

County of Clark)

On 12/27/2023, before me, the undersigned Notary Public, personally appeared **ADALIDA T. DURAN**, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

My Commission Expires: 09/04/2024

CG

Notary Public



COPIES

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4074388

CERTIFICATE OF DEATH

2019006494
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) William Edwards CATES		2. DATE OF DEATH (Mo/Day/Year) March 29, 2019		3a. COUNTY OF DEATH Lincoln	
	3b. CITY, TOWN, OR LOCATION OF DEATH Caliente		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address) 370 Main Street		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 75	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		8. DATE OF BIRTH (Mo/Day/Yr) December 22, 1943	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSES NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Tire Repair		14b. KIND OF BUSINESS OR INDUSTRY AUTOMOBILE REPAIR (GARAGE)	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Caliente	
DISPOSITION	15d. STREET AND NUMBER 370 Main Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) John CATES	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Leola MARTIN		18a. INFORMANT - NAME (Type or Print) Adalida Teresa DURAN			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 631 Caliente, Nevada 89008				19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Cremation	
	19b. CEMETERY OR CREMATORY - NAME Southern Utah Crematory		19c. LOCATION City or Town State Cedar City Utah 84720			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER		20b. FUNERAL DIRECTOR LICENSE NUMBER FD807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
	TRADE CALL - NAME AND ADDRESS Southern Utah Crematory 190 North 300 West Cedar City UT 84720					
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title) EVAN SCHIMBECK		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) EVAN SCHIMBECK			
	21b. DATE SIGNED (Mo/Day/Yr) April 03, 2019		21c. HOUR OF DEATH 08:24		22b. DATE SIGNED (Mo/Day/Yr) March 29, 2019	
CAUSE OF DEATH	22c. HOUR OF DEATH 08:24		22d. PRONOUNCED DEAD (Mo/Day/Yr) March 29, 2019		22e. PRONOUNCED DEAD AT (Hour) 08:24	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner Evan Schimbeck 1050 SR 322 Pioche, NV 89043				23b. LICENSE NUMBER	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) BREECE D FLORES		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 03, 2019		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	24b. SIGNATURE AUTHENTICATED					
STATE REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				26. AUTOPSY (Specify Yes or No) No	
	PART I				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
	(a) Coronary Artery Disease		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death Longterm	
	(b) Hypertension		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death Chronic	
	(c)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
	(d)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Diabetes, Pneumonia						
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		

STATE REGISTRAR

VRS-Rev-20120523a



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: **APR 08 2019**

Julie Katcheva
STATE REGISTRAR

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

