





Dated: 7/12/2010

**DECLARANT:**

Dean L. Pickett  
Dean L. Pickett Successor Trustee

State of Utah )  
 )ss  
County of Iron )

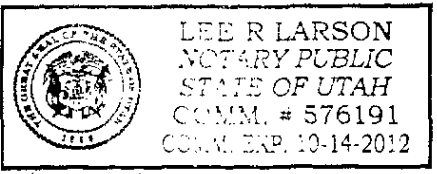
SUBSCRIBED AND SWORN TO (or affirmed) before me the undersigned, a Notary Public in and for said County Iron and State Utah, this 12<sup>th</sup> day of July, 20 10 by Dean L. Pickett, personally know to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me..

WITNESS my hand and official seal. *This area for official notarial seal*

Signature Lee R. Larson

My Commission Expires: 10-14-2012

Notary Name: Lee R. Larson Notary Phone: 435-586-4476  
Notary Registration Number: 576191 County of Principal Place of Business Iron



Lee R. Larson  
#: 576191  
Exp: 10/14/2012

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES  
 DIVISION OF HEALTH — SECTION OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

08493

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER		STATE FILE NUMBER	
	1. <b>Margaret O. PICKETT</b>		2. <b>August 14, 2006</b>	
DECEDENT	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number)	
	3b. <b>Las Vegas</b>		3c. <b>Plaza Regency</b>	
F DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	
	5. <b>White</b>		6. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PARENTS	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
	16. <b>Otto Newton</b>		17. <b>Vernie Belle Wilson</b>	
DISPOSITION	INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
	18a. <b>Dean L. Pickett - Son</b>		18b. <b>6095 W. Gowan Road, Las Vegas, Nevada 89108</b>	
CERTIFIER	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
	19a. <b>Burial</b>		19b. <b>Palm Memorial Park-Northwest</b>	
CAUSE OF DEATH	FUNERAL DIRECTOR—SIGNATURE (Or Person Performing Duty)		FUNERAL DIRECTOR LICENSE NUMBER	
	20a. <i>[Signature]</i>		20b. <b>50</b>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)		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) and manner stated. (Signature and Title)	
	21b. DATE SIGNED (Mo., Day, Yr.) <b>8-16-06</b>		22b. DATE SIGNED (Mo., Day, Yr.)	
STATE REGISTRAR	21c. HOUR OF DEATH <b>11:45 PM</b>		22c. HOUR OF DEATH	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. ON	
NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT	23a. <b>Gopalakrishna Leela MD 653 Town Center Dr. Las Vegas NV 89144</b>		23b. <b>11458</b>	
	24a. (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>AUG 17 2006</b>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		24c. DEATH DUE TO COMMUNICABLE DISEASE	
	PART I (a) <b>End stage Alzheimer's disease</b>		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DATE OF INJURY	PART II (b) DUE TO, OR AS A CONSEQUENCE OF:		26. AUTOPSY (Specify Yes or No)	
	PART III (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		27. WAS CASE REFERRED TO CORNER (Specify Yes or No)	
INJURY AT WORK	28a. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY	
	28b. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28d. DESCRIBE HOW INJURY OCCURRED	
INJURY AT WORK	28e. INJURY AT WORK (Specify Yes or No)		28g. LOCATION	
	28f. STREET OR R.F.D. No.		28h. CITY OR TOWN STATE	

No. 349379

STATE REGISTRAR

"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

*[Signature]*

Date Issued: **OCT 18 2006**

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



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DEPARTMENT OF HUMAN RESOURCES  
SECTION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH		STATE FILE NUMBER	
1. Eugene Leroy PICKETT		2. July 9, 2006		3a. Clark			
3b. Las Vegas		3c. MountainView Hospital		3e. Inpatient		4. Male	
5. White		8. 84		7b. : DAYS		8. Feb 16, 1922	
9a. Mississippi		9b. U.S.A.		10. 12		12. Margaret Newton	
13. [REDACTED]		14a. Operating Engineer / Retired		14b. Construction			
15a. Nevada		15b. Clark		15c. Las Vegas		15d. 100 Tighe Way	
15e. Yes							
16. Troy Pickett		17. Ethel Sanders					
18a. Nancy Lenox - Daughter		18b. 7208 Gray St., Las Vegas, Nevada 89145					
19a. Burial		19b. Palm Memorial Park - Northwest		19c. Las Vegas, Nevada			
20a. [Signature]		20b. 50		20c. 6701 E. Joaze, Las Vegas, Nevada 89131			
21a. [Signature]		21c. 7:47 PM		22a. [Signature]			
21b. 7/14/06				22b. [Signature]			
21d. [Signature]				22c. [Signature]			
21e. [Signature]				22d. ON		22e. AT	
23a. Enad Soumi MD 2020 Goldring Las Vegas Nevada 89106		23b. 11551					
24a. [Signature]		24b. JUL 11 2006		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE		(a) Acute myocardial infarction		Interval between onset and death			
(b) Respiratory Failure		Interval between onset and death					
(c) OTHER SIGNIFICANT CONDITIONS		26. NO		27. YES <input checked="" type="checkbox"/>			
28a. [REDACTED]		28b. [REDACTED]		28c. [REDACTED]		28d. [REDACTED]	
29a. [REDACTED]		29b. [REDACTED]		29c. [REDACTED]		29d. [REDACTED]	

STATE REGISTRAR

No. 348937

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

By: [Signature]

Date Issued: OCT 24 2006

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Las Vegas, Nevada 89127  
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