**#** 0131039

Official Record Recording requested By FIRST AMERICAN TITLE COMPANY

Lincoln County - NV Leslie Boucher - Recorder

Fee: \$17.00 Page 1 RPTT

Recorded By: AE

Book- 239 Page- 0439



File No.: 152-2341984 (MJ)

Recording Requested By First American Title Insurance Company of Nevada

When Recorded Return to And Mail Tax Statements to:

Dalene Humphries 845 N. LaCadena Drive Colton, CA 92324

Space Above This Line for Recorder's Use Only

A.P.N. 012-060-18

## Affidavit - Death of Trustee

State of

California

)ss.

County of

San Bernardino

Dalene K. Humphries ("Declarant") is of legal age, being first duly sworn, deposes and states under penalty of periury under the laws of the State of Nevada:

- 1. Dale Lewis Burgess ("Decedent") is the person referenced in the attached certified copy of the Certificate of Death who died on Septemeber 5, 2007 at San Bernardino, **California** (city and state of death).
- Decedent is the same person named as the trustee named in that certain Declaration of 2. Trust dated August 17, 2004 executed by Dale L. Burgess as trustor(s) (the "Trust").
- Decedent as a trustee is the same person who was named as a grantee in that certain Grant Bargain and Sale Deed dated August 18, 2004 which was recorded as Instrument No. 122867 in Book 190, Page 54, of Official Records of Lincoln County, Nevada as legally described as follows:

## Legal Description attached hereto as Exhibit "A" and incorporated herein by this reference

Declarant is the successor trustee under the Trust. The Trust was in effect at the date of 4. the death of the Decedent and has not been revoked. Declarant has consented to act as trustee under the Trust.

Dated:

January 31, 2008

Dalene K. Humphries, successor trustee

SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County	and State, this
day of	etonu ovádonen ko
, personally know to me or proved to me on the basis of satisfact	ctory evidence to
be the person(s) who appeared before me	
WITNESS my hand and official seat.	
WITHESS THY Harid and Stricture Seat.	
Cination	
Signature	
My Commission Expires:	
Notary Name: Notary Phone:	
Notary Registration Number: County of Principal Place of Busine	SS

CALIFORNIA JURAT WITH AFFIANT STATEMEN
--

See Attached Document (Notary to cross o     □ See Statement Below (Lines 1–5 to be com     □	ut lines 1–6 below) upleted only by document signer[s], <i>not</i> Notary)
	\ \
4	
2	
3	
4	
5	
G	_/
Signature of Document Signer No. 1	Signature of Document Signer No. 2 (if any)
State of California	
County of San Bernardino	
obtainly of Otto Total Control of the Control of th	Subscribed and sworn to (or affirmed) before me on this
	13th day of February 2008 by
	13th day of February, 2008, by  (1) Palene K Humphries,  Name of Signer
	(1) Valenc K Humphries, Name of Signer
LARRY D. TROMBLEY Commission # 1731409	proved to me on the basis of satisfactory evidence
Notary Public - California San Bernardino County	be the person who appeared before me (.) (,)
My Comm. Biplies Mar 15, 2011	(and
	(2), Name of Signer
	proved to me on the basis of satisfactory evidence
	be the person who appeared before me.)
	Signature Lary & Trombley
	Signature of Notary Public
Place Notary Seal Above	PTIONAL
Though the information below is not required by law	PTIONAL
valuable to persons relying on the document and fraudulent removal and reattachment of this form to a	could prevent OF SIGNER #1 OF SIGNER #2
Further Description of Any Attached Document	
Title or Type of Document: affidavit - De	ath of Trustee
Document Date: Jan. 31, 2008 Number of	of Pages:
Signer(s) Other Than Named Above:	

02/27/2008 4 of 4

MANAGEDENIA N OF VITAL RECORD

## COUNTY of SAN BERNARDINO

**DEPARTMENT OF PUBLIC HEALTH** 

351 N. MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

	STATE FILE NUMBER		- V8E	CERTIF	NO EPIABUPES	WHITEDUTS	OF ALTERATIO	MS			CAL REGISTE		18	
	1. NAME OF DECEDENT — FIRST (GIVIN)		2. MIDO		VS-15#REV1	PUSJ		3. LAST (F	••	- 20				1
Ĕ	DALE		LEV	VIS	3		_ 1	BURG		١				1
LOATA	AKA, ALBO KNOWN AB Include full AKA (FIRST, MK	DOLE. LAST)	÷		3	I	F 8FTH mm	middiocyy.	6. AGE Ym.	Manthe	Days	Hours	DER 24 HOURS	6. BEX
Š	9. BIRTH STATE/FOREIGN COUNTRY 10. BOC	IAL SECURITY NU	wore T	11. EVER IN U			/1923		84 A Time of Death)				<del>-  </del>	M
PERSONAL	CA 10. BOC	AL SECURITY NO	MASER	X VES		UNK	MARE		al Yene of Death)		5/2007	unagrapyy	8.08	(24 Hours)
	14 EDUCATION — Nighest LoverDegree 14/15, WAS DECE	DENT HISPANICA	LATINO(A)/SI	البيسا			- : :		- Up to 3 ruces			wel on back		12 .
DECEDENT'S	SOME COLLEGE YES		2 ,				WHITE	1	2		•	-	The same of the sa	
OEC.	17. USUAL OCCUPATION Type of work for most of life	. DO NOT USE R	ETIRED	18. KI	NO OF BUSIN	ESS OR IND	USTRY ( a.g.	, gracery sid	rs, road contin	ction, emp	cyment agenc	y. <b>el</b> G.]	19. YEARS II	OCCUPATION
	DIESEL MECHANIC			AL	JTOMO'	TIVE					-	-	57	
2	20. DECEMENT'S RESIDENCE (Bree) and number or to		8 8											· \ .
影	17738 FRANCESCA, APT #		NTYPROVIN	re	<u> </u>	23. ZIP C	oor	Tax s	TEARS IN COU	- T	STATEFOR	TOTAL COLUM	et nv	
RESIDENCE	VICTORVILLE		n %	ARDINO		9239	4	24. 1	22	1 1	A STATEMON	EIGN COLF	WIRY	
7	28. INFORMANT'S NAME, RELATIONSHIP	المرا	DEIM	ALCOHAC.				58 (Street a				com, Maia,	ZIP)	
23	KATHERINE BURGESS, WI	FE	) (		17738	FRAM	NCESC	A AP	T #258,	VICT	ORVILL	E, CA	92395	
=	28. NAME OF SURVIVING SPOUSE — FIRST .		29. MEDDLE	2	1	<del></del>	30. LAST	(Malden Har	ne)	ν	_			
¥ OL	ALICE	İ	KATH	ERINE	Section 1	- i,	GIB	BS		N	- 1			
RINATI	31. NAME OF FATHER FIRST	8 3	32. MIDDLE	24	35.75	<	33. LAST						34. BIRT	STATE
	HARRY SS. NAME OF MOTHER — FIRST	3.7	LEWIS 38 MODLE	S	13×3	_3,	4	GESS					UT	
NFO	, ,					ž,	37, LAST			- /			38. BRT	1 STATE
	MARY 31. DISPOSITION DATE INVANCELY / 40. PLACE OF	FINAL DISPOSIT	BEDE!		CACLA	ODIAL	JEN:			/			ID	
EGISTRAR	09/10/2007 3888 \$	. WORK	MAN M	SE HILL ILL RD.	S MENI WHITTI	IER. C	- PARI A 9060	if.	) b	r.	- /		1.	٠.
퇽	45. TYPE OF DISPOSITION(S)			42, BIGHATU			. Ý.	1		7	1/	43.	LICENSE NU	ABER,
8	'BU ;			YOLA	NDA A	RA 🗀	2.	( "	ν	1	₽ E	. E	EMB855	54
8	44. NAME OF FUNERAL ESTABLISHMENT	And in case of the last of the		46. LICENSE	NAMER 45	, SKINATUR	E OF LOCAL	REGISTRA	д .	1	FG	47.	Abram STAD	liceyy
2	SUNSET HILLS MORTUARY	7 13 10								er.			39/07/20	107
		INC.	< 9	FD1640	•	MAR					440			
10	101. PLACE OF DEATH	INC.		FD1640		102. IF	ROSPITAL, S	PECHY ON	E 103. II	796	HAN HOBERT	L. SPECIF		
Ę	101. PLACE OF DEATH STERLING COMMONS		LOCATION I		#.Z	102. 1	ROSPITAL, &	PECHY ON	£ 103.	OTHER T	Nursin	L. SPECIF		
DEATH	101. PLACE OF DEATH STERLING COMMONS 104. COUNTY 106. FACEL	INC.		WHERE POUND	#.Z	102. 1	ROSPITAL, &	PECHY ON	E 103. II	796		LTC	Y ONE Decedent's Home	
DEATH	STERLING COMMONS 101. COUNTY SAN BERNARDINO 17792	TV ADDRESS OR	O RD	NINERE POLINO	(Sitest and no	102. F	P E	PECALY ON	E 103. II	Hospes	X Norman Home 108. CITY VICTO	RVIL	Y ONE Decedent's Home	
DEATH	101. PLACE OF DEATH  STERLING COMMONS  106. FOUNTY  SAN BERNARDINO  1779  107. CAUSE OF DEATH  LIMITED ATTE CAUSE  W CARDIO PULL  109. CAR	TV ADDRESS OR LINDER of systems — disease at respiratory areas	O RD	NIMERE POLING or complications or fibrillation with	(Sitest and no	102. F	108PITAL, 8 P	PECALY ON	E 103. II	Hospes /	VICTO	RVIL	Occeptor's Home	
DEATH	STERLING COMMONS  SOL COUNTY SAN BERNARDINO 177.  107. CAUSS OF DEATH IMMEDIATE ON CARDIO PULN Front demand or	TV ADDRESS OR LINDER of systems — disease at respiratory areas	O RD	NIMERE POLING or complications or fibrillation with	(Sitest and no	102. F	P E	PECALY ON	E 103. II	Hospet	X Norman Homes IOE CITY VICTO Time server than Owner and than AND MINS	RVILI	Y ONE  Decedent's Horne  LE  EATH REPORTE  YES  D70674	TO COROUES
DEATH	STERLING COMMONS  SOL COUNTY SAN BERNARDINO 170. CAUSE OF DEATH  IMMEDIATE CAUSE OF CARDIO PULN Froid diversion or p.  Indeath)  R. ARTERIOSCIE	LINDER	O RD	my HERE FCLING	Street and new terms of the street directly topic streeting the	102. F	P E	PECALY ON	E 103. II	Hosper /	X Abursin Homes too. City VICTO Times to the residence (A) Oracle and Back MINS (I)	RVILI	YONE Decedent's Home Home VES D70674 BIOPSY PERF	TO COROMES HO GRIMED?
	STERLING COMMONS  SOL COUNTY SAN BERNARDINO  1779  177	LINDER	O RD	my HERE FCLING	Street and new terms of the street directly topic streeting the	102. F	P E	PECALY ON	E 103. II	Hospes /	X Nursin Homes Co. CITY VICTO Three belows the County and Co. CITY MINS PT) YRS	RVILLI RVILLI 700	YONE Decoder's Henry LE ATH REPORTE YES 070674 BIOPSY PERF	TO COROME HO B ORIMED?
	STERLING COMMONS  SOL COUNTY SAN BERNARDINO 1779  1779	LINDER	O RD	my HERE FCLING	Street and new terms of the street directly topic streeting the	102. F	P E	PECALY ON	E 103. II	Hospes /	X Abursin Homes too. City VICTO Times to the residence (A) Oracle and Back MINS (I)	RVILLI RVILLI 700	YONE Decedent's Home Home VES D70674 BIOPSY PERF	OTO CONOMES  TO CONOMES  HO  R  OTO CONOMES  HO  R  R  R  R  R  R  R  R  R  R  R  R  R
	101. PLACE OF DEATH  STERLING COMMONS  100. FOUNTY  SAN BERNARDINO  1779	LINDER	O RD	my HERE FCLING	Street and new terms of the street, the st	102. F	P E	PECALY ON	E 103. II	Hosper	X Nursin Homes Co. CITY VICTO Three belows the County and Co. CITY MINS PT) YRS	0RVILL 0RVILL 700 199.1	YONE Decoders's Harry VES O70674 BIOPSY PERS VES	ORMAN HO STORMED?
	101. PLACE OF DEATH  STERLING COMMONS  104. COUNTY  SAN BERNARDINO  177.92.  107. CAUSE OF DEATH  Sance Charles  (N) CARDIO PULN  Freed diseases or conditions membrang  A RATERIOSCLE  SECURIORIES  A RATERIOSCLE  MI CAUSE OF DEATH  SECURIORIES  A RATERIOSCLE  MI CAUSE OF DEATH  SECURIORIES  A RATERIOSCLE  COUNTY NEED OF DEATH  MI CAUSE OF DEATH  SECURIORIES  SECURIORI	LINDER	O RD	my HERE FCLING	Street and new terms of the street, the st	102. F	P E	PECALY ON	E 103. II	Hosper	X Number 100. GTY VICTO The shared flat Deat and the MINS PT) YRS CT),	0RVILL 0RVILL 700 199.1	YONE Oncoder's Harry EATH REPORTED YES ANGELIAL HOUSE OFFICE YES ANTOPRY PER YES	ORMAN HO STORMED?
	101. PLACE OF DEATH  STERLING COMMONS  106. FACILITY  107. CAUSE OF DEATH  107. CAUSE OF DEATH  107. CAUSE OF DEATH  107. CAUSE OF DEATH  108. FACILITY  108. FACILITY  109. CARDIO PULM  109. C	LINDER ONARY	G RD ARRES	Profession of the Control of the Con	- Past of motive post	102. F   102 F	OSPITAL, &	PECALY ON	E 103. II	Hosper	X Number 100. GTY VICTO The shared flat Deat and the MINS PT) YRS CT),	0RVILL 0RVILL 700 199.1	YONE Decador's Harmy Harmy YES AMUTOPRY PER YES SED IN OFTERM	ORMAN HO SEPTIMED?  X NO  X PORT OF THE PROPERTY OF THE PROPER
CAUSE OF DEATH	101. PLACE OF DEATH  STERLING COMMONS  100. COUNTY  SAN BERNARDINO  177.97  107. CAUSE OF DEATH  107. CAUSE OF DEATH  108. FACEL  108. FACEL  109. CARDIO PULN  Final Idea and an an annual and an annual and an annual and an annual and annual and annual and annual and annual a	TY ADDRESS OR LINDER	G RD  A Vertical ARRES	WHERE POLINGS OF COMPRESSIONS AND COMPRE	EASE	100, IF   100   10	OSPITAL, &	PECALY ON	E 103. II	Hosper	X Number 100. GTY VICTO The shared flat Deat and the MINS PT) YRS CT),	0RVILL 0RVILL 700 199.1	YONE Decador's Harmy Harmy YES AMUTOPRY PER YES SED IN OFTERM	ORMAN HO SEPTIMED?  X NO  X PORT OF THE PROPERTY OF THE PROPER
CAUSE OF DEATH	101. PLACE OF DEATH  STERLING COMMONS 106. FOUNTY 107. CAUSE OF DEATH  SAN BERNARDINO 177.97 107. CAUSE OF DEATH  LIMBEDIATE CAUSE (W CARDIO PULM Freid disease or concidence of the concidence is envised acres on Line A. Esiser CAUSE (Senses or licevy the certain concidence of the concidence of the concidence of the certain conci	TY ADDRESS OR LINDER	G RD  A Vertical ARRES	PARE POLICE  OF THE PARE POLICE  THE PAR	(Street and In- Past directly  EASE  SEASE	100, IF   100   10	OSPITAL, &	PECALY ON	E 103. II	Hosper	X Norman  Nos. CITY  VICTO  The shares for  Dead and for  MINS  BT)  YRS  CT),	700 110. I	YONE  Oncoders's  LE  LATH REPORTED  YES  O70674  BIOPSY PER  YES  SED IN DETERMANT OF	ORMED?  NO CONCUSED?  NO CONCUSED?  NO CONCUSED?  NO CONCUSED?  NO CONCUSED?  NO CONCUSED?
CAUSE OF DEATH	101. PLACE OF DEATH  STERLING COMMONS  106. FOUNTY  107. CAUSE OF DEATH  SAN BERNARDINO  177.99  107. CAUSE OF DEATH  LIMMEDIATE CAUSE (W CARDIO PULM  Final disease or  CONCIDENT IS BY,  LIMMEDIATE CAUSE (W CARDIO PULM  Final disease or  CONCIDENT IS BY,  LIMMEDIATE CAUSE (W CARDIO PULM  FINAL CONCIDENT IS BY,  LIMMEDIATE CAUSE  ARTERIOSCLE  SCHOOL CONCIDENT CONCIDENT CONTRIBUTE  DIABLETES MELLITUS  113. WAS OPPUATION PERFORMED FOR ANY CONDIT  NONE	TO DEATH BUT	G RD  This blance,  L or Vertical  ARRES  ASCUI	WHERE POLICE WE CONSTRUCT THE OF	Season and no dividing the angle of the control of	102, IF   102   IF   1	OSPITAL, &	PECALY ON	E 103. II	Hospes /	A Accession of the control of the co	700 010 110. 111. 111. 111. 111. 111. 11	YONE ORGANIST DESCRIPTION HATTIP YES OTO 6744 BIOPSY PER YES SED IN DETERMINE YES E PREGRANT IN NO	ORMED?  NO CORNED?
N CAUSE OF DEATH	TOP. PLACE OF DEATH  STERLING COMMONS  TOP. COUNTY  SAN BERNARDINO  101. FACE  TOP 107. CAUSE OF DEATH  LIMMEDIATE CAUSE  (W CARDIO PULM  Final disease or  CONDITION  ARTERIOSCLE  SEQUENCIALLY NO  ARTERIOSCLE  SEQUENCIALLY NO  DIABLETES MELLITUS  112. OTHER SEQUENCIAL CONTRIBUTE  DIABLETES MELLITUS  113. WAS OPPUATION PERFORMED FOR ANY CONDITIONO  NOME  114. I CERTIFY THAT TO THE SEST OF MY MOMEDIAGE DEATH  114. I CERTIFY THAT TO THE SEST OF MY MOMEDIAGE DEATH  114. I CERTIFY THAT TO THE SEST OF MY MOMEDIAGE DEATH  114. I CERTIFY THAT TO THE SEST OF MY MOMEDIAGE DEATH  115. I CERTIFY THAT TO THE SEST OF MY MOMEDIAGE DEATH  116. I CERTIFY THAT TO THE SEST OF MY MOMEDIAGE DEATH  117. I CERTIFY TO THE SEST OF MY MOMEDIAGE DEATH  117. I CERTIFY THAT TO THE SEST OF MY MOMEDIAGE DEATH  118. I CERTIFY THAT TO THE SEST OF MY MOMEDIAGE DEATH  119. CERTIFY THAT TO THE SEST OF MY MOMEDIAGE DEATH  119. CERTIFY THAT TO THE SEST OF MY MOMEDIAGE DEATH  119. CERTIFY THAT TO THE SEST OF MY MOMEDIAGE DEATH  119. CERTIFY THAT TO THE SEST OF MY MOMEDIAGE DEATH  119. CERTIFY THAT TO THE SEST OF MY MOMEDIAGE DEATH  119. CERTIFY THAT TO THE SEST OF MY MOMEDIAGE DEATH  119. CERTIFY THAT TO THE SEST OF MY MOMEDIAGE DEATH  119. CERTIFY THAT TO THE SEST OF MY MOMEDIAGE DEATH  119. CERTIFY THAT TO THE SEST OF MY MOMEDIAGE DEATH  119. CERTIFY THAT TO THE SEST OF MY MOMEDIAGE DEATH  119. CERTIFY THAT TO THE SEST OF MY MOMEDIAGE DEATH  119. CERTIFY THAT TO THE SEST OF MY MOMEDIAGE DEATH  1111. CERTIFY THAT TO THE SEST OF MY MOMEDIAGE DEATH  1111. CERTIFY THAT TO THE SEST OF MY MOMEDIAGE DEATH  1111. CERTIFY THAT TO THE SEST OF MY MOMEDIAGE DEATH  1111. CERTIFY THAT TO THE SEST OF MY MOMEDIAGE DEATH  1111. CERTIFY THAT TO THE SEST OF MY MOMEDIAGE DEATH  1111. CERTIFY THAT TO THE SEST OF MY MOMEDIAGE DEATH  1111. CERTIFY THAT TO THE SEST OF MY MOMEDIAGE DEATH  1111. CERTIFY THAT TO THE SEST OF MY MOMEDIAGE DEATH  1111. CERTIFY THAT TO THE SEST OF MY MOMEDIAGE DEATH  11111. CERTIFY THAT TO THE SEST OF MY MOMEDIAGE DEATH  11111. CERTIFY THAT TO	TY ADDRESS OR LINDER Of provide - disease of months - disease of m	G RD  The product of	WHERE POLICE or complications of the control of th	EASE	notice of local control of the state of the	OSPITAL, &	PECALY ON	E 103. II	Hoopes	X Average No. 101 (17) (17) (17) (17) (17) (17) (17) (17	PRVILLIAND TOLONO Tolon	YONE Oscoder's Harmy Harmy YES ASSESSED IN DETERMINE YES SEED IN DETERMINE YES PRESIDENT YES NUTCHEN PER YES NUTCHEN PER YES NO	ORMED?  NO CORNEED?
N CAUSE OF DEATH	101. PLACE OF DEATH  STERLING COMMONS  100. FOUNTY  SAN BERNARDINO  1779  177. CAUSE OF PORTH  LIMBE DIVITE CAUSE (Finel disease or conditions manufacture)  ARTERIOSCLE  Sequencially, for conditions and manufacture of the port of the conditions of the port of the conditions of the port of the conditions of the port o	TY ADDRESS OR LINDER OF THE WAY O	O RD	WHERE POLICE WE CONSTRUCT THE OF	- Part directly popular thours, in the CEASE	100, W   100 mm or of the control of	OSPITAL, B	PEGITY ON THE SECOND SE	South South	111111111111111111111111111111111111111	NAME OF THE PARTY	PRVILLIAND TOLONO Tolon	YONE ORGANIST DESCRIPTION HATTIP YES OTO 6744 BIOPSY PER YES SED IN DETERMINE YES E PREGRANT IN NO	ORMED?  NO CORNEED?
TCATION CAUSE OF DEATH	STERLING COMMONS  106. FOUNTY  107. FACE  SAN BERNARDINO  107. FACE  177.97  107. CAUSE OF DEATH  LIMBEDIATE CAUSE  W CARDIO PULM  (Finel disease or concidence of the concide	TY ADDRESS OR LINDER LINDER STRUM OBSER STRUM OBSER STRUM OBSER STRUM OBSER STRUM OBSER STRUM TO DEATH BUT TO	O RD ARRES ARRES ASCU	PROPER POLINGE	- Pant directly popt at housing in the SEASE SEA	ALING ADD	OSPITAL, B. P. C.	PEGO Y ONN BROOF LEVIATE.	Francis soon	111111111111111111111111111111111111111	NAME OF THE PARTY	PRVILLIAND TOLONO Tolon	YONE Oscoder's Harmy Harmy YES ASSESSED IN DETERMINE YES SEED IN DETERMINE YES PRESIDENT YES NUTCHEN PER YES NUTCHEN PER YES NO	ORMED?  NO CORNEED?
CENTIFICATION CAUSE OF DEATH	101. PLACE OF DEATH  STERLING COMMONS  106. FACEL  SAN BERNARDINO  107. FACEL  177.92  107. CAUSE OF DEATH  LIMITED TO THE SET OF THE STATE OF THE SET OF	TY ADDRESS OR  LINDER  OF PROMISE - Classes  OF ACTION ARY  TO DEATH BUT   ARRES  ASCUI  MOT RESULT  OR 1127 (IT W  OTHER  TYPE ATTEM  017 TL	THIS WITH THE OF A HAWE ON STORY AND THE OF A HAWE ON STORY AND THE OF A HAWE ON STORY AND THE OF A HAWE AND THE CORN STORY AND THE CAUSE OF A HAWE AND THE CAUSE OF A HAWE AND THE CAUSE OF A HAWE THE CAUSE	CEASE  CE	ALING ADD	A IN 107  RESS, ZIP OF	PROPERTY ON THE PROPERTY OF TH	Feet such such such such such such such such	1 <sup>10</sup> 20	NAME OF THE PARTY	N. GPECIF   100 O O O O O O O O O O O O O O O O O O	Y ONE  Description  LE  LATH REPORTED  YES  D70674.  BIOPSY PER  YES  SED IN DETERMINE  NO  17. DATE MY  09/07/26	ORMED?  NO CORNEED?	
CENTIFICATION CAUSE OF DEATH	TOP. PLACE OF DEATH  STERLING COMMONS  TOP. COUNTY  SAN BERNARDINO  177.92  107. CAUSE OF DEATH  LIMBEDIATE CAUSE (W CARDIO PULM  Freid disease or  CONDITION OF THE LIMBEDIA OF DEATH  LIMBEDIATE CAUSE (W CARDIO PULM  Freid disease or  CONDITION OF THE LIMBEDIA OF DEATH  LIMBEDIATE CAUSE (W CARDIO PULM  FREID OF THE LIMBEDIA OF DEATH  ARTERIOSCLE  SECURIORITY NO  LIMBEDIATE CAUSE  ARTERIOSCLE  ARTERIOSCLE  ARTERIOSCLE  SECURIORITY NO  LIMBEDIA OF THE LIMBEDIA OF THE LIMBEDIA  DIABETES MELLITUS  113. WAS OPERATION PERFORMED FOR ANY CONDITION ON E  114. I DEETES MELLITUS  115. WAS OPERATION OF THE PEST OF MY MONELOOG DEATH  AND THE HARD, BUT AND PLACE STATES HOME IN RE CAUSE IN  DECEMBER AND PLACE STATES HOME IN RECAUSE IN  DECEMBER AND PLACE STATES HOME IN RECAUSE IN  MONELOOD ON THE LIMBEDIA OF THE LIMBE	TO DEATH BUT  TO	O RD ARRES ASCUI	THE WEST OF THE	CEASE  CE	ALING ADD	ALLE	PROPERTY ON THE PROPERTY OF TH	16 Wards 6 500 N	118   118	IN Account to the County of th	N. GPECIF   100 O O O O O O O O O O O O O O O O O O	Y ONE  Description  LE  LATH REPORTED  YES  D70674.  BIOPSY PER  YES  SED IN DETERMINE  NO  17. DATE MY  09/07/26	D TO COROUSES  HO  B  OFFILED?  NO  HECKIED?  NO  HECKIED?  NO  HECKIED?  NO  HECKIED?  NO  HO  HO  HO  HO  HO  HO  HO  HO  HO
Y CENTIFICATION CAUSE OF DEATH	101. PLACE OF DEATH  STERLING COMMONS  106. FACEL  SAN BERNARDINO  107. FACEL  177.92  107. CAUSE OF DEATH  LIMITED TO THE SET OF THE STATE OF THE SET OF	TY ADDRESS OR  LINDER  OF PROMISE - Classes  OF ACTION ARY  TO DEATH BUT   ARRES  ASCUI  MOT RESULT  OR 1127 (IT W  OTHER  TYPE ATTEM  017 TL	THIS WITH THE OF A HAWE ON STORY AND THE OF A HAWE ON STORY AND THE OF A HAWE ON STORY AND THE OF A HAWE AND THE CORN STORY AND THE CAUSE OF A HAWE AND THE CAUSE OF A HAWE AND THE CAUSE OF A HAWE THE CAUSE	CEASE  CE	ALING ADD	A IN 107  RESS, ZIP OF	PROPERTY ON THE PROPERTY OF TH	Feet such such such such such such such such	118   118	IN Account to the County of th	N. GPECIF   100 O O O O O O O O O O O O O O O O O O	Y ONE  Description  LE  LATH REPORTED  YES  D70674.  BIOPSY PER  YES  SED IN DETERMINE  NO  17. DATE MY  09/07/26	D TO COROUSES  HO  B  OFFILED?  NO  HECKIED?  NO  HECKIED?  NO  HECKIED?  NO  HECKIED?  NO  HO  HO  HO  HO  HO  HO  HO  HO  HO	
Y CENTIFICATION CAUSE OF DEATH	101. PLACE OF BEATH  STERLING COMMONS  106. FACILITY  SAN BERNARDINO  107. FACILITY  SAN BERNARDINO  177. PLACE OF BATH  BATTER OF SANDING  177. CAUSE OF PEATH  BATTER OF SANDING  ARTERIOSCLE  CARDIO PULN  Fined disease or  CARDIO PULN  ARTERIOSCLE  ARTERIOSCLE  ARTERIOSCLE  ARTERIOSCLE  TO LINE SUMPLIFICATION CONDITIONS CONTRIBUTION  DIABLETES MELLITUS  113. DITER SUMPLIFICATION CONDITIONS CONTRIBUTION  DIABLETES MELLITUS  114. MAG OFFUNDES MELLITUS  115. WAG OFFUNDES MELLITUS  116. MAG OFFUNDES SANDIE FINED RIGHT RIGHT RIGHT AND	TO DEATH BUT  TO	ARRES  ASCUI  MOT RESULT  OR 1127 (IT W  OTHER  TYPE ATTEM  017 TL	THIS WITH THE OF A HAWE ON STORY AND THE OF A HAWE ON STORY AND THE OF A HAWE ON STORY AND THE OF A HAWE AND THE CORN STORY AND THE CAUSE OF A HAWE AND THE CAUSE OF A HAWE AND THE CAUSE OF A HAWE THE CAUSE	CERTHER S D.O.  WIS NOME. W. S. S. S. O. O.  WIS NOME. W. S. S. O.  G. S. S. S. O.  G. S.	ALING ADD	A IN 107  RESS, ZIP OF	PROPERTY ON THE PROPERTY OF TH	Feet such such such such such such such such	118   118	IN Account to the County of th	N. GPECIF   100 O O O O O O O O O O O O O O O O O O	Y ONE  Description  LE  LATH REPORTED  YES  D70674.  BIOPSY PER  YES  SED IN DETERMINE  NO  17. DATE MY  09/07/26	D TO COROUSES  HO  B  OFFILED?  NO  HECKIED?  NO  HECKIED?  NO  HECKIED?  NO  HECKIED?  NO  HO  HO  HO  HO  HO  HO  HO  HO  HO
Y CENTIFICATION CAUSE OF DEATH	TOP. PLACE OF DEATH  STERLING COMMONS  TOP. COUNTY  SAN BERNARDINO  177.92  107. CAUSE OF DEATH  LIMBEDIATE CAUSE (W CARDIO PULM  Freid disease or  CONDITION OF THE LIMBEDIA OF DEATH  LIMBEDIATE CAUSE (W CARDIO PULM  Freid disease or  CONDITION OF THE LIMBEDIA OF DEATH  LIMBEDIATE CAUSE (W CARDIO PULM  FREID OF THE LIMBEDIA OF DEATH  ARTERIOSCLE  SECURIORITY NO  LIMBEDIATE CAUSE  ARTERIOSCLE  ARTERIOSCLE  ARTERIOSCLE  SECURIORITY NO  LIMBEDIA OF THE LIMBEDIA OF THE LIMBEDIA  DIABETES MELLITUS  113. WAS OPERATION PERFORMED FOR ANY CONDITION ON E  114. I DEETES MELLITUS  115. WAS OPERATION OF THE PEST OF MY MONELOOG DEATH  AND THE HARD, BUT AND PLACE STATES HOME IN RE CAUSE IN  DECEMBER AND PLACE STATES HOME IN RECAUSE IN  DECEMBER AND PLACE STATES HOME IN RECAUSE IN  MONELOOD ON THE LIMBEDIA OF THE LIMBE	TO DEATH BUT  TO	ARRES  ASCUI  MOT RESULT  OR 1127 (IT W  OTHER  TYPE ATTEM  017 TL	THE POINT OF THE O	CEASE  CE	ALING ADD	A IN 107  RESS, ZIP OF	PROPERTY ON THE PROPERTY OF TH	Feet such such such such such such such such	118   118	IN Account to the County of th	N. GPECIF   100 O O O O O O O O O O O O O O O O O O	Y ONE  Description  LE  LATH REPORTED  YES  D70674.  BIOPSY PER  YES  SED IN DETERMINE  NO  17. DATE MY  09/07/26	D TO COROUSES  HO  B  OFFILED?  NO  HECKIED?  NO  HECKIED?  NO  HECKIED?  NO  HECKIED?  NO  HO  HO  HO  HO  HO  HO  HO  HO  HO
Y CENTIFICATION CAUSE OF DEATH	101. PLACE OF BEATH  STERLING COMMONS  106. FACILITY  SAN BERNARDINO  107. FACILITY  SAN BERNARDINO  177. PLACE OF BATH  BATTER OF SANDING  177. CAUSE OF PEATH  BATTER OF SANDING  ARTERIOSCLE  CARDIO PULN  Fined disease or  CARDIO PULN  ARTERIOSCLE  ARTERIOSCLE  ARTERIOSCLE  ARTERIOSCLE  TO LINE SUMPLIFICATION CONDITIONS CONTRIBUTION  DIABLETES MELLITUS  113. DITER SUMPLIFICATION CONDITIONS CONTRIBUTION  DIABLETES MELLITUS  114. MAG OFFUNDES MELLITUS  115. WAG OFFUNDES MELLITUS  116. MAG OFFUNDES SANDIE FINED RIGHT RIGHT RIGHT AND	TY ADDRESS OR LINDER CHNDER OF PROMISE - disease of myster disease	G RD  A POPULATION  ARRES  ASCUI  NOT RUSSUE  BURNATURE  OTHER  OTHER  OTHER  OTHER  SUBSECTION  SUBSE	THIS WITH THE OF A HAWE ON STORY AND THE OF A HAWE ON STORY AND THE OF A HAWE ON STORY AND THE OF A HAWE AND THE CORN STORY AND THE CAUSE OF A HAWE AND THE CAUSE OF A HAWE AND THE CAUSE OF A HAWE THE CAUSE	CERTHER S D.O.  WIS NOME. W. S. S. S. O. O.  WIS NOME. W. S. S. O.  G. S. S. S. O.  G. S.	ALING ADD	A IN 107  RESS, ZIP OF	PROPERTY ON THE PROPERTY OF TH	Feet such such such such such such such such	118   118	IN Account to the County of th	N. GPECIF   100 O O O O O O O O O O O O O O O O O O	Y ONE  Description  LE  LATH REPORTED  YES  D70674.  BIOPSY PER  YES  SED IN DETERMINE  NO  17. DATE MY  09/07/26	D TO COROUSES  HO  B  OFFILED?  NO  HECKIED?  NO  HECKIED?  NO  HECKIED?  NO  HECKIED?  NO  HO  HO  HO  HO  HO  HO  HO  HO  HO
Y CENTIFICATION CAUSE OF DEATH	TOT. PLACE OF DEATH  STERLING COMMONS  TOT. COUNTY  STOR. COUNTY  TOT. CAUSE OF DEATH  SAN BERNARDING  TOT. TOT.  TOT. CAUSE OF DEATH  SAN BERNARDING  TOT. CAUSE OF DEATH  SAN BERNARDING  TOT. CAUSE OF DEATH  SAN BERNARDING  TOT. CARDIO PULL  (Final disease or posterior of the condition. If say, seems of the condition.  TOTAL STORES SOURFCANT CONSTRUCTION CONSTRUCTION NONE  111. WAS OPERATION PERFORMED FOR ANY CONDITION ONE  114. ICENTEY THAT TO THE SEST OF MY MOMELOGO GRATHAT THE HOURS, BUT AND THE MOST ONE. AND PLACE STATES FROM THE CONDITION ONE  115. ICENTEY THAT SHAT OPERAD DEATH OF CONDITION ONE  116. PAGE OF MAJURY OF DEATH OF SAY MOMELOGO GRATHAT ADDRESS OF THE SAY MADE	TY ADDRESS OR LINDER CHNDER OF PROMISE - disease of myster disease	G RD  A POPULATION  ARRES  ASCUI  NOT RUSSUE  BURNATURE  OTHER  OTHER  OTHER  OTHER  SUBSECTION  SUBSE	THE POINT OF THE O	CERTHER S D.O.  WIS NOME. W. S. S. S. O. O.  WIS NOME. W. S. S. O.  G. S. S. S. O.  G. S.	ALING ADD	A IN 107  RESS, ZIP OF	PROPERTY ON THE PROPERTY OF TH	Feet such such such such such such such such	118   118	IN Account to the County of th	N. GPECIF   100 O O O O O O O O O O O O O O O O O O	Y ONE  Description  LE  LATH REPORTED  YES  D70674.  BIOPSY PER  YES  SED IN DETERMINE  NO  17. DATE MY  09/07/26	D TO COROUSES  HO  B  OFFILED?  NO  HECKIED?  NO  HECKIED?  NO  HECKIED?  NO  HECKIED?  NO  HO  HO  HO  HO  HO  HO  HO  HO  HO
CORONER'S USE ONLY CERTIFICATION CAUSE OF DEATH	TOT. PLACE OF DEATH  STERLING COMMONS  TOT. COUNTY  STOR. COUNTY  TOT. CAUSE OF DEATH  SAN BERNARDING  TOT. TOT.  TOT. CAUSE OF DEATH  SAN BERNARDING  TOT. CAUSE OF DEATH  SAN BERNARDING  TOT. CAUSE OF DEATH  SAN BERNARDING  TOT. CARDIO PULL  (Final disease or posterior of the condition. If say, seems of the condition.  TOTAL STORES SOURFCANT CONSTRUCTION CONSTRUCTION NONE  111. WAS OPERATION PERFORMED FOR ANY CONDITION ONE  114. ICENTEY THAT TO THE SEST OF MY MOMELOGO GRATHAT THE HOURS, BUT AND THE MOST ONE. AND PLACE STATES FROM THE CONDITION ONE  115. ICENTEY THAT SHAT OPERAD DEATH OF CONDITION ONE  116. PAGE OF MAJURY OF DEATH OF SAY MOMELOGO GRATHAT ADDRESS OF THE SAY MADE	TY ADDRESS OR LINDER CHNDER OF PROMISE - disease of myster disease	G RD  TASCU  NOT RESULT  NOT RESULT  NOT RESULT  OF 1127 (If W  SEANATURE  OF THE ATTEM  O 17 TL  ACC STATED 6  Subside [	THOSE POINTS  THOSE THE METAL AND THE METAL AND THE METAL AND THE METAL AND THE CAUSE OF THE	CEASE  REAL CONTROL OF THE STATE OF THE STAT	ALING APPL  ALING	REBS. J.P O	OOF JOY, CA	Feet such such such such such such such such	118 20 AWES	WARPEN DATE OF THE PARTY DATE	N. GPECIF   100 O O O O O O O O O O O O O O O O O O	Y ONE  Description  LE  LATH REPORTED  YES  D70674.  BIOPSY PER  YES  SED IN DETERMINE  NO  17. DATE MY  09/07/26	D TO COROUSES  HO  B  OFFILED?  NO  HECKIED?  NO  HECKIED?  NO  HECKIED?  NO  HECKIED?  NO  HO  HO  HO  HO  HO  HO  HO  HO  HO
COROMER'S USE OMLY CERTIFICATION CAUSE OF DEATH	STERLING COMMONS  STERLING COMMONS  100. FACIL STERLING COMMONS  100. FACIL TO 100. FA	TY ADDRESS OR LINDER CHNDER OF PROMISE - disease of myster disease	G RD  A POPULATION  ARRES  ASCUI  NOT RUSSUE  BURNATURE  OTHER  OTHER  OTHER  OTHER  SUBSECTION  SUBSE	THOSE POINTS  THOSE THE METAL AND THE METAL AND THE METAL AND THE METAL AND THE CAUSE OF THE	EASE  CERTIFIER S D.O.  UNIT D.A.F.  ISTATED.  G.A.F.	ALING APPL  ALING	REBS. J.P O	OOF JOY, CA	FOR SOUTH SO	118 20 AWES	WARPEN DATE OF THE PARTY DATE	N. GPECIF   100 O O O O O O O O O O O O O O O O O O	Y ONE Oscident's Consident's Home Home YES O70674 BIOTSY PER YES SED IN DETERMINE YES O9/07/20 17. DATE IN O9/07/21	TO COROLUST TO COROLUST TO COROLUST THE TO T
CORONER'S USE ONLY CERTIFICATION CAUSE OF DEATH	TOP. PLACE OF DEATH  STERLING COMMONS  TOP. COUNTY  STERLING COMMONS  SAN BERNARDINO  107. FACE  TOP SAN BERNARDINO  107. CAUSE OF DEATH  LIMMEDIATE CAUSE  (W CARDIO PULM  Frend disease or  CONTROL OF BATTLE  ARTERIOSCLE  SEQUENCIALLY, Be CONTROL OF BATTLE  ARTERIOSCLE  ARTERIOSCLE  ARTERIOSCLE  ARTERIOSCLE  ARTERIOSCLE  ARTERIOSCLE  ARTERIOSCLE  ARTERIOSCLE  TOP SEQUENCIALLY  ARTERIOSCLE  TOP SEQUENCIALLY  TO THE SEQUENCIAL OF DEATH OF THE SECTION OF	TY ADDRESS OR LINDER CHNDER OF PROMISE - disease of myster disease	G RD  TASCU  NOT RESULT  NOT RESULT  NOT RESULT  OF 1127 (If W  SEANATURE  OF THE ATTEM  O 17 TL  ACC STATED 6  Subside [	THOSE POINTS  THOSE THE METAL AND THE METAL AND THE METAL AND THE METAL AND THE CAUSE OF THE	CEASE  REAL CONTROL OF THE STATE OF THE STAT	ALING APPL  ALING	REBS. J.P O	OOF JOY, CA	FOR SOUTH SO	118 20 AWES	WARPEN DATE OF THE PARTY DATE	N. GPECIF   100 O O O O O O O O O O O O O O O O O O	Y ONE Oscident's Consident's Home Home YES O70674 BIOTSY PER YES SED IN DETERMINE YES O9/07/20 17. DATE IN O9/07/21	D TO COROUSES  HO  B  OFFILED?  NO  HECKIED?  NO  HECKIED?  NO  HECKIED?  NO  HECKIED?  NO  HO  HO  HO  HO  HO  HO  HO  HO  HO

STATE OF CALIFORNIA

COUNTY OF SAN BERNARDING

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDING DEPARTMENT

OF PUBLIC HEALTH.

COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



