

CERTIFICATE OF DEATH

The attached Certificate certifies that Ruth Ann Sidford, trustee of the Ruth Ann Sidford Family Protection Trust died on June 18, 2006.

FILED FOR RECORDING
AT THE REQUEST OF
Richard Sidford

2006 JUL 11 PM 12 26

LINCOLN COUNTY RECORDER
FEE \$ 15.00 DEP
LESLIE BOUCHER MD

WITNESS my hand this 11TH day of JULY, 2006.

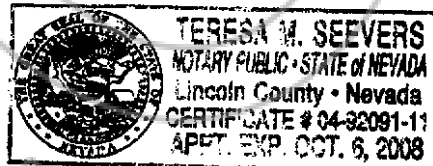
R. L. Sidford
Richard Sidford

State of Nevada
County of Lincoln

This instrument was acknowledged before me on
July 11, 2006 by Richard Sidford
DATE NAME OF PERSON

Teresa M. Seevers
(Signature of notarial officer)

SEAL



STATE OF UTAH — DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH

Access to information on this form is limited under the Utah State Records Act and Rules

LOCAL FILE NUMBER **27-470** **CERTIFICATE OF DEATH** STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (Include AKA's, if any) (First, Middle, Last) Ruth Ann Sidford		2. SEX Female		3a. DATE OF DEATH (Mo., Day, Yr.) June 18, 2006		3b. TIME OF DEATH (24 hr. Clock) 2130	
4. DATE OF BIRTH (Mo., Day, Yr.) September 29, 1909		5. AGE - Last Birthday (Years) 96		6. BIRTHPLACE (City & State or Foreign Country) Pioche, Nevada		7. SOCIAL SECURITY NUMBER [REDACTED]	
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DCA				8a. PLACE OF DEATH (Check only one) <input type="checkbox"/> 4. Nursing Home/Long term care facility <input type="checkbox"/> 5. Decedent's Home <input checked="" type="checkbox"/> 7. Other (specify) Assisted Living			
8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location) The Meadows 950 South 400 East #134				8c. COUNTY OF DEATH Washington		8d. CITY, TOWN OR LOCATION OF DEATH Saint George	
9. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No <input type="checkbox"/> 3. Unk.		10. MARITAL STATUS <input type="checkbox"/> 1. Never Married <input type="checkbox"/> 2. Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Divorced <input type="checkbox"/> 5. Married, but separated <input type="checkbox"/> 6. Unknown		11. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)			
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired.) Homemaker		12b. KIND OF BUSINESS OR INDUSTRY Own Home		13a. RESIDENCE - STREET AND NUMBER 99 McCannon Street			
13b. STATE Nevada		13c. COUNTY Lincoln		13d. CITY, TOWN, COMMUNITY, OR RURAL Pioche		13e. ZIP CODE 89043	
13f. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No							
14. FATHER'S NAME (First, Middle, Last) Walter Magnus Christian				15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Miriam Edith Price			
16. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT (Street & Number, City, State, Zip) Richard Lewis Sidford Son P.O. Box 37 Pioche, Nevada 89043							
17. METHOD OF DISPOSITION <input type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Donation <input checked="" type="checkbox"/> 3. Other <input type="checkbox"/> 4. Cremation <input type="checkbox"/> 5. Removal		18a. DATE OF DISPOSITION June 21, 2006		18b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Pioche Masonic Cemetery			
19. LICENSEE NUMBER 102993		20. FUNERAL HOME (Name and complete address) Southern Utah Mortuary 190 North 300 West Cedar City, Utah 84720					
21. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>							
22. CERTIFIER (Check only one) <input checked="" type="checkbox"/> 1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> 2. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the cause(s) and manner as stated. M.E. Case No. _____ SIGNATURE & TITLE OF CERTIFIER: <i>[Signature]</i> LIC. NO. 164563 DATE SIGNED 06/20/2006							
23a. NAME, ADDRESS AND ZIP CODE FOR PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 24) (Type/Print) Dr. Robert Rignell 515 South 300 East, St George, Utah 84770							
23b. DATE DECEASED WAS LAST ATTENDED BY PHYSICIAN 6/11/06							
24. PART I. Enter the chain of events, diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter <u>underlying cause</u> in stem 24. <i>cardiac arrest secondary to atherosclerosis</i> IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I							
25a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No					
26. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: <input type="checkbox"/> 1. Probably contributory to the cause of death. <input type="checkbox"/> 2. Was the underlying cause of death. <input type="checkbox"/> 3. Did not contribute to the cause of death. <input type="checkbox"/> 4. Is unknown in relation to the cause of death. <input checked="" type="checkbox"/> 5. NON USER		27. MANNER OF DEATH <input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Could not be determined <input type="checkbox"/> 6. Pending investigation		28. IF FEMALE <input checked="" type="checkbox"/> 1. Not pregnant within past year <input type="checkbox"/> 2. Pregnant at time of death <input type="checkbox"/> 3. Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> 4. Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> 5. Unknown if pregnant within the past year			
29a. DATE OF INJURY (Mo., Day, Yr.)		29b. TIME OF INJURY (24 hr. Clock)		29c. INJURY AT WORK? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		29d. PLACE OF INJURY -At home, farm, street, factory, office, building, etc. (Specify)	
29e. LOCATION (Street or rural route number, city or town, county and state)		29f. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY should be entered in stem 24)					
30. WAS DECEDENT OF HISPANIC ORIGIN? (Check the "Yes" box if decedent is not Spanish/Spanish/Latino.) <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No <input type="checkbox"/> 3. Unknown If Yes, Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. <input type="checkbox"/> 1. Yes, Mexican, Mexican American, Chicanos <input type="checkbox"/> 2. Yes, Cuban <input type="checkbox"/> 3. Yes, Puerto Rican <input type="checkbox"/> 4. Yes, other Spanish/Spanish/Latino (Specify):		31. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input checked="" type="checkbox"/> 01. White <input type="checkbox"/> 02. Black or African American <input type="checkbox"/> 03. American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> 04. Chinese <input type="checkbox"/> 05. Japanese <input type="checkbox"/> 06. Native Hawaiian <input type="checkbox"/> 07. Filipino <input type="checkbox"/> 08. Other Asian (Specify) <input type="checkbox"/> 09. Asian Indian <input type="checkbox"/> 10. Korean <input type="checkbox"/> 11. Samoan <input type="checkbox"/> 12. Vietnamese <input type="checkbox"/> 13. Guamanian or Chamorro <input type="checkbox"/> 14. Unknown <input type="checkbox"/> 15. Other Pacific Islander (Specify) <input type="checkbox"/> 16. Other (Specify)		32. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death.) <input type="checkbox"/> 0. None <input type="checkbox"/> 1. 8th grade or less <input type="checkbox"/> 2. 9th - 12th grade; no diploma <input type="checkbox"/> 3. High School graduate or GED completed <input type="checkbox"/> 4. Some college credit, but no degree <input checked="" type="checkbox"/> 5. Associate degree (e.g., AA, AS) <input type="checkbox"/> 6. Bachelor's Degree (e.g., BA, BS) <input type="checkbox"/> 7. Master's degree (e.g., MA, MS, MEd; MEd, MEd, MBA) <input type="checkbox"/> 8. Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LL.M., JD) <input type="checkbox"/> 9. Unknown			
33. REGISTRAR'S SIGNATURE <i>[Signature]</i>		34. DATE FILED (Mo., Day, Yr.) JUN 20 2006					

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued: Washington JUN 20 2006
County: *[Signature]* Barry E. Nangle
Registrar: *[Signature]* Barry E. Nangle
DIRECTOR OF VITAL RECORDS



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