





Emily Brookie Condie Swallow, Husband and Wife, 892 Blad Street, Panaca, Nevada, 89042.

4. Grover Swallow, one of the grantees named in said Deed, died on April 22<sup>nd</sup>, 2009, in the Town of Panaca, Lincoln County, Nevada.

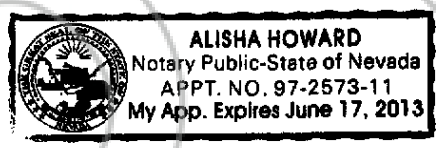
5. I Emily Brookie Condie Swallow I am the Widow of Grover Swallow.

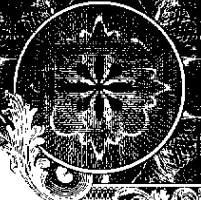
*Emily Brookie Condie Swallow*  
Emily Brookie Condie Swallow

SUBSCRIBED and SWORN to before me  
this 29<sup>th</sup> day of March, 2010.

*Alisha Howard*

NOTARY PUBLIC





**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH  
VITAL STATISTICS  
CERTIFICATE OF DEATH**

**2009006236**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Grover SWALLOW</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 22, 2009</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Panaca</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) <b>892 Blad Street</b>		3e. If Hosp. or inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)	
4. SEX <b>Male</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>81</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>October 23, 1927</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>Utah</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>16</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Emily Brookie CONDIE</b>	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Pharmacist</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Pharmacy</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Panaca</b>	
15d. STREET AND NUMBER <b>892 Blad Street</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER - NAME (First Middle Last Suffix) <b>Thomas Charles SWALLOW</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Vanda DUNCAN</b>		
18a. INFORMANT- NAME (Type or Print) <b>Emily Brookie CONDIE SWALLOW</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>892 Blad Street Panaca, Nevada 89042</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Panaca Cemetery</b>		19c. LOCATION City or Town State <b>Panaca Nevada 89042</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TODD BOYER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>807</b>		20c. NAME AND ADDRESS OF FACILITY <b>Southern Nevada Mortuary 730 Front Street Caliente NV 89008</b>	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>JOHN R. ROGERS MD</b> SIGNATURE AUTHENTICATED			22a. 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) stated. (Signature & Title)		
21b. DATE SIGNED (Mo/Day/Yr) <b>April 27, 2009</b>		21c. HOUR OF DEATH <b>11:11</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>JOHN R. ROGERS MD PO Box 1010 Caliente, NV 89008</b>				23b. LICENSE NUMBER <b>1770589186</b>	
24a. REGISTRAR (Signature) <b>TODD BOYER</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 28, 2009</b>		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).) PART I (a) <b>Cardiac Arrhythmia</b> DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____				Interval between onset and death	
PART II <b>Severe Malnutrition due to Esophageal Stricture and Parkinson's Disease</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
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 STREET OR R.F.D. No.		28h. CITY OR TOWN STATE	

STATE REGISTRAR

270259 CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

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

PBSCC (Rev) 11/06

*R. J. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

