

Official RecordRecording requested By
WILSON BARROWS & SALYEREureka County - NV
Mike Rebaleati - Recorder

Fee: \$20.00

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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.

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

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

3



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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

20050013701

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE
OR PRINT
IN
PERMANENT
BLACK INK

1. DECEASED—NAME First Middle Last Bernard Robert DAMELE			2. DATE OF DEATH (Month, Day, Year) September 13, 2005		3a. COUNTY OF DEATH Lyon		
3b. CITY, TOWN OR LOCATION OF DEATH Fernley			3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 575 Farm District Road		3e. SEX Male		
4. RACE —(e.g., White, Black, American Indian, etc.) (Specify) White		5. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. No		6. AGE—Last Birthday (Years) 52		7. DATE OF BIRTH (Mo., Day, Yr.) Dec. 13, 1952	
8. STATE OF BIRTH (If not U.S.A., name country) Nevada		9. CITIZEN OF WHAT COUNTRY USA		10. Decedent's Education. Specify highest grade completed. 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
12. SOCIAL SECURITY NUMBER [REDACTED]		13. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Rancher/Machinist		14. KIND OF BUSINESS OR INDUSTRY Ranching		15. SURVIVING SPOUSE (If wife, give maiden name) [REDACTED]	
16. RESIDENCE—STATE Nevada		17. COUNTY Eureka		18. CITY, TOWN, OR LOCATION Eureka		19. STREET AND NUMBER 451 Spring St.	
20. INSIDE CITY LIMITS (Specify Yes or No) Yes		21. FATHER—NAME First Middle Last Peter Damele		22. MOTHER—MAIDEN NAME First Middle Last Marjorie Kelley		23. INFORMANT—NAME (Type or Print) Peter Joe Damele	
24. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 104 Eureka, Nevada 89316		25. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		26. CEMETERY OR CREMATORY—NAME Eureka Catholic Cemetery		27. LOCATION City or Town State Eureka Nevada	
28. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		29. FUNERAL DIRECTOR LICENSE NUMBER 47		30. NAME AND ADDRESS OF FACILITY Smith Family F.H. Box 1545 Fallon, NV 89407		31. DATE SIGNED (Mo., Day, Yr.) 9-15-05	
32. DATE SIGNED (Mo., Day, Yr.) 9-15-05		33. HOUR OF DEATH 6:55 am		34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Tomas Hinojosa Jr. M.D. 655 Sierra Rose Dr. Reno, NV 89511		35. LICENSE NUMBER 6798	
36. REGISTRAR (Signature) <i>[Signature]</i>		37. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 9-15-05		38. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		39. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) BILE DUCT CANCER	
40. PART I (a) DUE TO, OR AS A CONSEQUENCE OF:		41. PART II (b) DUE TO, OR AS A CONSEQUENCE OF:		42. PART III (c) DUE TO, OR AS A CONSEQUENCE OF:		43. OTHER SIGNIFICANT CONDITIONS —Conditions contributing to death but not resulting in the underlying cause given in Part I.	
44. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		45. DATE OF INJURY (Mo., Day, Yr.) 28b.		46. HOUR OF INJURY 28c.		47. DESCRIBE HOW INJURY OCCURRED 28d.	
48. INJURY AT WORK (Specify Yes or No) 28e.		49. PLACE OF INJURY —At home, farm, street, factory, office building, etc. (Specify) 28f.		50. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE 28g.		51. AUTOPSY (Specify Yes or No) 26. No	
52. WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes		53. DATE ISSUED: DEC 1 8 2007		54. THIS COPY IS NOT VALID UNLESS PREPARED ON ENGRAVED BORDER DISPLAY		55. ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE	

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

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 1 8 2007**

This copy is not valid unless prepared on engraved border display

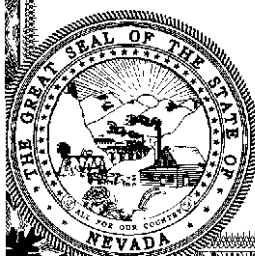
[Signature]



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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

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

1. Carolyn		Middle Damele		Last FIERCE		DATE OF DEATH (Month, Day, Year) August 30, 2002		COUNTY OF DEATH Washoe	
CITY, TOWN OR LOCATION OF DEATH Reno		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3400 Quilici Road				If Hosp. or Inst. indicate DOA, OP/Emr. Rm. Inpatient (Specify) 6		SEX Female	
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.		AGE—Last Birthday (Years) 46		UNDER 1 YEAR MOS : DAYS 6		UNDER 1 DAY HOURS : MINS 6	
9a. Nevada		CITIZEN OF WHAT COUNTRY U.S.A.		Decedent's Education. Specify highest grade completed. 16		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		DATE OF BIRTH (Mo., Day, Yr.) July 6, 1956	
SOCIAL SECURITY NUMBER [REDACTED]		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Artist		18a. 691		KIND OF BUSINESS OR INDUSTRY Retail		SURVIVING SPOUSE (If wife, give maiden name) Frank Fierce	
RESIDENCE—STATE Nevada		COUNTY Washoe		CITY, TOWN, OR LOCATION Reno		STREET AND NUMBER 3400 Quilici Road		INSIDE CITY LIMITS (Specify Yes or No) Yes	
FATHER—NAME First Middle Last Peter Damele		MOTHER—MAIDEN NAME First Middle Last Kelly							
INFORMANT—NAME (Type or Print) Frank Fierce				MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 3400 Quilici Road Reno Nevada 89511					
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		CEMETERY OR CREMATORY—NAME Mountain View Cemetery		LOCATION Reno Nevada					
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 71		NAME AND ADDRESS OF FACILITY Mountain View Mortuary 64 425 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) <i>[Signature]</i>		DATE SIGNED (Mo., Day, Yr.) October 11, 2002		HOUR OF DEATH 2356		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) <i>[Signature]</i>		DATE SIGNED (Mo., Day, Yr.) October 11, 2002	
21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21c.		22b. PRONOUNCED DEAD (Mo., Day, Yr.) August 30, 2002		22c. PRONOUNCED DEAD (Hour) 2356			
21d. 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		21e.		22d. ON		22e. AT 2356			
REGISTRAR <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) October 11, 2002		DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		23b. WCC S. 35			
24a. (Signature)		24b. (Signature)		24c. (Signature)		24d. (Signature)			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		(a) Acute ethanol intoxication		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b)				DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c)				DUE TO, OR AS A CONSEQUENCE OF:		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.		AUTOPSY (Specify Yes or No) Yes		WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) Accident		DATE OF INJURY (Mo., Day, Yr.) Aug. 30, 2002		HOUR OF INJURY 2345 Fd M		DESCRIBE HOW INJURY OCCURRED Ingested alcoholic beverage			
INJURY AT WORK (Specify Yes or No) No		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) Home		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE 3400 Quilici Road, Reno, Nevada					

STATE REGISTRAR

No. 223367

Birth Cert. #56-003491

CERTIFIED COPY OF VITAL RECORDS

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DATE ISSUED: **DEC 18 2007**

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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

CERTIFICATE OF DEATH

2007012919
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK 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 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										
	5. RACE-(e.g., White, Black, American Indian) (Specify)			6. Was Decedent of Hispanic Origin? 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)											
13. SOCIAL SECURITY NUMBER [REDACTED]			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											
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																	
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 - SIGNATURE (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 - 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) TERRY NEVINS DO SIGNATURE AUTHENTICATED						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 :																	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22b. DATE SIGNED (Mo/Day/Yr)						22c. HOUR OF DEATH											
21e. 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											
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"/>											
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Debility and Inanition DUE TO, OR AS A CONSEQUENCE OF:												Interval between onset and death Ongoing											
(b) DUE TO, OR AS A CONSEQUENCE OF:												Interval between onset and death											
(c) DUE TO, OR AS A CONSEQUENCE OF:												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

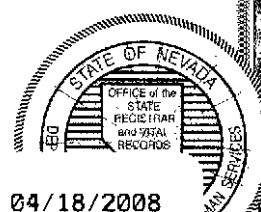
CERTIFIED COPY OF VITAL RECORDS

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:

This copy is not valid unless signed on engraved border d
02/04/2008

STATE REGISTRAR



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE