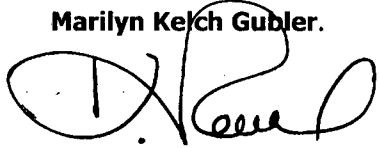
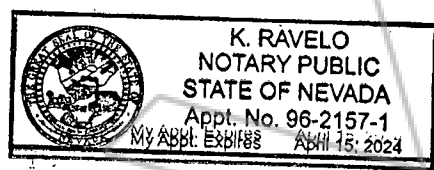


STATE OF **NEVADA**)
 : ss.
COUNTY OF **CLARK**)

This instrument was acknowledged before me on 7/21/2022 by
Marilyn Kelch Gubler.



Notary Public
(My commission expires: 4/15/2024)



COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

CASE FILE NO. 4128076

2020002130
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

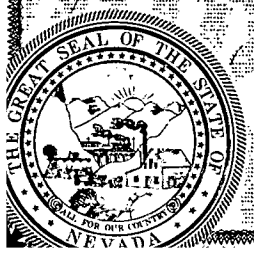
1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Robert Maxwell KELCH		2. DATE OF DEATH (Mo/Day/Year) February 04, 2020		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION-Name(If not either, give street and number) Summerlin Hospital Medical Center		3e. If Hosp- or Inst. indicate DOA,OP/Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 69		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 19, 1950		9a. STATE OF BIRTH (If not US/CA name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Judi MOTTUS	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Developer		14b. KIND OF BUSINESS OR INDUSTRY REAL ESTATE	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
15d. STREET AND NUMBER 9513 Canyon Mesa Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First-Middle-Last Suffix) Maxwell KELCH			17. MOTHER/PARENT - NAME (First Middle Last Suffix) LauraBelle GANG		
18a. INFORMANT - NAME (Type or Print) Judi KELCH			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 9513 Canyon Mesa Drive Las Vegas, Nevada 89144		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME King David Memorial Cemetery		19c. LOCATION City or Town State Las Vegas Nevada 89120	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAY POSTER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD619		20c. NAME AND ADDRESS OF FACILITY King David Memorial Chapel 2697 E Eldorado Ln Las Vegas NV 89120	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED MICHELLE L DANIELIAN MD		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) February 05, 2020		21c. HOUR OF DEATH 15:10		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Michelle L Danielian MD 10120 S Eastern Ave Henderson, NV 89052	
23b. LICENSE NUMBER 14800		24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 05, 2020	
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) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF (b) Septic Shock DUE TO, OR AS A CONSEQUENCE OF (c) Probable Bowel Ischemia 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. Chronic Liver Cirrhosis		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
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. CITY OR TOWN STATE	

"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 the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: 7/9/2021

Registrar of Vital Statistics
By: *Susan Zannus*
SIGNATURE AUTHENTICATED

This Copy not valid unless prepared on engraved border 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



CERTIFICATE OF VITAL RECORD
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

CASE FILE NO. 4128076

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IF DEATH
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INSTITUTION SEE
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RESIDENCE
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CONDITIONS IF
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5. RACE (Specify) White			8. Hispanic Origin? Specify No - Non-Hispanic			7a. AGE-Last birthday (Years) 69		
9a. STATE OF BIRTH (If not US/CA, name country) Nevada			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 16		
13. SOCIAL SECURITY NUMBER [REDACTED]			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)			11. MARITAL STATUS (Specify) Married		
15a. RESIDENCE - STATE Nevada			15b. COUNTY Clark			14b. KIND OF BUSINESS OR INDUSTRY REAL ESTATE		
16. FATHER/PARENT - NAME (First Middle Last Suffix) Maxwell KELCH			15c. CITY, TOWN OR LOCATION Las Vegas			15d. STREET AND NUMBER 9513 Canyon Mesa Drive		
17. MOTHER/PARENT - NAME (First Middle Last Suffix) LauraBelle GANG			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Judi MOTTUS		
18a. INFORMANT- NAME (Type or Print) Judi KELCH			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 9513 Canyon Mesa Drive Las Vegas, Nevada 89144			19c. LOCATION City or Town State Las Vegas Nevada 89120		
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21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) MICHELLE L DANIELIAN MD.			21b. DATE SIGNED (Mo/Day/Yr) February 05, 2020			21c. HOUR OF DEATH 15:10		
21d. NAME OF ATTENDING PHYSICIAN (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)			22b. DATE SIGNED (Mo/Day/Yr)		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN-ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Michelle L Danielian MD 10120 S Eastern Ave Henderson, NV 89052			23b. LICENSE NUMBER 14800			22c. HOUR OF DEATH		
24a. REGISTRAR (Signature) NANCY BARRY			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 05, 2020			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) Cardiopulmonary Arrest			Interval between onset and death		
			(b) Septic Shock			Interval between onset and death		
			(c) Probable Bowel Ischemia			Interval between onset and death		
			(d)			Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Chronic Liver Cirrhosis			26. AUTOPSY (Specify Yes or No) No			27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		
28a. ACC., SUICIDE, HON., 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		

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