EUREKA COUNTY, NV LAND-AGR Rec:\$37.00 Total:\$37.00 KENNETH WHITE

2022-247881 03/11/2022 10:33 AM Pgs=3

LISA HOEHNE, CLERK RECORDER

APN#

Recording Requested By:

City/State/Zip Idaho Falls, ID 83402

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fees applies)

AFFIDAVIT OF ENTITLEMENT FOR ESTATES THAT DO NOT EXCEED \$25,000 FOR A NON-SPOUSE CLAIMAINT OR THAT DO NOT EXCEED \$100,000 FOR A SPOUSE CLAIMANT NRS 146.080

STATE OF NEVADA)		
COUNTY OF EUREKA)		
K000011 10/0/1+D		\ \
1/44/15th AMILE	, bei	ing first duly sworn, upon oath says:
That he/she is the person with the rig	ht to succeed	to the property of Christing Turner, Deceased,
either as an heir or under the Last Will and T	estament of t	he decedent, who died in Ring NV on the II
day of September, 2021, being a r	esident of the	State of Nevada, leaving an estate in the County of
Eureka, State of Nevada, which is not real pr	roperty nor a l	lien thereon, of a gross value that does not exceed
\$25,000 for a non-spouse claimant, or \$100,0	000 for a spou	use claimant, consisting of the following:
(Set forth whatever the asset(s) may b	e: Bank acco	unt, stock certificate, insurance proceeds, payroll
check, personal property, et cetera, and the p	ortion claime	d. Do <u>not</u> include the value of any motor vehicles.)
(check one)		
That he/she, as the	of the Decede	nt, has the right, pursuant to the provisions of NRS
146.080, to succeed to said property of sa	aid decedent,	and to have any evidences of interest, indebtedness or
right transferred to him/her by		(provide name of person,
representative, corporation or body having	g custody of	such property or acting as registrar or transfer agent of
such evidence of interest.)	1	
QR	11 > 1	ILL VA HEAD II
That the following persons: \(\bigve{\lambda} \chi \gamma	meth m	ite, Mellissa Humphres,
		ntitled to payment or delivery on behalf of and with
the written authority of all such successor	rs who have a	in interest in the property.
That at least forty days have elapsed s	The contract of the contract o	
That no application or petition for the	appointment	of a personal representative is pending or has been
granted in any jurisdiction.		\ \ \ \
That all debts of decedent, including	funeral and b	urial expenses, have been paid or provided for.
That no funds are owed to Nevada St	`	
		by personal service or by certified mail, identifying
		person whose right to succeed to the decedent's
	t, and that at l	east 14 days have elapsed since the notice was served
or mailed.		
That affiant is personally entitled to f	ull payment o	r delivery of the property claimed or is entitled to
payment or delivery on behalf of and with the	e written auth	ority of all other successors who have an interest in
the property.		
That affiant has no knowledge of any	existing clair	ns for personal injury or tort damages against the
decedent.		
That affiant acknowledges that he/she	e understands	that filing a false affidavit constitutes a felony in the
State of Nevada.	E	
	{c }	Know on the
Subscribed and sworn to before me	{š }	MINUSTRA
this 8^{14} day of 17 arch, 20 22 .	₹ <u>₽</u> .₹₹ ₹	(Signature)
	Joe Notar Nate State	Training Lit Arming
2001/20		(Name, printed or typed)
Motory Dublic in and for said	y Public of Idaho on No. 695	VUI KYNEGT UY
Notary Public in and for said	*: 草草 *	Cons Fall The #3407
County and State Benneville County Idaha	₹ 862 c ₹	(City State & 7in Code)
Idaha	ζŒ Ś	(City, State & Zip Code)



WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

Christina Marie TURNER September 22, 2021 Do CITY, TOWN, OR LOCATION OF DEATH School Control of Death School Control of Death Reno Veterans Hospital - Washoe White School Control of Death No - Non-Hispanic School Control of Death Sch	TURNER September 22, 2021 Wa In Jac. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and 3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Veterans Hospital - Washoe 6. Hispanic Origin? Specify No - Non-Hispanic CITIZEN OF WHAT COUNTRY 10. EDUCATION 11. MARITAL STATUS (Specify) United States 16 a. USUAL OCCUPATION (Give Kind of Work Done During Most of 14b. KIND OF BUSINESS OR INDUSTRY TEACHER TY 15c. CITY, TOWN OR LOCATION 15d. STREET AND NUMBER Lureka Crescent Valley 90 North 15th Street 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Pancis VESELY 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3590 Candelaria Dr. Sparks, Nevada 89434 HER (Specify) 19b. CEMETERY OR CREMATORY -NAME Truckee Meadows Crematory Sparks Nevada 80 Or Person Acting as Such) 20b. FUNERAL DIRECTOF 20c. NAME AND ADDRESS OF FACILITY
36. CITY, TOWN, OR LOCATION OF DEATH 36. HOSPITAL OR OTHER INSTITUTION Nameliford either, give street or 36. # Hosp. or inst. indicate DOA OP/Emer. Rm number Veterans Hospital - Washoe Nameliford Namel	H 3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and 3e. if Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) Veterans Hospital - Washoe 6. Hispanic Origin? Specify No - Non-Hispanic 7a. AGE-Last birthday 7b. UNDER 1 YEAR 7c. UNDER 1 DAY HOURS 8b. DATE OF BIF Decemb (Years) 12 SURVIVING SPOUSE'S NAME (Last name prior 1) United States 16 12 SURVIVING SPOUSE'S NAME (Last name prior 1) United States 16 12 SURVIVING SPOUSE'S NAME (Last name prior 1) TY 15c. CITY, TOWN OR LOCATION 15d. STREET AND NUMBER 15d. CITY, TOWN OR LOCATION 15d. STREET AND NUMBER 15
Reno Veterans Hospital - Washoe Inpatient Inpatient (From this partic Care of the Hispanic C	S. Hispanic Origin? Specify No - Non-Hispanic Ta. AGE-Last birthday 7b. UNDER 1 YEAR 7c. UNDER 1 DAY No - Non-Hispanic To. UNDER 1 DAY NO - No. C. UNDER 2 DAY NO - NO.
White No - Non-Hispanic (Years) 68 MOS DAYS HOURS MINS Decemination and country Idaho (Intel States 16 United States 16 Unite	No - Non-Hispanic (Years) 69 MOS DAYS HOURS MINS Decemb 69 MOS DAYS HOURS MINS DECEMBER 69 MOS DAYS NAME (Last name prior to Middwed 12 SURVIVING SPOUSE'S NAME (Last name prior to Middwed 14 Most of 14 Most of 14 Most of 15 Most of 15 Most of 15 Most of 15 Most of 16 Most of 16 Most of 17 Most of 17 Most of 17 Most of 18 Most of 18 Most of 18 Most of 18 Most of 19 Most of 18 Most of 19 Most of
January (January (Jan	United States 16 a. USUAL OCCUPATION (Give Kind of Work Done During Most of TEACHER EDUCATION For TEACHER Its. CITY, TOWN OR LOCATION 15d. STREET AND NUMBER Eureka Crescent Valley 90 North 15th Street Its. CITY, TOWN OR LOCATION 15d. STREET AND NUMBER Lineka Crescent Valley 90 North 15th Street Its. MOTHER/PARENT - NAME (First Middle Last Suffix) Evelyn Goldine JONES Its. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3590 Candelaria Dr. Sparks, Nevada 89434 HER (Specify) 19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory Sparks Nevada 89434 Or Person Acting as Such) 20b. FUNERAL DIRECTOR 20c. NAME AND ADDRESS OF FACILITY
January Color States 148. USUAL OCCUPATION (Give Kind of Work Done During Most of TEACHER TEACHER TEACHER 158. RESIDENCE - STATE 159. L'URKA 1	United States 16 a. USUAL OCCUPATION (Give Kind of Work Done During Most of TEACHER EDUCATION For TEACHER Its. CITY, TOWN OR LOCATION 15d. STREET AND NUMBER Eureka Crescent Valley 90 North 15th Street Its. CITY, TOWN OR LOCATION 15d. STREET AND NUMBER Lineka Crescent Valley 90 North 15th Street Its. MOTHER/PARENT - NAME (First Middle Last Suffix) Evelyn Goldine JONES Its. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3590 Candelaria Dr. Sparks, Nevada 89434 HER (Specify) 19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory Sparks Nevada 89434 Or Person Acting as Such) 20b. FUNERAL DIRECTOR 20c. NAME AND ADDRESS OF FACILITY
TEACHER TO STREET AND NUMBER TO MOTHER/BARENT - NAME (First Middle Last Suffix) TEACHER TO MOTHER/BARENT - NAME (First Middle Last Suffix) TEACHER TO MOTHER/BARENT - NAME (First Middle Last Suffix) TEACHER TO MOTHER/BARENT - NAME (First Middle Last Suffix) TEACHER TO MOTHER/BARENT - NAME (First Middle Last Suffix) TEACHER TO MOTHER/BARENT - NAME (First Middle Last Suffix) Teacher The Name (Type or Print) The Melissa HUMPHREY TO MOTHER/BARENT - NAME (Type JONES TEACHER TO NAME AND ADDRESS TEACHER TO MOTHER/BARENT - NAME (Type JONES) To MOTHE	TEACHER TY 15c. CITY, TOWN OR LOCATION 15d. STREET AND NUMBER 15d. STREET
15a RESIDENCE - STATE 15b COUNTY 15c CITY, TOWN OR LOCATION 15d STREET AND NUMBER 16b COUNTY 15c CITY, TOWN OR LOCATION 15d STREET AND NUMBER 16b COUNTY 16d STREET AND NUMBER 16	Crescent Valley Lureka Crescent Valley 90 North 15th Street Lureka Lureka Crescent Valley 90 North 15th Street 15d. STREET AND NUMBER 90 North 15th Street 17d. MOTHER/PARENT - NAME (First Middle Last Suffix) Evelyn Goldine JONES 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3590 Candelaria Dr. Sparks, Nevada 89434 HER (Specify) 19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory 19c. LOCATION City or Town Sparks Nevada 89434 Or Person Acting as Such) 20b. FUNERAL DIRECTOF 20c. NAME AND ADDRESS OF FACILITY
Nevada Eureka Crescent Valley 90 North 15th Street	Eureka Crescent Valley 90 North 15th Street Last Suffix) 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Evelyn Goldine JONES 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3590 Candelaria Dr. Sparks, Nevada 89434 HER (Specify) 19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory 19c. LOCATION City or Town Sparks Nevada 8 Or Person Acting as Such) 20b. FUNERAL DIRECTOF 20c. NAME AND ADDRESS OF FACILITY
16. FATHERPARENT - NAME (First Middle Last Suffix) 17. MOTHERPARENT - NAME (First Middle Last Suffix) 18. MAILING ADDRESS (Street or R.F.D. No. City or Town State, Zip) 35.90 Candelaria Dr. Sparks, Nevada 894.34 198. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 196. CEMETERY OR CREMATORY - NAME 196. LOCATION City or Town Sparks, Nevada 894.34 198. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 196. CEMETERY OR CREMATORY - NAME 196. LOCATION City or Town Sparks, Nevada 894.34 199. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 196. CEMETERY OR CREMATORY - NAME 196. LOCATION City or Town Sparks, Nevada 894.34 199. Location City or Town Spa	Truckee Meadows Crematory 17. MOTHER/PARENT - NAME (First Middle Last Suffix)
Ba. INFORMANT- NAME (Type or Print) Melissa HUMPHREY 9a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME Or Print) 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3590 Candelaria Dr. Sparks, Nevada 89434 9a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory Sparks Nevada Sparks Nevada 20b. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) HARRISON CODY BILLIAN SIGNATURE AUTHENTICATED SIGNATURE AUTHENTICATED 10c. CEMETERY OR CREMATORY - NAME AND ADDRESS OF FACILITY LICENSE NUMBER FD943 11c. To the best of my knowledge, death occurred at the time, date and place and due SIGNATURE AUTHENTICATED SIGNATURE AUTHENTICATED 11c. DESCRIPTION SIGNATURE AUTHENTICATED 21c. HOUR OF DEATH September 30, 2021 17c.20 21c. HOUR OF DEATH REBECCA J DESFOR DO 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22d. DATE SIGNED (Mo/Day/Yr) 22d. DATE SIGNED (Mo/Day/Yr) 22d. DEATH DETECTOR 4a. REGISTRAR (Signature) BLAIR J HEDRICK SIGNATURE AUTHENTICATED Metastatic Hepatocellular Carcinoma Of The Liver (Mo/Day/Yr) DUE TO, OR AS A CONSEQUENCE OF: Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF: Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF: Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF: Interval between the sunderlying cause given in Part 1. 26. AUTOPSY (Speciliz) 126. AUTOPSY (Speciliz) 127. AUTOPSY (Speciliz) 128. AUTOPSY (Speciliz) 129. AUTOPSY (Speciliz) 129. AUTOPSY (Speciliz) 129. AUTOPSY (Speciliz) 120. AUTOPSY (Speciliz)	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3590 Candelaria Dr. Sparks, Nevada 89434 HER (Specify) 19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory Or Person Acting as Such) 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3590 Candelaria Dr. Sparks, Nevada 89434 19c. LOCATION City or Town Sparks Nevada 8
Melissa HUMPHREY 9a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME Cremation 19c. LOCATION City or Town Sparks Nevada 19c. LOCATION Sparks Nevada 19c. LOCATION Sparks Nevada 19c. LOCATION Sparks Nevada 19c. LOCATION Sparks Nevada 19c. LOCATION Sparks Nevada 19c. LOCATION Sparks Nevada 19c. LOCATION Sparks Nevada 19c. LOCATION Sparks Nevada 19c. LOCATION Sparks Nevada 19c. LOCATION Sparks Nevada 19c. LOCATION Sparks Nevada 19c. LOCATION Sparks Nevada 19c. LOCATION Sparks Nevada 19c. LOCATION Sparks Nevada 19c. LOCATION Sparks Nevada 19c. LOCATION Sparks Nevada 19c. LOCATION Spa	REY 3590 Candelaria Dr. Sparks, Nevada 89434 HER (Specify) 19b. CEMETERY OR CREMATORY - NAME 19c. LOCATION City or Town Truckee Meadows Crematory Sparks Nevada 8 Or Person Acting as Such) 20b. FUNERAL DIRECTOF 20c. NAME AND ADDRESS OF FACILITY
9a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory 10c. FUNERAL DIRECTOR - SIGNATURE (OF Person Acting as Such) 10c. FUNERAL DIRECTOR - SIGNATURE (OF Person Acting as Such) 10c. FUNERAL DIRECTOR - SIGNATURE (OF Person Acting as Such) 10c. FUNERAL DIRECTOR - SIGNATURE AUTHENTICATED 10c. PLOCATION	HER (Specify) 19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory Sparks Nevada 8 Or Person Acting as Such) 20b. FUNERAL DIRECTOF 20c. NAME AND ADDRESS OF FACILITY
Cremation Truckee Meadows Crematory Sparks Nevada 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) HARRISON CODY BILLIAN SIGNATURE AUTHENTICATED RADE CALL - NAME AND ADDRESS RADE CALL - NAME AND ADDRESS RADE CALL - NAME AND ADDRESS Truckee Meadows Cremation and Bu SIGNATURE AUTHENTICATED SIGNATURE AUTHENTICATED Truckee Meadows Cremation and Bu 616 South Wells Avenue Reno NV 88 RADE 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) SIGNATURE AUTHENTICATED 21b. DATE SIGNED (Mo/Day/Yr) September 30, 2021 21c. HOUR OF DEATH September 30, 2021 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 22e. PRONOUNCED 23b. LICENSE N REBECCA J DESFOR DO 4a. REGISTRAR (Signature) BLAIR J HEDRICK SIGNATURE AUTHENTICATED BLAIR J HEDRICK SIGNATURE AUTHENTICATED BLAIR J HEDRICK SIGNATURE AUTHENTICATED Metastatic Hepatocellular Carcinoma Of The Liver DUE TO, OR AS A CONSEQUENCE OF: Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF: Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF: Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF: Interval between the underlying cause given in Part 1. 26. AUTOPSY (Specillz) 27. AUTOPSY (Specillz) 28. AUTOPSY (Specillz)	Truckee Meadows Crematory Sparks Nevada 8 Or Person Acting as Such) 20b. FUNERAL DIRECTOF 20c. NAME AND ADDRESS OF FACILITY
OB. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) HARRISON CODY BILLIAN SIGNATURE AUTHENTICATED RADE CALL - NAME AND ADDRESS TRADE CALL - NAME AND ADDRESS TO the best of my knowledge, death occurred at the time, date and place and due SIGNATURE AUTHENTICATED Truckee Meadows Cremation and Bu 616 South Wells Avenue Reno NV 89 RADE CALL - NAME AND ADDRESS TRADE CALL - NAME AND ADDRESS TO the cause(s) stated. (Signature & Title) Truckee Meadows Cremation and Bu 616 South Wells Avenue Reno NV 89 RADE CALL - NAME AND ADDRESS To the best of my knowledge, death occurred at the time, date and place and due Truckee Meadows Cremation and Bu 616 South Wells Avenue Reno NV 89 REBECCA J DESFOR DO SIGNATURE AUTHENTICATED To the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED Truckee Meadows Cremation and Bu 616 South Wells Avenue Reno NV 89 Truckee Meadows Cremation and Bu 618 South Wells Avenue Reno NV 89 Truckee Meadows Cremation and Bu 618 South Wells Avenue Reno NV 89 Truckee Meadows Cremation and Bu 618 South Wells Avenue Reno NV 89 Truckee Meadows Cremation and Bu 618 South Wells Avenue Reno NV 89 Truckee Meadows Cremation and Bu 618 South Wells Avenue Reno NV 89 Truckee Meadows Cremation and Bu 618 South Wells Avenue Reno NV 89 Truckee Meadows Cremation and Bu 618 South Wells Avenue Reno NV 89 Truckee Meadows Cremation and Bu 618 South Wells Avenue Reno NV 89 Truckee Meadows Cremation and Bu 618 South Wells Avenue Reno NV 89 Truckee Meadows Cremation and Bu 618 South Wells Avenue Reno NV 89 Truckee Meadows Cremation and Bu 618 South Wells Avenue Reno NV 89 Truckee Meadows Cremation and Bu 618 South Wells Avenue Reno NV 89 Truckee Meadows Cremation and Bu 618 South Wells Avenue Reno NV 89 Truckee Meadows Cremation and Su 618 South Wells Avenue Reno NV 89 Truckee Meadows Cremation and Su 618 South Wells Avenue Reno NV 89 Truckee Meadows Cremation and Su 618 South Wells Avenue Reno NV 89 Truckee Meadows Cremation Avenue Propertion South Wells Avenue Reno NV 89 Truckee Meadows Cremation Avenue Prop	Or Person Acting as Such) 20b. FUNERAL DIRECTOF 20c. NAME AND ADDRESS OF FACILITY
HARRISON CODY BILLIAN SIGNATURE AUTHENTICATED FD943 FADE CALL - NAME AND ADDRESS TRADE CALL - NAME AND ADDRESS TRADE CALL - NAME AND ADDRESS TRADE CALL - NAME AND ADDRESS TRADE CALL - NAME AND ADDRESS TRADE CALL - NAME AND ADDRESS TRADE CALL - NAME AND ADDRESS TRADE CALL - NAME AND ADDRESS TRADE CALL - NAME SIGNATURE AUTHENTICATED TO THE CAUSE (Signature & Title) SIGNATURE AUTHENTICATED TO THE SIGNATURE AUTHENTICATED TO THE CAUSE (Signature) TO THE SIGNATURE AUTHENTICATED TO THE SIGNED (Mo/Day/Yr) TO THE S	
RADE CALL - NAME AND ADDRESS RADE 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) SIGNATURE AUTHENTICATED BY 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) REBECCA J DESFOR DO 21b. DATE SIGNED (Mo/Day/Yr) 21c. HOUR OF DEATH September 30, 2021 17:20 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22e. PRONOUNCED 22d. PRONOUNCED DEAD (Mo/Day/Yr) 23b. LICENSE N Rebecca J Desfor DO 85 Kirman Ave LL1 Reno, NV 89502 24d. REGISTRAR (Signature) BLAIR J HEDRICK SIGNATURE AUTHENTICATED 30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
TRADE CALL - NAME AND ADDRESS 2 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 REBECCA J DESFOR DO 21b. DATE SIGNED (Mo/Day/Yr) September 30, 2021 21c. HOUR OF DEATH September 30, 2021 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER CUIT (Type or Print) 22a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23b. LICENSE N Rebecca J Desfor DO 85 Kirman Ave LL1 Reno; NV. 89502 24a. REGISTRAR (Signature) BLAIR J HEDRICK SIGNATURE AUTHENTICATED DUE TO, OR AS A CONSEQUENCE OF: (b) Chronic Hepatitis C DUE TO, OR AS A CONSEQUENCE OF: (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 25a. MURDIATE CAUSE (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 26a. AUTOPSY (Specil 27)	
to the cause(s) stated. (Signature & Title) REBECCA J DESFOR DO 21b. DATE SIGNED (Mo/Day/Yr) September 30, 2021 21c. HOUR OF DEATH September 30, 2021 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER C Type or Print) 22a. PRONOUNCED DEAD (Mo/Day/Yr) 22a. PRONOUNCED DEAD (Mo/Day/Yr) 22b. DATE SIGNED (Mo/Day/Yr) 22c. HOUR OF DEAD 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22e. PRONOUNCED 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22e. PRONOUNCED 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22e. PRONOUNCED 22f. MAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 22b. LICENSE N 22c. HOUR OF DEAD 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22e. PRONOUNCED 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22e. PRONOUNCED 22b. DATE SIGNED (Mo/Day/Yr) 22c. HOUR OF DEAD 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22b. DATE SIGNED (Mo/Day/Yr) 22c. HOUR OF DEAD 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22c. HOUR OF DEAD 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22d. DATE REGENTED BY REGISTRAR 24c. DEATH DUE TO COMMU 22b. LICENSE N 22c. HOUR OF DEAD 22c. HOUR OF DEAD 22d. PRONOUNCED 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22c. PRONOUNCED 22d. PRONOUNCED 22b. DATE SIGNIFICAN 22c. HOUR OF DEAD 22c. HOUR OF DEAD 22c. HOUR OF DEAD 22d. DATE REGENTED BY REGISTRAR 22c. DEATH DUE TO COMMU 22c. DEATH DUE TO COMMU 22c. HOUR OF DEAD 22d. DATE REGENTED BY REGISTRAR 22d. DEATH DUE TO COMMU 22c. PRONOUNCED 22d. DATE REGENTED BY REGISTRAR 22c. DEATH DUE TO COMMU 22c. DEATH DUE TO COMMU 22c. PRONOUNCED 22d. DATE REGENTED BY REGISTRAR 22c. DEATH DUE TO COMMU 22c. DEATH DUE TO COMMU 22d. DATE REGENTED BY REGISTRAR 22d. DEATH DUE TO COMMU 22d. DATE REGENTED BY REGISTRAR 22d. DEATH DUE TO COMMU 22d. DATE REGENTED BY REGISTRAR 22d. DEATH DUE TO COMMU 22d. DATE REGENTED BY REGISTRAR 22d. DEATH DUE TO COMMU 22d. DATE REGENTED BY REGISTRAR 22d. DEATH DUE TO COMMU 22d. DATE REGENTED BY REGISTRAR 22d. DATE REGENTED BY REGISTRAR 22d.	
to the cause(s) stated (Signature & Title) REBECCA J DESFOR DO 21b. DATE SIGNED (Mo/Day/Yr) September 30, 2021 17:20 22c. HOUR OF DEATH September 30, 2021 17:20 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22e. PRONOUNCED 22e. PRONOUNCED 22f. DATE SIGNED (Mo/Day/Yr) 22e. PRONOUNCED 22f. PRONOUNCED 22f. PRONOUNCED 22f. PRONOUNCED DEAD (Mo/Day/Yr) 22e. PRONOUNCED 22f. PRONOUNCED 22f. PRONOUNCED 22f. PRONOUNCED DEAD (Mo/Day/Yr) 22e. PRONOUNCED 22f. PRONOUNCED DEAD (Mo/Day/Yr) 22e. PRONOUNCED 22f. PRONOUNCED 22f. PRONOUNCED 22f. PRONOUNCED DEAD (Mo/Day/Yr) 22f. PRONOUNCED 22f. PRONOUNCED 22f. PRONOUNCED DEAD (Mo/Day/Yr) 22f. PRONOUNCED 22f. PRONOUNC	
21b. DATE SIGNED (Mo/Day/Yr) September 30, 2021 21c. HOUR OF DEATH September 30, 2021 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22e. PRONOUNCED 2	19 Language Longuage
September 30, 2021 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Rebecca J Desfor DO 85 Kirman Ave LL1 Reno, NV 89502 24a. REGISTRAR (Signature) BLAIR J HEDRICK SIGNATURE AUTHENTICATED 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER-LINE FOR (a), (b), AND (c).) Metastatic Hepatocellular Carcinoma Of The Liver DUE TO, OR AS A CONSEQUENCE OF: (b) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF: (c) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF: (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 22a. PRONOUNCED 22b. PRONOUNCED 22c. PRONOUNCED 22c. PRONOUNCED 22c. PRONOUNCED 22d. PRONOUNCED 22d. PRONOUNCED 22d. PRONOUNCED 22d. PRONOUNCED 23b. LICENSE N DO CAUCH CHAPTOR (Mo/Day/Yr) September 30, 2021 YES X NO Interval between Interval between Chaptor (C) Chronic Hepatitis C Interval between Control of the Control of	121c HOUR OF DEATH 9 9 22b DATE SIGNED (MO/DayWo) 122c HOUR OF DEATH
2 G. (Type or Print) 3a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Rebecca J Desfor DO 85 Kirman Ave Lt.1 Reno, NV. 89502 4a. REGISTRAR (Signature) BLAIR J HEDRICK SIGNATURE AUTHENTICATED 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 30, 2021 YES X NC 25. IMMEDIATE CAUSE (ENTER GNLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I DUE TO, OR AS A CONSEQUENCE OF: (b) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF: (c) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF: (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 25. AUTOPSY (Specif 27.)	17:20
3a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Rebecca J Desfor DO 85 Kirman Ave Lt.1 Reno, NV 89502 4a. REGISTRAR (Signature) BLAIR J HEDRICK SIGNATURE AUTHENTICATED 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 30, 2021 YES X NC 25. IMMEDIATE CAUSE (ENTER GNLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I DUE TO, OR AS A CONSEQUENCE OF: (b) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF: (c) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF: (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 26. AUTOPSY (Specif 27.)	CIAN IF OTHER THAN CERTIFIER 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22e. PRONOUNCED
Rebecca J Desfor DO 85 Kirman Ave LL1 Reno, NV 89502 PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. DOD: 24b. DATE RECEIVED BY REGISTRAR (24c. DEATH DUE TO COMMU YES X NC (Mo/Day/Yr) September 30, 2021 PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. DOD: 100. BLAIR J HEDRICK (Mo/Day/Yr) September 30, 2021 PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. DOD: 100. D	Company of the state of the sta
BLAIR J HEDRICK SIGNATURE AUTHENTICATED 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 30, 2021 25c. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PERLINE FOR (a), (b), AND (c),) PART I (a) Metastatic Hepatocellular Carcinoma Of The Liver. DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF: (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 24c. DEATH DUE TO COMMU YES X NC Interval between 15c. AUTOPSY (Specif 27.)	
SIGNATURE AUTHENTICATED (Mo/Day/Yr) September 30, 2021 YES X NO 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER-LINE FOR (a), (b), AND (c).) PART I (a) Metastatic Hepatocellular Carcinoma Of The Liver. DUE TO, OR AS A CONSEQUENCE OF: (b) Chronic Hepatitis C DUE TO, OR AS A CONSEQUENCE OF: Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF: (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 26. AUTOPSY (Specif 27.)	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER-LINE FOR (a), (b), AND (c),) PART I (a) Metastatic Hepatocellular Carcinoma Of The Liver DUE TO, OR AS A CONSEQUENCE OF: (b) Chronic Hepatitis C DUE TO, OR AS A CONSEQUENCE OF: Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF: (d) Interval between the consequence of the consequence	(Mo/Dav/Yr)
Metastatic Hepatocellular Carcinoma Of The Liver DUE TO, OR AS A CONSEQUENCE OF: (b) Chronic Hepatitis C DUE TO, OR AS A CONSEQUENCE OF: Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF: Interval between the consequence of the consequen	50000000 F 7 1 1 2000 F 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(b) Chronic Hepatitis C DUE TO, OR AS A CONSEQUENCE OF: Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF: Interval betwee (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. [26, AUTOPSY (Specifiz.7.)	
DUE TO, OR AS A CONSEQUENCE OF: Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF: Interval betwee (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. [26, AUTOPSY (Specif 27.)	QUENCE OF:
DUE TO, OR AS A CONSEQUENCE OF: Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF: Interval between the constraint of t	
DUE TO, OR AS A CONSEQUENCE OF: Interval betwee (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 26. AUTOPSY (Specifizz.)	QUENCE OF:
DUE TO, OR AS A CONSEQUENCE OF: (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 26. AUTOPSY (Specifize.)	
	QUENCE OF: Interval between
y and the second of the second	
in and a control of the second of the control of th	



000436800

28e. INJURY AT WORK (Specify

Yes or No)

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.

ouilding, etc. (Specify)

28f. PLACE OF INJURY- At home, farm, street, factory, office

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

STREET OR R.F.D. No.

10/1/2021 This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

28g. LOCATION

STATE

CITY OR TOWN