO BE C TO DE C TO BE C TO DE C TO	OMPLETED BY CORONER on and/or investigation, in my due to the cause(s) and man oy, Year) OR DENVER URY OCCURRED I Number or Rural Route Num or Respiratory Arrest alone.	opinion death occurred and as stated. ZIP: 80246 ber, City, County, State) Interval between onse and death. WEKS Interval between onse and death. TEARS
	TO BE 28. To the best of my knowle the cause(s) and manner Signature 28. DATE SIGNED (Month, D 30. NAME, TITLE AND MAILE 31. NAME OF ATTENDING P 32. MANNER OF DEATH Natural Pending investig Accident Suicide Undeter Manner Homicide 34. IMMEDIATE CAUSE IF ANY WHICH GAVE RISE TO MEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST (c) (c)	COMPLETED ONLY doe, dath occurrid a as staded. ING ADDRESS OF CE A FRA HYSICIAN IF OTHER 33a. DATE OF (Month.) SUE TO OR AS A CON CFUER SUE TO OR AS A CON	OF INJURY AT HOME, TIME FOR (a) YOU NA SEQUENCE OF	CICIAN and d0/ to 2 2 and d0/ to 2 and d	TO BE C TO BE C TO BE C TO DE	OMPLETED BY CORONER on and/or investigation, in my due to the cause(s) and man If I DENVER URY OCCURRED I Number or Rural Route Num or Respiratory Arrest) alone. DEMENTIA	opinion death occurred and as stated. ZIP: 80246 ber, City, County, State) Interval between onse and death. January Januar
»F	28. To the best of my knowle the cause(s) and manner Signature 28. DATE SIGNED (Month, D 30. NAME, TITLE AND MALLS 31. NAME OF ATTENDING F 32. MANNER OF DEATH Nestural Pending Investig Accident Suicide Undeter Manner Homicide PART CONDITIONS IF ANY WHICH GAVE RISE TO MMEDIATE CAUSE STATING THE UNDERLYING CAUSE	COMPLETED ONLY Geo. debth occurred a as stagled. J 3 ING ADDRESS OF CE A FRA HYSICIAN IF OTHER 33a. DATE OI AMONTO. SUE TO OR AS A CON CONDITIONS - Condi	BY CERTIFYING PHYSI I THE IIME, date and place. THAN CERTIFIER (Type/F THAN CERTIFIER (Type/F FINJURY 33b. TIME OF INJURYAL home, farm Letc. (Specify) CAUSE PER LINE FOR (a) YOUNG A SEQUENCE OF A L GERJA SEQUENCE OF	CICIAN and d0/ to 2 2 and d0/ to 2 and d	TO BE C TO BE C TO BE C TO DE C TO BE C TO DE C TO BE C TO DE TO D	OMPLETED BY CORONER on and/or investigation, in my due to the cause(s) and man 19, Year) G DENVER URY OCCURRED Number of Rural Route Num or Respiratory Arrest) alone. DEMENT/A- TOPSY [36, IF YES were fin	opinion death occurred in the se stated. ZIP: 80246 Der, City, County, State) Interval between onse and death. Interval between onse and death. Interval between onse and death.
	32. MANNER OF DEATH Netural Pending Investig Accident Suicide Undeter Mariner Death Death Mariner Pending Investig Accident Undeter Mariner Death Dea	COMPLETED ONLY Geo. debth occurred a as stagled. J 3 ING ADDRESS OF CE A FRA HYSICIAN IF OTHER 33a. DATE OI AMONTO. SUE TO OR AS A CON CONDITIONS - Condi	BY CERTIFYING PHYSI I THE IIME, date and place. THAN CERTIFIER (Type/F THAN CERTIFIER (Type/F FINJURY 33b. TIME OF INJURYAL home, farm Letc. (Specify) CAUSE PER LINE FOR (a) YOUNG A SEQUENCE OF A L GERJA SEQUENCE OF	CICIAN and d0/ to 2 2 and d0/ to 2 and d	TO BE C TO BE C TO BE C TO DE C TO BE C TO DE C TO BE C TO DE TO D	OMPLETED BY CORONER on and/or investigation, in my due to the cause(s) and man 19, Year) G DENVER URY OCCURRED Number of Rural Route Num or Respiratory Arrest) alone. DEMENT/A- TOPSY [36, IF YES were fin	opinion death occurred one as stated. O ZIP: 80246 Dier, City, County, State) Interval between onse and death.

DATE ISSUED ADRS-16 1-89 (Rev.)

JUL 18 2004

RONALD S. HYMAN STATE REGIS**E 96561**

Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if any person alters, uses, attempts to use or furnishing to the proper for the person alters, uses any vital statistics record. NOT VALID IF PHOTOCOPIED.

