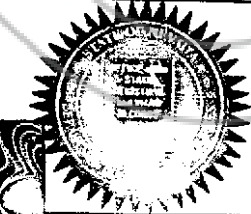


STATE OF NEVADA

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

96 010130

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
		Claudene Margareit GRUNWALD		September 27, 1996		Lincoln	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number)		If Held or Int. Medical GOA, OP/EMT: (Rm. Inpatient (Specify))		SEX	
Caliente		942 Holt Avenue				Female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		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)		DATE OF BIRTH (Mo., Day, Yr.)	
White				73		1-13-1923	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify Widowed)	
South Dakota		U.S.A.		13		Widowed	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Enum. if Retired)		KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (if wife, give maiden name)	
		Program Assistant		Agricultural			
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
Nevada		Lincoln		Caliente		942 Holt Ave.	
INSIDE CITY LIMITS (Specify Yes or No)		FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last			
Yes		Charles Whorton		Martha Welfel			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
Arthur Emling		712 Clayton Las Vegas, Nevada 89110					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
Burial		Conaway Memorial Veterans		Caliente, Nevada			
FUNERAL DIRECTOR—SIGNATURE (If Person Acting, Specify)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
<i>[Signature]</i>		15		Wiscombe Funeral Home		09	
20c. P.O. Box 994 Caliente, Nevada 89008							
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		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.	
		9-30-96		1346			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo., Day, Yr.)	
						PRONOUNCED DEAD (Hour)	
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER OR CORONER), (Type or Print)		22e. ON		22f. AT			
Joseph Wilkin, M.D.; P.O. Box 472 Panaca, Nevada 89042							
23a. LICENSE NUMBER		23b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		23c. DEATH DUE TO COMMUNICABLE DISEASE			
3849		9-30-96		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
24a. SIGNATURE		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		24c. DEATH DUE TO COMMUNICABLE DISEASE			
<i>[Signature]</i>		9-30-96		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		PART (a)		Interval between onset and death			
		Cerebrovascular accident		minutes			
		PART (b)		Interval between onset and death			
		Coronary artery disease		years			
		PART (c)		Interval between onset and death			
		Atherosclerotic vascular dis.		years			
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)			
		NO		YES			
ACC., SUICIDE, HON. UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
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	



STATE REGISTRAR

No. 091864

*[Signature]*

This is to certify that the above is a true and correct copy of the certificate on file in this office.

DEC 20 1999

Date issued:

State Registrar

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BOOK 146 PAGE 518

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NO. 114182

NO.

FILED AND RECORDED AT REQUEST OF

First American Title

February 29, 2000

AT 28 MINUTES PAST 11 O'CLOCK

AM IN BOOK 146 OF OFFICIAL

RECORDS PAGE 518 LINCOLN

COUNTY, NEVADA.

Leslie Boucher

COUNTY RECORDER.

By Dereca Leevers, Deputy