



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

Form with fields for DECEASED-NAME, DATE OF DEATH, CITY, TOWN OR LOCATION OF DEATH, RACE, SEX, AGE, MARRIED, SOCIAL SECURITY NUMBER, RESIDENCE, FATHER, MOTHER, DISPOSITION, CERTIFIER, REGISTRAR, and CAUSE OF DEATH.

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE INSTRUCTIONS REGARDING COMPLETION OF RESIDENCE ITEM

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH CAUSE DEATH NAMED ATE CAUSE STATING THE UNDERLYING CAUSE

CAUSE OF DEATH



STATE REGISTRAR

No. 135896

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

Date issued: JAN 25 2000

AGIA INC.

APR 21 2000

RECEIVED

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

119047

FILED FOR RECORDING  
AT THE REQUEST OF

**First American Title**

2002 NOV 6 PM 3 18

LINCOLN COUNTY REGISTERED  
FEL No. 88 DEPT 103  
LESLIE ROUCHER