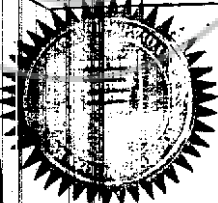


STATE OF NEVADA

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

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER	First Middle Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
	DECEASED—NAME	Leonard William WELKE	2 Found August 20, 1998	Lincoln
DECEDENT	CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—Name (If not within, give street and number)	SEX	AGE—Last Birthday (Years)
	Alamo	16 Danielle Lane	Male	76
# DEATH OCCURRED IN INSTITUTION SEE HUSBAND REGARDING COMPLETION OF RESIDENCE ITEM	RACE—(U.S. White, Black, American Indian, Asian, etc.) (Specify)	EDUCATION—(Specify highest grade completed)	MARRIED, NEVER MARRIED, DIVORCED (Specify)	DATE OF BIRTH (Month, Day, Year)
	White	16	Divorced	February 9, 1922
PARENTS	CITIZEN OF WHAT COUNTRY	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	RESIDENCE—STATE
	U.S.A.	567 Carpenter	260 Construction	Nevada
DISPOSITION	FATHER—NAME	MOTHER—MAIDEN NAME	BURIAL, CREMATION, REMOVAL OTHER (Specify)	CITY, TOWN OR LOCATION
	William Emil Welke	Bertha Schuth	18c Desert Memorial	Alamo
CERTIFIER	INFORMANT—NAME (Type or Print)	MAILING ADDRESS	FUNERAL DIRECTOR—SIGNATURE (If Specifying, Print Name)	FUNERAL DIRECTOR LICENSE NUMBER
	William Scott Welke	18b 521 Bowen Cir. #2 Moab, Utah 84532	[Signature]	20c 15
CAUSE OF DEATH	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH	22a. On the basis of examination (and/or investigation) performed by the coroner at the time, date and place and (Specify) (Signature and Title)	22b. HOURS OF DEATH
	10-9-98	8-20-98	[Signature]	Before 1515
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)	24a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	24b. DEATH DUE TO COMMUNICABLE DISEASE	24c. YEARS
	Doug Lambreaux; P.O. Box 390 Alamo, Nevada 89001 Coroner	10-9-98	NO	Years
INJURY	25a. CHRONIC CAUSE	25b. DUE TO, OR AS A CONSEQUENCE OF:	25c. YEARS	25d. YEARS
	(1) Chronic Obstructive Pulmonary Disease	Hypertensive	Years	Years
ACC. SUICIDE, HOMIC. UNDET. OR PENDING INVEST.	26a. DATE OF INJURY (Mo., Day, Yr.)	26b. HOUR OF INJURY	26c. DESCRIBE HOW INJURY OCCURRED	26d. PLACE OF INJURY—(At home, farm, street, factory, office building, etc.) (Specify)



STATE REGISTRAR

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

*Yvonne Sylva*  
State Registrar

Date issued: OCT 27 1998

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BOOK PAGE 358

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FIRST AMERICAN TITLE  
JULY 13, 2001

AT 47 MINUTES P.M. 02 OF 2001  
P.M. 156 OF 156  
RECORDS PAGE 358  
COUNTY RECORDS

LESLIE BOUCHER

COUNTY RECORDER

BY Leslie Boucher DEPUTY