



Dated: 11 July, 2007

DECLARANT:

Lawrence A. Eccles
Lawrence A. Eccles

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County and State, this 11 day of July, 2007 by Lawrence A. Eccles, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

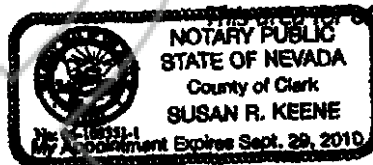
WITNESS my hand and official seal.

Signature Susan R. Keene

My Commission Expires: Sept. 29, 2010

Notary Name: Susan R. Keene
Notary Registration Number: 06-109351-1

Notary Phone: 702 897 9991
County of Principal Place of Business Clark



Official notarial seal



LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEASED—NAME First Middle Last Beverly Anne ECCLES		2. DATE OF DEATH (Month, Day, Year) September 22, 2001	
3b. CITY, TOWN OR LOCATION OF DEATH Henderson		3a. COUNTY OF DEATH Clark	
3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) St Rose Dominican Siena Hospital		3e. SEX Female	
3d. (If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)) Emergency Room			
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	
7a. AGE—Last Birthday (Years) 58		7b. UNDER 1 YEAR MOS : DAYS	
7c. UNDER 1 DAY HOURS : MINS		8. DATE OF BIRTH (Mo., Day, Yr.) Jan 26, 1943	
9a. STATE OF BIRTH (If not U.S.A. name country) New Jersey		9c. CITIZEN OF WHAT COUNTRY U.S.A.	
10. Decedent's Education. Specify highest grade completed. 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
12. SURVIVING SPOUSE (If wife, give maiden name) Lawrence A. Eccles			
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Health Specialist	
14b. KIND OF BUSINESS OR INDUSTRY Environmental Health			
15a. RESIDENCE—STATE Nevada		15b. COUNTY Clark	
15c. CITY, TOWN, OR LOCATION Las Vegas		15d. STREET AND NUMBER 4471 Wilder Pl.	
15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER—NAME First Middle Last William Hruska		17. MOTHER—MAIDEN NAME First Middle Last Margaret Weller	
18a. INFORMANT—NAME (Type or Print) Lawrence A. Eccles - Husband		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 4471 Wilder Place Las Vegas Nevada 89121	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Creation		19b. CEMETERY OR CREMATORY—NAME Palm Crematory	
19c. LOCATION City or Town State Las Vegas, Nevada			
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 50	
20c. NAME AND ADDRESS OF FACILITY Palm Mortuary - Henderson 800 S. Boulder Hwy., Henderson, Nevada 89015			
21a. To be completed by CERTIFYING PHYSICIAN 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>		22a. To be completed by Coroner's Office 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>	
21b. DATE SIGNED (Mo., Day, Yr.) 9/25/01		21c. HOUR OF DEATH 02:56 PM	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo., Day, Yr.)	
		22c. HOUR OF DEATH	
		22d. ON	
		22e. AT	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) Russell Gollard MD 58 N. Pecos Henderson Nevada 89014		23b. LICENSE NUMBER 7818	
24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) SEP 26 2001	
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).)		Interval between onset and death	
PART I (a) Acute leukemia DUE TO, OR AS A CONSEQUENCE OF:		6 months	
(b) myelodysplasia DUE TO, OR AS A CONSEQUENCE OF:		one year	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. BREAST CANCER		Interval between onset and death	
26. AUTOPSY (Specify Yes or No) NO		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
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	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28g. LOCATION		28h. STREET OR R.F.D. No.	
28i. CITY OR TOWN		28j. STATE	

STATE REGISTRAR

No. 204842

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

DONALD S. KWALICK, MD, M.P.H.
 Registrar of Vital Statistics

By:

[Signature]

Date Issued: SEP 26 2001

CLARK COUNTY HEALTH DISTRICT
 625 Shadow Lane P.O. Box 3902
 Las Vegas, Nevada 89127
 702-383-1223
 Tax ID# 88-0151573