

Official Record

Recording requested By
WILSON BARROWS & SALYER

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$20.00

Page 1 of 7

RPTT:

Recorded By: FS

Book- 0472 Page- 0053



0211788

APN: 001-137-01; 001-136-13; 001-125-01

Mailing Address of Grantee or Other Person Requesting Recording:

Wilson Barrows & Salyer
442 Court Street
Elko, Nevada 89801

Mail Tax Statements to:

Name: Ms. Ellen Mariluch
Address: P.O. Box 771
City/State/Zip: Eureka, NV 89316

Social Security Number Affirmation Statement:

In accordance with NRS 239B.030, the undersigned person recording this document hereby affirms that this document does not contain personal information, including full social security number of any person;

-OR-

In accordance with NRS 239B.030, the undersigned person recording this document hereby affirms that this document does contain personal information, including full social security number of a person.

Joanna M. Brown

Legal Assistant

Name

Title

Signature

Title of Document Recorded:

AFFIDAVIT TERMINATING JOINT TENANCY

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA,)
) ss.
COUNTY OF ELKO.)

Ellen M. Mariluch, aka **Ellen Mariluch**, aka **Ellen Marie Damele Mariluch**, aka **Ellen Marie Callaghan**, aka **Ellaree Damele Callaghan**, hereby solemnly swears, deposes, says under oath, and declares under penalties of perjury that the following assertions are true:

1. I am a person who has knowledge of all of the facts hereinafter set forth:

2. I am the surviving sister of **Carolyn Damele Fierce**, now deceased.

3. The aforesaid **Carolyn Damele Fierce**, one of the Grantees named in the Deeds hereinafter described, died in the City of Reno, County of Washoe, State of Nevada, on August 30, 2002, and is the identical person named as **Carolyn Damele Fierce**, in that Certificate of Death, duly certified, marked Exhibit A attached hereto, and incorporated into and made a part hereof by reference.

4. I am the surviving sister of **Bernard Robert Damele** aka **Bernard R. Damele**, aka **Bernard Damele**, now deceased.

5. The aforesaid **Bernard Robert Damele** aka **Bernard R. Damele**, aka **Bernard Damele**, one of the Grantees named in the Deeds hereinafter described, died in the City of Fernley, County of Lyon, State of Nevada, on September 13, 2005, and is the identical person named as **Bernard Robert Damele**, in that Certificate of Death, duly certified, marked Exhibit B attached hereto, and incorporated into and made a part hereof by reference.

6. I am the surviving daughter of **Marjorie Kelley Damele** aka **Marjorie K. Damele** Marjorie **K. Damele** aka **Marge K. Damele**, now deceased.

7. The aforesaid **Marjorie Kelley Damele** aka **Marjorie K. Damele** aka **Marge K. Damele**, one of the Grantees named in the Deeds hereinafter described, died in the City of Elko, County of Elko, State of Nevada, on December 1, 2007, and is the identical person named as **Marjorie Kelley Damele**, in that Certificate of Death, duly certified, marked Exhibit A attached hereto, and incorporated into and made a part hereof by reference.

8. The following joint tenancies were created as to the property, and in the conveyances, hereinafter described:

WILSON BARROWS & SALYER
ATTORNEYS AT LAW
442 Court Street
Elko, Nevada 89801

Parcel No. 1

Deed dated June 19, 1981, executed by Eugene McMurray, Grantor, in favor of Marge K. Damele, Bernard R. Damele, Thomas G. Damele and Peter J. Damele, as joint tenants and not as tenants in common, as Grantees, recorded on June 24, 1981 in Book 95, Official Records, Page 505, Eureka County Recorder's Office, Eureka, Nevada, conveying that certain real property situate in the City of Eureka, County of Eureka, State of Nevada, and more particularly described as follows:

Lots 1, 2, 3, 4, 5, 6, 7, 8, and 9 of Block 10 of the Town of Eureka, County of Eureka, State of Nevada.

Parcel No. 2

Deed dated March 31, 1986, executed by Marjorie K. Damele, Grantor, in favor of Marjorie K. Damele (Identical with the Party of the First Part herein), Bernard Damele, Peter Damele and Tom Damele, her sons, and Margaret Damele Myers, Carolyn Damele Fierce and Ellaree Damele Callaghan, her daughters, as joint tenants and not as tenants in common, as Grantees, recorded on March 31, 1986, in Book 143, Official Records, Page 210, Eureka County Recorder's Office, Eureka, Nevada, conveying that certain real property situate in the City of Eureka, County of Eureka, State of Nevada, and more particularly described as follows:

LOTS 32, 33, 34, 35 and 36 in BLOCK 7 of the Townsite of Eureka, County of Eureka, State of Nevada, as the same more fully appears on the official map on file in the Office of the Eureka County Recorder, Eureka, Nevada.

Parcel No. 3

Deed dated March 31, 1986, executed by Marjorie K. Damele, Trustee, of the Estate of Adeline M. Kelley, deceased, Grantor, in favor of Marjorie K. Damele (Identical with the Party of the First Part herein), Bernard Damele, Peter Damele and Tom Damele, her sons, and Margaret Damele Myers, Carolyn Damele Fierce and Ellaree Damele Callaghan, her daughters, as joint tenants and not as tenants in common, as Grantees, recorded on March 31, 1986, in Book 143, Official Records, Page 212, Eureka County Recorder's Office, Eureka, Nevada, conveying that certain real property situate in the City of Eureka, County of Eureka, State of Nevada, and more particularly described as follows:

LOTS 1, 2, 3, 4 and 5 in BLOCK 24 of the Townsite of Eureka, County of Eureka, State of Nevada, as the same more fully appears on the official map on file in the Office of the Eureka County Recorder, Eureka, Nevada.

The following two paragraphs apply to Parcels 1, 2 and 3 above:

TOGETHER WITH any improvements situate thereon.

TOGETHER WITH the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

9. Carolyn Damele Fierce, Bernard Robert Damele aka Bernard R. Damele, aka Bernard Damele, Marjorie Kelley Damele aka Marjorie K. Damele aka Marge K. Damele and were survived by the following joint tenants, as to the above-described property:

Parcel No. 1

Thomas G. Damele and Peter J. Damele

Parcel No. 2

Peter Damele; Tom Damele; Margaret Damele Myers; and Ellaree Damele Callaghan

Parcel No. 3

Peter Damele; Tom Damele; Margaret Damele Myers; and Ellaree Damele Callaghan

10. This Affidavit is made pursuant to NRS 40.525 and NRS 111.365 for the purpose of terminating the joint tenancy above described, and vesting all right, title and interest of the aforesaid deceased joint tenant solely in the aforesaid surviving joint tenant, all of record.

Ellen M. Mariluch
Ellen M. Mariluch

SWORN AND SUBSCRIBED TO
before me this 4th day of
April, 2008, by
Ellen M. Mariluch.

Kimberly L. Todd
NOTARY PUBLIC



08020373.jmb
February 25, 2008

WILSON BARROWS & SALYER
ATTORNEYS AT LAW
442 Court Street
Elko, Nevada 89801

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

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

2005 0013701

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. Bernard Robert DAMELE		2. September 13, 2005	3a. Lyon
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)
3b. Fernley		3c. 575 Farm District Road	Se. 7
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		AGE—Last Birthday (Years)	DATE OF BIRTH (Mo., Day, Yr.)
5. White		7a. 52	8. Dec. 13, 1952
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.
9a. Nevada		9b. USA	10. 14
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY (Specify)
13. [REDACTED]		14a. Rancher/Machinist	14b. Ranching
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION
15a. Nevada		15b. Eureka	15c. Eureka
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Peter Damele		17. Marjorie Kelley	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Peter Joe Damele		18b. P.O. Box 104 Eureka, Nevada 89316	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	LOCATION City or Town State
19a. Burial		19b. Eureka Catholic Cemetery	19c. Eureka Nevada
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY
20a. [Signature]		20b. 47	20c. Smith Family F.H. Box 1545 Fallon, NV 89407
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)		22a. 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. (Signature and Title)	
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. 9-15-05		21c. 6:55 am	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. [Signature]		22b. [Signature]	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
23a. Tomas Hinojosa Jr. M.D. 655 Sierra Rose Dr. Reno, NV 89511		23b. 6798	
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE	
24a. [Signature]	24b. 9-15-05	24c. 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) BILE DUCT CANCER	Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:			
PART II	(b)	Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:			
(c)			
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
26. No		27. Yes	
ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
28a.	28b.	28c. M	28d.
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No. CITY OR TOWN STATE
28e.	28f.	28g.	

STATE REGISTRAR

No. 289294

Birth Cert# 1952 004497

182909

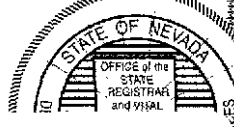
CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **DEC 18 2007**

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[Handwritten Signature]



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

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

ROLL 108 IMAGE 575

2524

20020011736

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

1. Carolyn CITY, TOWN OR LOCATION OF DEATH 3b. Reno		Middle Damele 3c. 3400 Quilici Road		Last FIERCE		DATE OF DEATH (Month, Day, Year) August 30, 2002		COUNTY OF DEATH 3a. Washoe	
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. 46		UNDER 1 YEAR MOS : DAYS 7b. :		UNDER 1 DAY HOURS : MINS 7c. :	
DATE OF BIRTH (Mo., Day, Yr.) e. July 6, 1956		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education. Specify highest grade completed. 10. 16		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		SURVIVING SPOUSE (If wife, give maiden name) 12. Frank Fierce	
SOCIAL SECURITY NUMBER 13. [REDACTED]		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Artist		188		KIND OF BUSINESS OR INDUSTRY 14b. Retail		691	
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Washoe		CITY, TOWN, OR LOCATION 15c. Reno		STREET AND NUMBER 15d. 3400 Quilici Road		INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes	
FATHER—NAME First Middle Last 16. Peter Damele			MOTHER—MAIDEN NAME First Middle Last 17. Kelly			INFORMANT—NAME (Type or Print) 18a. Frank Fierce			
MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 3400 Quilici Road Reno Nevada 89511				BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial					
CEMETERY OR CREMATORY—NAME 19b. Mountain View Cemetery			LOCATION 19c. Reno Nevada			FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]			
FUNERAL DIRECTOR LICENSE NUMBER 20b. 71			NAME AND ADDRESS OF FACILITY 20c. 425 Stoker Avenue Reno, Nevada 89503			21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) [Signature] DATE SIGNED (Mo., Day, Yr.) 21b. October 11, 2002			
HOUR OF DEATH 21c.			22a. 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. (Signature and Title) [Signature] DATE SIGNED (Mo., Day, Yr.) 22b. October 11, 2002			22c. 2356			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.			PRONOUNCED DEAD (Mo., Day, Yr.) August 30, 2002			PRONOUNCED DEAD (Hour) 22e. AT 2356			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520			LICENSE NUMBER 23b. WCC S. 35			REGISTRAR 24a. (Signature) [Signature]			
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. October 11, 2002			DEATH DUE TO COMMUNICABLE DISEASE 24c. 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) Acute ethanol intoxication DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____			
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. PART II			AUTOPSY (Specify Yes or No) 26. Yes			WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. Accident		DATE OF INJURY (Mo., Day, Yr.) 28b. Aug. 30, 2002		HOUR OF INJURY 28c. 2345 Fd M		DESCRIBE HOW INJURY OCCURRED 28d. Ingested alcoholic beverage			
INJURY AT WORK (Specify Yes or No) 28e. No		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f. Home		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE 28g. 3400 Quilici Road, Reno, Nevada					

STATE REGISTRAR

No. 223367

Birth Cert. #56-003491

182910

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0211788

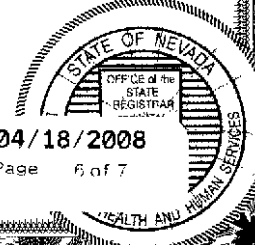
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ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2007012919
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME FIRST Marjorie			1b. MIDDLE Kelley		1c. LAST DAMELE		2. DATE OF DEATH (Mo/Day/Year) December 01, 2007		3a. COUNTY OF DEATH Elko			
	3b. CITY, TOWN, OR LOCATION OF DEATH Elko			3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Highland Manor of Elko				3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. (Inpatient)(Specify)		4. SEX Female			
DECEDENT	5. RACE-(e.g., White, Black, American Indian) (Specify)		6. Was Decedent of Hispanic Origin? No If yes, specify Mexican, Cuban, Puerto Rican, etc. Non-hispanic			7a. AGE-Last birthday (Years) 83		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) September 01, 1924	
	9a. STATE OF BIRTH (If not U.S.A., name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)				
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Homemaker				14b. KIND OF BUSINESS OR INDUSTRY Own Home					
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka		15d. STREET AND NUMBER 451 Spring Street			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
PARENTS	16. FATHER - NAME (First Middle Last Suffix) Robert C KELLEY						17. MOTHER - NAME (First Middle Last Suffix) Margaret C REBALEATI						
	18a. INFORMANT - NAME (Type or Print) Ellen MARILUCH				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 771 Eureka, Nevada 89316								
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial			19b. CEMETERY OR CREMATORY - NAME Eureka City Cemetery				19c. LOCATION City or Town State Eureka Nevada					
	20a. FUNERAL DIRECTOR (Or Person Acting as Such) R SCOTT BURNS SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE 07		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 689 Elko NV 89803						
TRADE CALL	TRADE CALL - NAME AND ADDRESS												
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED TERRY NEVINS DO						22a. 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) stated. (Signature & Title)						
	21b. DATE SIGNED (Mo/Day/Yr) December 06, 2007			21c. HOUR OF DEATH			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH			
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr)			22e. PRONOUNCED DEAD AT (Hour)			
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) TERRY NEVINS DO 845 Railroad Street Elko, NV 89801						23b. LICENSE NUMBER 487						
REGISTRAR	24a. REGISTRAR (Signature) R. SCOTT BURNS SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 29, 2008				24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Debility and Inanition						Interval between onset and death Ongoing						
	DUE TO, OR AS A CONSEQUENCE OF: (b)						Interval between onset and death						
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	DUE TO, OR AS A CONSEQUENCE OF: (c)						Interval between onset and death						
	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I History of Hip Trauma, Post Care						26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No				
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED Unknown							
28e. INJURY AT WORK (Specify Yes or No) Unknown		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)				28g. LOCATION STREET OR R.F.D. No.		CITY OR TOWN		STATE Nevada			

STATE REGISTRAR

53891

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

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[Signature]
STATE REGISTRAR



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE