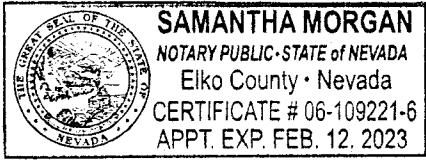
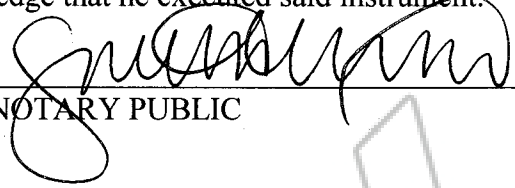


STATE OF NEVADA)
 :SS.
COUNTY OF ELKO)

On the 5th day of April, 2019, personally appeared before me, a Notary Public, DALLAS KELLEY, personally known to me or proven to me to be the person whose name is subscribed to the above instrument and who acknowledge that he executed said instrument.





NOTARY PUBLIC

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 3955768

CERTIFICATE OF DEATH

2017009953

STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATH

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Sandra Jeanett KELLEY		2. DATE OF DEATH (Mo/Day/Year) May 11, 2017		3a. COUNTY OF DEATH Lander	
3b. CITY, TOWN, OR LOCATION OF DEATH Battle Mountain		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address) 904 TS Ranch Rd. #1		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		7a. AGE-Last birthday (Years) 56		8. DATE OF BIRTH (Mo/Day/Yr) September 13, 1960	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
9a. STATE OF BIRTH (If not US/CA, name country) Colorado		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Dallas KELLEY			
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
		Ranch Cook		Ranching	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lander		15c. CITY, TOWN OR LOCATION Battle Mountain	
15d. STREET AND NUMBER 904 TS Ranch Rd. #1		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Johnny Evert MANNIS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Charlene May HAWKER		
18a. INFORMANT - NAME (Type or Print) Dallas KELLEY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 904 TS Ranch Rd. #1 Battle Mountain, Nevada 89820			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sunset Crematory		19c. LOCATION City or Town State Elko Nevada 89803	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JASON MUTH		20b. FUNERAL DIRECTOR LICENSE NUMBER FD298		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 689 Elko NV 89803	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) RON UNGER			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) RON UNGER		
21b. DATE SIGNED (Mo/Day/Yr) May 30, 2017		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) May 30, 2017	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 07:15		22d. PRONOUNCED DEAD (Mo/Day/Yr) May 11, 2017	
22e. PRONOUNCED DEAD AT (Hour) 07:15		23b. LICENSE NUMBER			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Sheriff Ron Unger P.O. Box 1625 Battle Mountain, NV 89820					
24a. REGISTRAR (Signature) VERALYNN A BOYACK		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 30, 2017		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) Complications Of Metastatic Carcinoma				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Terminal Cancer				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) No	
26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
				26d. DESCRIBE HOW INJURY OCCURRED	
28a. INJURY AT WORK (Specify Yes or No)		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	

STATE REGISTRAR



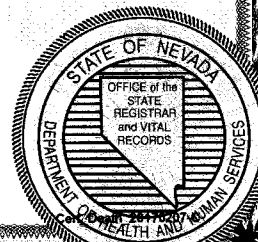
CERTIFIED COPY OF VITAL RECORDS

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: **6/1/2017**

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

Cody J. Phinney
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE