



OFFICIAL RECORD  
AMY ELMER, RECORDER

APN: 009-011-23

RECORDING REQUESTED BY:  
Nicholas M. Hughes, Jr., Successor TTEE

WHEN RECORDED MAIL TO:  
Nicholas M. Hughes, Jr., Successor TTEE  
2625 E. Southern Ave., C-243  
Tempe, AZ 85282

MAIL TAX STATEMENTS TO:  
Nicholas M. Hughes, Jr., Successor TTEE  
2625 E. Southern Ave., C-243  
Tempe, AZ 85282

**CERTIFICATE OF INCUMBENCY**

NICHOLAS M. HUGHES, JR., being duly sworn, depose and say:

1. That NICHOLAS M. HUGHES and JEAN A. HUGHES of Las Vegas, Nevada, created "THE NICHOLAS M. HUGHES AND JEAN A. HUGHES FAMILY TRUST" originally dated January 6, 1981, and amended and restated April 23, 1998 as the "THE HUGHES FAMILY TRUST" and amended from time to time, and NICHOLAS M. HUGHES and JEAN A. HUGHES were named in said Trust as the initial Trustees.
2. That JEAN A. HUGHES died on February 26, 2005 as evidenced by that death certificate attached hereto.
3. That NICHOLAS M. HUGHES, died on November 10, 2010 as evidenced by that death certificate attached hereto.
4. That pursuant to the SECOND DISCHARGE AND APPOINTMENT OF SUCCESSOR TRUSTEE OF THE HUGHES FAMILY TRUST, NICHOLAS M. HUGHES, designated NICHOLAS M. HUGHES, JR. and CRAIG M. HUGHES to serve as Co-Trustees of THE HUGHES FAMILY TRUST, as totally restated April


23, 1998, as amended, and of all sub-trusts of the above stated Trust, as follows:

- THE HUGHES FAMILY TRUST
- THE SURVIVOR'S TRUST OF THE HUGHES FAMILY TRUST
- THE EXEMPTION TRUST OF THE HUGHES FAMILY TRUST
- THE MARITAL INCOME TRUST OF THE HUGHES FAMILY TRUST

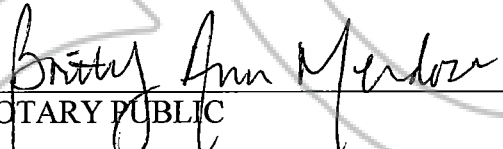
5. That CRAIG M. HUGHES, the Successor Co-Trustee died on February 17, 2017 as evidenced by that death certificate attached hereto.

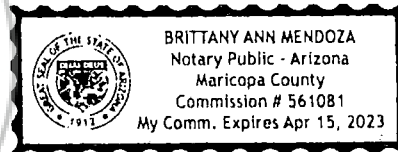
6. The Surviving Successor Trustee, NICHOLAS M. HUGHES, JR now accepts the sole trusteeship in the following described property:

“FOR A COMPLETE LEGAL DESCRIPTION SEE EXHIBIT A ATTACHED HERETO AND INCORPORATED HEREIN BY REFERENCE”

  
NICHOLAS M. HUGHES, JR., Trustee

SUBSCRIBED and SWORN to before me this  
1 day of May, 2020  
by NICHOLAS M. HUGHES, JR.

  
NOTARY PUBLIC



**EXHIBIT A**  
**(Legal Description)**

**APN: 009-011-23**

WHEREAS, In pursuance of the provisions of the Revised Statute of the United States, Chapter Six, Title Thirty-Two, and legislation supplemental thereto, there have been deposited in the General Land Office of the United States the Plat and Field Notes of Survey and the Certificate of the Register of the Land Office at Carson City, Nevada, accompanied by other evidence whereby it appears that THE LITTLE MENDAH MINING COMPANY did, on December 28, 1911, duly enter and pay for that certain mining claim or premises, known as the LITTLE MENDAH, LITTLE MENDAH No. 3, LITTLE MENDAH No. 4, LITTLE MENDAH No.5 and CEDAR LODE Mining Claims designated by the Surveyor-General as Survey No. 3970, embracing a portion of Sections Fifteen, Sixteen, Twenty-one, and Twenty-two in Township One North of Range Sixty-Six East of the Mount Diablo Meridian, in the Highland Mining District, Lincoln County, Nevada, and bound, described, and platted as follows:

BEGINNING for the description of the Little Mendah Lode Claim at corner No. 1, a Pine Post Four feet long, Four inches square, marked L.M.1 – 3970, with mound of earth and stone, from which the Southeast corner of Section Sixteen in Township One North of Range Sixty-Six East of the Mount Diablo Meridian bears South Twenty-seven degrees, Eleven Minutes East Seven Hundred Sixty-One and Seven-Tenths feet distant;

THENCE, First course, south Sixty-Six degrees, Forty-one Minutes West Seven Hundred Fifty-four and Five –tenths feet to corner No.2, a Pine post Four feet long, four inches square, marked L.M.2-3970 L.M.3-4-3970, with mound of earth and stone;

THENCE, Second course, South Seventy-nine degrees, Thirty-Six minutes West Seven Hundred Forty-five and five-tenths feet to corner No. 3, a pine post Four feet long, four inches square, marked L.M.3-3970, with mound of earth and stone;

THENCE, Third Course, North Twenty-one degrees, Fifteen minutes West Six Hundred feet to corner No.4, a Cedar Post Four feet long, Four inches square, marked L.M.4-3970, with mound of earth and stone;

THENCE, Fourth Course, North Seventy-nine degrees, Thirty-Six minutes East Seven Hundred Forty-Five and Five-Tenths feet to Corner No. 5, a pine post Four feet long, Four inches square, marked L.M.5-3970, with mound of earth and stone;

THENCE, Fifth Course, North Sixty-six degrees, Forty-one minutes, Forty-one minutes East Seven Hundred Fifty-four and Five-tenths feet to Corner No. 6, a pine post Four Feet long,

Four inches square, marked L.M. 6-3970, with mound of earth and stone;

THENCE, Sixth Course, South Twenty-one degrees, Fifteen Minutes, East Three Hundred Feet to a point from which discovery bears South Sixty-Six degrees, forty-one minutes West Three Hundred Thirty-Nine and Eight-tenths feet distant; Six Hundred Feet to corner No. 1, the place of beginning; The Survey of the Lode Claim as above described extending One Thousand Five Hundred feet in length along said Little Mendah vein or lode;

BEGINNING for the description of the Little Mendah No. 3 Lode Claim, at corner No. 1, a pine post Four Feet Long, Six inches square, marked L.M. 3-1-3970, L.M. 4-2-3970, with mound of earth and stone, from which said Section corner bears North Thirty-seven degrees, Seventeen minutes West Four Hundred Ninety-Four and Three -tenths feet distant;

THENCE, First Course, North Eighty-one degrees, Fifty-Seven minutes West Four Hundred Twenty-Three and Four -tenths feet to corner No. 2, a pine Post Four Feet long, four inches square, marked L.M. 3-2-3970, M.M.4-1-3970, with mound of earth and stone;

THENCE, Second Course, North Eighty-two degrees, Fifty-Nine minutes West One Thousand Seventy-Nine feet to Corner No. 3, a Pine Post Four feet long, Four inches square, marked L.M. 3-3-3970, with mound of earth and stone.

THENCE Third course, North Fourteen degrees, Twenty-four minutes East Three Hundred feet to appoint from which discovery bears South Eighty-One degrees, Fifty-Seven minutes East One Thousand One Hundred Sixty-Six feet distant; Six Hundred feet to corner No. 4, identical with Corner No. 2 of said Little Mendah Lode Claim;

THENCE Fourth Course, South Eighty-One degrees, Fifty-Seven Minutes East One Thousand Five Hundred feet to corner No. 5, a cedar post Four feet long, Four inches square marked L.M.3-5-3970, with mound of earth and stone;

THENCE Fifth Course, South Fourteen Degrees, Twenty-Four minutes West Five Hundred Eighty and Four-tenths feet to corner No. 1, the place of beginning; the Survey

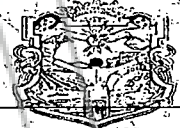
FOLIO

A02 0584042



EN NOMBRE DEL ESTADO LIBRE Y SOBERANO DE BAJA CALIFORNIA, CON FUNDAMENTO EN LOS ARTICULOS 1 Y 4 DE LA CONSTITUCION POLITICA DEL ESTADO LIBRE Y SOBERANO DE BAJA CALIFORNIA, 35 DEL CODIGO CIVIL PARA EL ESTADO DE BAJA CALIFORNIA; 19 FRACCION XIV DE LA LEY ORGANICA DE LA ADMINISTRACION PUBLICA DEL ESTADO DE BAJA CALIFORNIA; 2, 11 FRACCION XI Y 15 DE LA LEY ORGANICA DEL REGISTRO CIVIL DEL ESTADO DE BAJA CALIFORNIA, EN RELACION CON LOS ARTICULOS 2 FRACCION III, INCISO D) Y 37 FRACCION III; DEL REGLAMENTO INTERNO DE LA SECRETARIA GENERAL DE GOBIERNO; COMO TITULAR DE LA DIRECCION DEL REGISTRO CIVIL, CERTIFICO A LOS QUE LA PRESENTE VIEREN, QUE EN ESTA DIRECCION SE ENCUENTRA ASENTADO UN REGISTRO DE DEFUNCION, Y EN VIRTUD DE ELLO, LA PRESENTE ACTA CONSTANTE EN UNA SOLA FOJA POR EL ANVERSO, ES COPIA FIEL Y EXACTA DE SU ORIGINAL QUE OBRA EN EL LIBRO CORRESPONDIENTE DEL ARCHIVO GENERAL DE LA DIRECCION DEL REGISTRO CIVIL DEL ESTADO DE BAJA CALIFORNIA.

ESTADOS UNIDOS MEXICANOS  
GOBIERNO DEL ESTADO LIBRE Y SOBERANO  
DE BAJA CALIFORNIA  
REGISTRO CIVIL  
ACTA DE DEFUNCION



Oficial: Año: Acta: Libro: Tomo: Foja: Localidad: Tijuana  
Municipio: Tijuana Estado: Baja California Fecha de Registro: 26/02/2005

**FINADO**  
Nombre: JEAN ABBOTT HUGHES Nacionalidad: ESTADOUNIDENSE Edad Años: 84 Meses: \_\_\_\_\_ Dias: \_\_\_\_\_ Sexo: FEMENINO  
Estado Civil: CASADA Municipio: BUNKERVILLE Fecha de Nacimiento: 02/09/1920  
Localidad: BUNKERVILLE Pais: ESTADOS UNIDOS  
Estado: NEVADA CRIP: \_\_\_\_\_  
CURP: \_\_\_\_\_  
Domicilio: 8094 CARLSBAD AVENUE Municipio: LAS VEGAS  
Localidad: LAS VEGAS Pais: ESTADOS UNIDOS  
Estado: NEVADA Nacionalidad: \_\_\_\_\_  
Cónyuge: NICHOLAS MELVIN HUGHES  
Padre: JAMES SMITH ABBOTT  
Madre: CHLOIE ESTELL ROBINSON

**FALLECIMIENTO**  
Lugar: PASEO PLAYAS #19 PLAYAS DE TIJUANA Fecha: 28/02/2005 22:40:00  
No certificado: \_\_\_\_\_ Destino cadáver: TRASLADO  
Panteon: TRASLADO No Orden: 1017  
Ubicación: LAS VEGAS, NEVADA, E.U.A.  
Donde falleció: PASEO PLAYAS #19 PLAYAS DE TIJUANA

Causa: OBSTRUCCION DE VIA AEREA AGUDA, NEUMONIA NOSOCOMIAL, CANCER VULVAR  
Médico: DRA. VANESSA ALVAREZ MARTINEZ Tipo Defunción: \_\_\_\_\_  
Domicilio: PASEO PLAYAS # 19 PLAYAS DE TIJUANA No. Cédula: \_\_\_\_\_

**DECLARANTE**  
Declarante: FELIPE JIMENEZ Edad: 35  
Domicilio: COL. CACHO Parentesco: NINGUNO  
Ocupación: EMPLEADO Nacionalidad: MEXICANA

**TESTIGOS**  
Nombre: MIGUEL ESCOBEDO Edad: 50  
Domicilio: COL. CACHO Parentesco: NINGUNO  
Ocupación: EMPLEADO Nacionalidad: MEXICANA  
Nombre: JORGE VAZQUEZ Edad: 50  
Domicilio: COL. CACHO Parentesco: NINGUNO  
Ocupación: EMPLEADO Nacionalidad: MEXICANA

**FIRMAS**  
TESTIGO: Miguel Escobedo  
DECLARANTE: Felipe Jimenez  
TESTIGO: Jorge Vazquez

TRASLADO DE TIJUANA B.C. A SAN DIEGO, CALIFORNIA, E.U.A. POR CARRETERA, DE AHI A LAS VEGAS, NEVADA, E.U.A. POR AVION. REGULACION Y FOMENTO SANITARIO COORDINACION DE REGULACION Y FOMENTO SANITARIO DEL ISESALUD EN TIJUANA.

Se da lectura a la presente acta y conformes con su contenido lo ratifican y firman quienes en ella intervinieron y saben hacerlo, y quienes no imprimen su huella digital. Doy fe.

OFICIAL DEL REGISTRO CIVIL  
LIC. NARDA G. MAYER GONZALEZ



026754

Archivo

SE EXPIDE LA PRESENTE CERTIFICACION, EN LA CIUDAD DE MEXICO, CAPITAL DEL ESTADO DE BAJA CALIFORNIA, A LOS VEINTITRES (23) DIAS DEL MES DE MARZO (03) DEL DOS MIL DECIETE (2017)

LIC. JAVIER MAYORAL MURILLO  
DIRECTOR DEL REGISTRO CIVIL

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2010017605
STATE FILE NUMBER

CASE FILE NO. 3565903

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

Form containing fields for: 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Nicholas M. HUGHES SR; 2. DATE OF DEATH (Mo/Day/Year) November 10, 2010; 3a. COUNTY OF DEATH Clark; 3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas; 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address) 6094 Carlsbad Avenue; 3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Home; 4. SEX Male; 5. RACE (Specify) White; 6. Hispanic Origin? Specify No - Non-Hispanic; 7a. AGE-Last birthday (Years) 96; 7b. UNDER 1 YEAR MOS; 7c. UNDER 1 DAY HOURS; 8. DATE OF BIRTH (Mo/Day/Yr) December 15, 1913; 9a. STATE OF BIRTH (If not US/CA, name country) New Mexico; 9b. CITIZEN OF WHAT COUNTRY United States; 10. EDUCATION 14; 11. MARITAL STATUS (Specify) Widowed; 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage); 13. SOCIAL SECURITY NUMBER; 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of); 14b. KIND OF BUSINESS OR INDUSTRY Land/mine-Development; 14c. Ever in US Armed Forces? Yes; 15a. RESIDENCE - STATE Nevada; 15b. COUNTY Clark; 15c. CITY, TOWN OR LOCATION Las Vegas; 15d. STREET AND NUMBER 6094 Carlsbad Avenue; 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes; 16. FATHER/PARENT - NAME (First Middle Last - Suffix) Nicholas A HUGHES; 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Sarah E HAYES; 18a. INFORMANT - NAME (Type or Print) Nicholas M HUGHES JR; 18b. MAILING ADDRESS (Street or R.F.D, No, City or Town, State, Zip) 32 W. Verde Lane Tempé, Arizona 85284; 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial; 19b. CEMETERY OR CREMATORY - NAME Bunkerville Cemetery; 19c. LOCATION City or Town State Bunkerville Nevada; 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICHARD C BOBO; 20b. FUNERAL DIRECTOR LICENSE NUMBER SIGNATURE AUTHENTICATED 69; 20c. NAME AND ADDRESS OF FACILITY Bunker's Mortuary; 925 N Las Vegas Blvd Las Vegas NV 89101; 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); 21b. DATE SIGNED (Mo/Day/Yr); 21c. HOUR OF DEATH; 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print); 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) TIMOTHY DUTRA MD; 22b. DATE SIGNED (Mo/Day/Yr) November 29, 2010; 22c. HOUR OF DEATH 18:30; 22d. PRONOUNCED DEAD (Mo/Day/Yr) November 10, 2010; 22e. PRONOUNCED DEAD AT (Hour) 18:30; 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Timothy Dutra MD - 1704 Pinto Lane Las Vegas, NV 89106; 23b. LICENSE NUMBER 13502; 24a. REGISTRAR (Signature) SUSAN ZANNIS; 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 29, 2010; 24c. DEATH DUE TO COMMUNICABLE DISEASE YES NO X; 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Atherosclerotic cardiovascular disease; DUE TO, OR AS A CONSEQUENCE OF; (b) DUE TO, OR AS A CONSEQUENCE OF; (c) DUE TO, OR AS A CONSEQUENCE OF; (d); PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I; 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 STREET OR R.F.D. No. CITY OR TOWN STATE

LOCAL 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 Southern Nevada Health District from State certified documents authorized by state Board of Health pursuant to NRS 440.175.

VRS-Rev-20120523a



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MAR 23 2017

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Registrar of Vital Statistics

By:

Signature of Registrar

DATE ISSUED:

This copy not valid unless prepared on watermarked security paper displaying date, seal and signature of Registrar.

SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573



# STATE OF ARIZONA

## CERTIFICATION OF VITAL RECORD

### STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS CERTIFICATE OF DEATH

State File NO. 102- 2017-007819

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) <b>CRAIG MORROW HUGHES</b>		2. AKA-S (IF ANY)		3. DATE OF DEATH <b>02/17/2017</b>	
4. SEX <b>MALE</b>	5. SOCIAL SECURITY NUMBER	6. DATE OF BIRTH <b>09/23/1940</b>	7. AGE <b>76</b>	8. MONTHS <b>UNDER 1 YEAR</b>	9. DAYS <b>UNDER 1 DAY</b>
12. PLACE OF DEATH - HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL		13. PLACE OF DEATH - OTHER THAN HOSPITAL: <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input type="checkbox"/> RESIDENCE <input checked="" type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER			
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY) <b>PEPPI'S HOUSE</b>			15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH: <b>TUCSON 85712-6111</b>		16. COUNTY OF DEATH: <b>PIMA</b>
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>GRANTS, NEW MEXICO</b>		18. MARITAL STATUS AT TIME OF DEATH: <b>MARRIED</b>		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) <b>VICKI JO BRENTLINGER</b>	
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: <b>1358 E 9TH ST</b>		21. CITY AND COUNTY <b>DOUGLAS, COCHISE</b>		22. STATE <b>ARIZONA</b>	23. ZIP CODE <b>85607</b>
25. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY)  <input type="checkbox"/> UNKNOWN		26. DECEDENT'S RACE(S): <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE		27. IF AMERICAN INDIAN OR ALASKA NATIVE, SPECIFY UP TO 4 TRIBES. PRIMARY OR ENROLLED TRIBE:  ADDITIONAL TRIBE:  ADDITIONAL TRIBE:  ADDITIONAL TRIBE:	
28. OCCUPATION: <b>BUILDING CONTACTOR</b>		30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) <b>MELBA R. MORROW</b>		36. LICENSE NUMBER: <b>F1294</b>	
29. FATHER'S NAME (FIRST, MIDDLE, LAST) <b>NICHOLAS MELVIN HUGHES</b>		31. INFORMANT'S NAME <b>VICKI HUGHES</b>		32. RELATIONSHIP <b>SPOUSE</b>	
34. NAME AND ADDRESS OF FUNERAL FACILITY: <b>ANGEL VALLEY FUNERAL HOME P.O. BOX 42493 TUCSON, AZ</b>		35. FUNERAL DIRECTOR <b>MIKE ORCUTT, FUNERAL DIRECTOR</b>		33. INFORMANT'S MAILING ADDRESS: <b>1358 E 9TH ST, DOUGLAS, ARIZONA 85607</b>	
37. METHOD(S) OF DISPOSITION: <b>CREMATION</b>		38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: <b>OLD PUEBLO CREMATORY, TUCSON, ARIZONA</b>		39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY: <b>NONE</b>	
<b>MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I</b>					
40. A IMMEDIATE CAUSE OF DEATH <b>HEAD AND NECK CANCER</b>	41. APPROXIMATE INTERVAL: <b>YEARS</b>				42. B DUE TO OR AS A CONSEQUENCE OF:
44. C DUE TO OR AS A CONSEQUENCE OF:	43. APPROXIMATE INTERVAL:				46. D DUE TO OR AS A CONSEQUENCE OF:
<b>CAUSE OF DEATH PART II</b>					
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE: <b>HEART FAILURE, HEART BLOCK AND PACEMAKER, ATRIAL FIBRILLATION, GASTROESOPHAGEAL REFLUX DISEASE</b>			49. INJURY? <b>NO</b>	50. INJURY AT WORK? <b>NO</b>	51. MANNER OF DEATH <b>NATURAL DEATH</b>
			53. WAS AN AUTOPSY PERFORMED? <b>NO</b>	52. TIME OF DEATH <b>1031</b>	
			54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?		
<b>CAUSE AND MANNER OF DEATH CERTIFICATION</b>					
<input checked="" type="checkbox"/> Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated.		55. NAME OF PERSON COMPLETING CAUSE OF DEATH: <b>NICOLE LEIGH RALESTON, APRN</b>		56. DATE CERTIFIED: <b>02/18/2017</b>	
<input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - 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.		57. CERTIFIER'S ADDRESS: <b>5679 E. GRANT RD. TUCSON, AZ 85712-2211</b>		58. NAME OF REGISTRAR: <b>AUDREY ROGERS</b>	
				59. DATE REGISTERED: <b>02/28/2017</b>	

DATE ISSUED: 03/01/2017



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA.  
Revised 07/2016

*Krystal Colburn*

**KRYSTAL COLBURN  
ASSISTANT STATE REGISTRAR**

**J0216925**

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**

ARIZONA DEPARTMENT  
OF HEALTH SERVICES