



Francine E Stinnett  
Francine E Stinnett

State of \_\_\_\_\_ -

County of \_\_\_\_\_

) ss

see attached certificate.

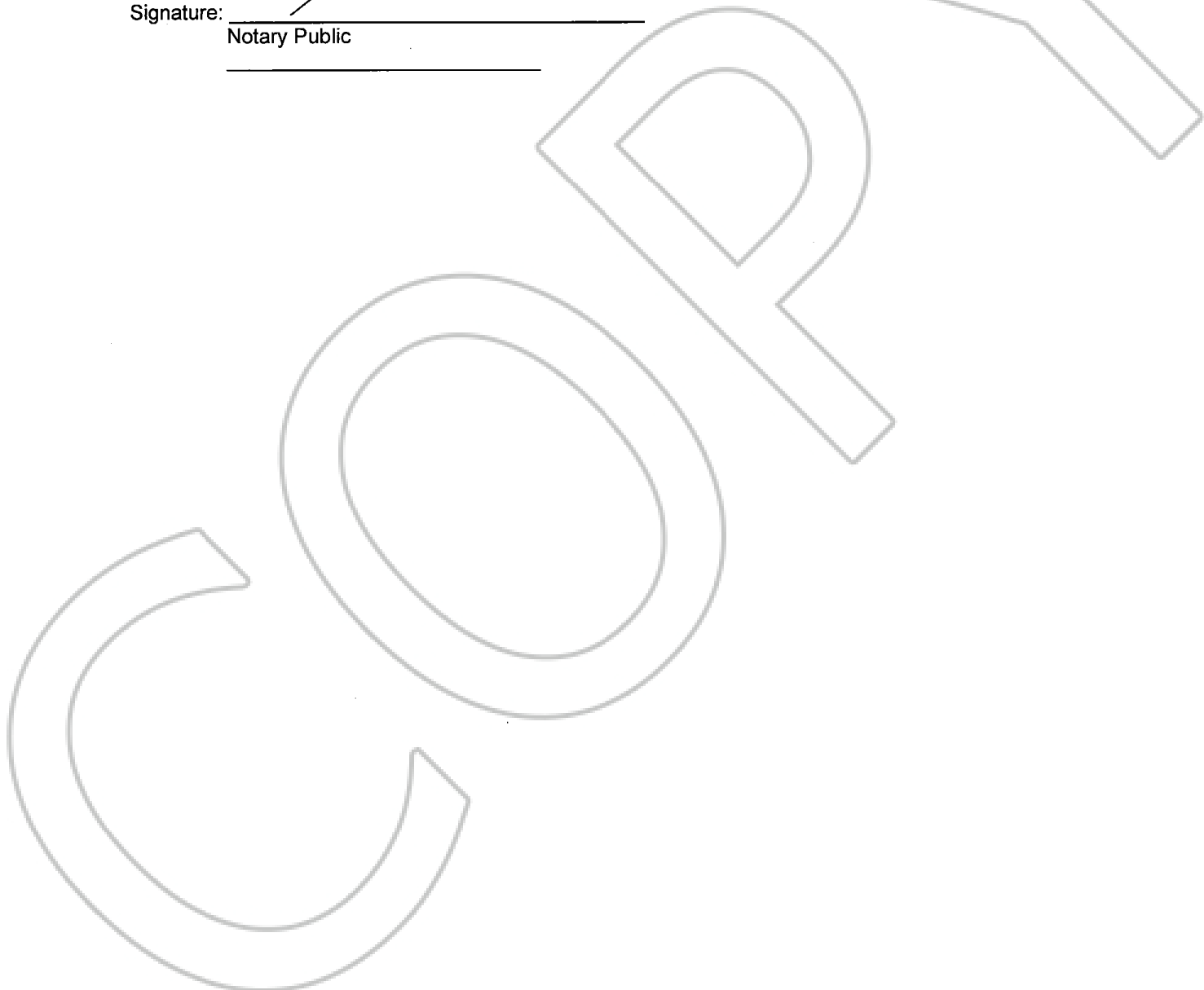
This instrument was acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_, 2020

By: \_\_\_\_\_

Signature: \_\_\_\_\_

Notary Public

\_\_\_\_\_



**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )  
County of Santa Barbara )

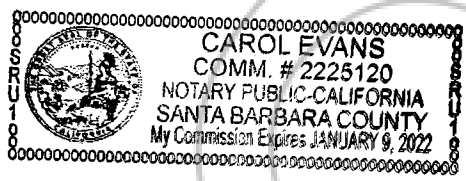
On Oct. 5, 2020 before me, Carol Evans, Notary Public  
Date Here Insert Name and Title of the Officer

personally appeared Francine E. Stinnett  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.  
Signature Carol Evans  
Signature of Notary Public



Place Notary Seal Above

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: Affidavit  
Document Date: 10-5-2020 Number of Pages: 2  
Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_  
 Corporate Officer — Title(s): \_\_\_\_\_  
 Partner —  Limited  General  
 Individual  Attorney in Fact  
 Trustee  Guardian or Conservator  
 Other: \_\_\_\_\_  
Signer Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_  
 Corporate Officer — Title(s): \_\_\_\_\_  
 Partner —  Limited  General  
 Individual  Attorney in Fact  
 Trustee  Guardian or Conservator  
 Other: \_\_\_\_\_  
Signer Is Representing: \_\_\_\_\_

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4150972

**CERTIFICATE OF DEATH**

2020012579  
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) <b>Carson Byrme STINNETT</b>		2. DATE OF DEATH (Mo/Day/Yr) <b>June 17, 2020</b>		3a. COUNTY OF DEATH <b>Eureka</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Eureka</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) <b>341 El Centro</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>80</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>March 24, 1940</b>		9a. STATE OF BIRTH (If not US/CA, name, country) <b>Virginia</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Francine PRATT</b>	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>MINING</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Eureka</b>		15c. CITY, TOWN OR LOCATION <b>Eureka</b>	
15d. STREET AND NUMBER <b>341 El Centro</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Aubrey J. STINNETT</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Frances HUMMEL</b>		
18a. INFORMANT - NAME (Type or Print) <b>Francine STINNETT</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>P.O. Box 579 Eureka, Nevada 89316</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sunset Crematory</b>		19c. LOCATION City or Town State <b>Elko Nevada 89803</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JASON MUTH</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD298</b>		20c. NAME AND ADDRESS OF FACILITY <b>Burns Funeral Home PO BOX 689 Elko NV 89803</b>	
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) <b>JESSE J WATTS</b>			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) <b>JESSE J WATTS</b>		
21b. DATE SIGNED (Mo/Day/Yr) <b>June 18, 2020</b>		21c. HOUR OF DEATH <b>18:40</b>		22c. HOUR OF DEATH <b>19:10</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>June 17, 2020</b>		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Sheriff Jesse J Watts PO Box 736 Eureka, NV 89316</b>					23b. LICENSE NUMBER
24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 19, 2020</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) <b>Chronic Obstructive Pulmonary Disease</b>				Interval between onset and death	
(b) <b>Lung Cancer, Mast In Lung</b>				Interval between onset and death	
(c) <b>DUE TO, OR AS A CONSEQUENCE OF:</b>				Interval between onset and death	
(d) <b>DUE TO, OR AS A CONSEQUENCE OF:</b>				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.					26. AUTOPSY (Specify Yes or No) <b>No</b>
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>					
28a. ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED					
28e. 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	

000820101



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: 6/19/2020

*Jesse J Watts*  
STATE REGISTRAR

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

