EXHIBIT A

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

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

ROLL 88 IMAGE 820 | 96 010630

LOCAL FILE NUMBER 2099 | STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME First: James | Middle: William | Last: BILLEB
2 DATE OF DEATH (Month, Day, Year): October 3,1996
3a COUNTY OF DEATH: Washoe
3b CITY, TOWN, OR LOCATION OF DEATH: Reno
3c HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number): 8200 Offenhauser Drive #103G
3e If Hosp. or Inst. indicate DOA, OP/Emer Rm, Inpatient (Specify): 7
4 SEX: Male
5 RACE—(e.g., White, Black, American Indian, etc) (Specify): White
6 Was Decedent of Hispanic Origin? Specify ☐ yes ☒ no If yes specify Mexican, Cuban, Puerto Rican, etc
7a AGE—Last Birthday (Years): 82
7b UNDER 1 YEAR: MOS. DAYS
7c UNDER 1 DAY: HOURS MINS.
8 DATE OF BIRTH (Mo., Day, Yr.): [redacted] 1914
9a STATE OF BIRTH (If not U.S.A., name country): California
9b CITIZEN OF WHAT COUNTRY: U.S.A.
10 Decedent's Education: Specify highest grade completed: 16
11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
12 SURVIVING SPOUSE (If wife, give maiden name): Carmel R.Rush
13 SOCIAL SECURITY NUMBER: [redacted]798
14a USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired): Engineer
049 450
14b KIND OF BUSINESS OR INDUSTRY: Nuclear Power

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

15a RESIDENCE—STATE: Nevada
15b COUNTY: Washoe
15c CITY, TOWN, OR LOCATION: Reno
15d STREET AND NUMBER: 8200103G Offenhauser Dr.
15e INSIDE CITY LIMITS (Specify Yes or No): Yes

PARENTS

16 FATHER—NAME First: Emil | Middle: | Last: Billeb
17 MOTHER—MAIDEN NAME First: Jessie | Middle: | Last: Cain
18a INFORMANT—NAME (Type or Print): Carmel R. Billeb
18b MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 8200 Offenhauser Drive #103G Reno,Nevada 89511

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation
19b CEMETERY OR CREMATORY—NAME: Sierra Crematory
19c LOCATION City or Town: Reno State: Nevada
20a FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such): [signature]
20b FUNERAL DIRECTOR LICENSE NUMBER: 16
20c NAME AND ADDRESS OF FACILITY: Walton Funeral Home 875 West Second Street Reno,Nevada 89503 17

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN
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)
21b DATE SIGNED (Mo., Day, Yr.)
21c HOUR OF DEATH
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To be completed by Coroner's Office
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): Vernon O. McCarty
22b DATE SIGNED (Mo., Day, Yr.): October 7, 1996
22c HOUR OF DEATH: 1254 Found
22d. PRONOUNCED DEAD (Mo., Day, Yr.) ON: October 3,1996
22e. PRONOUNCED DEAD (Hour) AT: 1308

23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print): Vernon O. McCarty, Coroner, P.O. Box 11130, Reno, Nevada 89520
23b LICENSE NUMBER: WCC S. 35

24a REGISTRAR (Signature): [signature] Dep
24b DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): October 7, 1996
24c DEATH DUE TO COMMUNICABLE DISEASE: YES ☐ NO ☒

CAUSE OF DEATH

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

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))
PART I
(a) Squamous cell carcinoma of the esophagus — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(c) — 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
Chronic obstructive pulmonary disease
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 M
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

No. 100875

000908781

CERTIFIED COPY OF VITAL RECORDS

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DATE ISSUED: JAN 10 2022

STATE REGISTRAR
Administrator

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THE GREAT SEAL OF THE STATE OF NEVADA

STATE OF NEVADA — OFFICE of the STATE REGISTRAR and VITAL RECORDS — DEPARTMENT OF HEALTH AND HUMAN SERVICES

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4116647

CERTIFICATE OF DEATH

2019023213
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1a. DECEASED-NAME (FIRST.MIDDLE.LAST.SUFFIX): Lynnette Leigh BROOKS
2. DATE OF DEATH (Mo/Day/Year): November 24, 2019
3a. COUNTY OF DEATH: Douglas
3b. CITY, TOWN, OR LOCATION OF DEATH: Gardnerville
3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number): 445 Foothill Rd
3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify): Home
4. SEX: Female
5. RACE (Specify): White
6. Hispanic Origin? Specify: No - Non-Hispanic
7a. AGE-Last birthday (Years): 77
7b. UNDER 1 YEAR: MOS | DAYS
7c. UNDER 1 DAY: HOURS | MINS
8. DATE OF BIRTH (Mo/Day/Yr): [redacted]1942

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

9a. STATE OF BIRTH (If not US/CA, name country): Nevada
9b. CITIZEN OF WHAT COUNTRY: United States
10. EDUCATION: 12
11. MARITAL STATUS (Specify): Widowed
12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage):
13. SOCIAL SECURITY NUMBER: [redacted]2061
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of: Business Owner
14b. KIND OF BUSINESS OR INDUSTRY: Recreation
Ever in US Armed Forces? No
15a. RESIDENCE - STATE: Nevada
15b. COUNTY: Douglas
15c. CITY, TOWN OR LOCATION: Gardnerville
15d. STREET AND NUMBER: 445 Foothill Rd
15e. INSIDE CITY LIMITS (Specify Yes or No): Yes

PARENTS

16. FATHER/PARENT - NAME (First Middle Last Suffix): Eugene Lyle LYDER
17. MOTHER/PARENT - NAME (First Middle Last Suffix): Marie SWANSON

18a. INFORMANT- NAME (Type or Print): Tom BROOKS
18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip): 1232 Pleasantview Dr Gardnerville, Nevada 89460

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
19b. CEMETERY OR CREMATORY - NAME: Eastside Memorial Park
19c. LOCATION City or Town State: Minden Nevada 89423
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such): CARLEN THOMAS SIGNATURE AUTHENTICATED
20b. FUNERAL DIRECTOR LICENSE NUMBER: FD861
20c. NAME AND ADDRESS OF FACILITY: Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410

TRADE CALL

TRADE CALL - NAME AND ADDRESS

CERTIFIER

To Be Completed by CERTIFYING PHYSICIAN
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 NITA SCHWARTZ MD
21b. DATE SIGNED (Mo/Day/Yr): November 26, 2019
21c. HOUR OF DEATH: 08:00
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To Be Completed by CORONER'S OFFICE
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):
22c. HOUR OF DEATH:
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): Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703
23b. LICENSE NUMBER: 9114

REGISTRAR

24a. REGISTRAR (Signature): BLAISE SATARIANO SIGNATURE AUTHENTICATED
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr): November 26, 2019
24c. DEATH DUE TO COMMUNICABLE DISEASE: YES [ ] NO [X]

CAUSE OF DEATH

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

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I
(a) Emphysema — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(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
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 INVEGT. (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

000907255

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DATE ISSUED: 1/4/2022

STATE REGISTRAR

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THE GREAT SEAL OF THE STATE OF NEVADA

STATE OF NEVADA OFFICE of the STATE REGISTRAR and VITAL RECORDS DEPARTMENT OF HEALTH AND HUMAN SERVICES

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

3052013242483 — STATE FILE NUMBER

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

3201333013983 — LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA

1. NAME OF DECEDENT - FIRST: RAFAEL
2. MIDDLE: GUADALUPE
3. LAST: MENDOZA
4. DATE OF BIRTH: [redacted]/1940
5. AGE: 73
6. SEX: M
8. BIRTH STATE/FOREIGN COUNTRY: CA
10. SOCIAL SECURITY NUMBER: [redacted]3640
11. EVER IN U.S. ARMED FORCES? [X] YES [ ] NO [ ] UNK
12. MARITAL STATUS: MARRIED
13. DATE OF DEATH: 12/22/2013
14. HOUR OF DEATH: 1426
15. EDUCATION: ASSOCIATE
16. WAS DECEDENT HISPANIC, HISPANO AMERICAN OR MEXICAN? [X] MEXICAN [ ] NO
17. RACE: HISPANIC
18. USUAL OCCUPATION: DESIGN ENGINEER
19. KIND OF BUSINESS OR INDUSTRY: SHIP BUILDING
20. YEARS IN OCCUPATION: 30

USUAL RESIDENCE

21. DECEDENT'S RESIDENCE: 10482 SAGECREST DRIVE
22. CITY: MORENO VALLEY
23. COUNTY: RIVERSIDE
24. ZIP CODE: 92557
25. YEARS IN COUNTY: 20
26. STATE/FOREIGN COUNTRY: CA

INFORMANT

27. INFORMANT'S NAME, RELATIONSHIP: STELLA MARIE MENDOZA, WIFE
28. INFORMANT'S MAILING ADDRESS: 10482 SAGECREST DRVIE, MORENO VALLEY, CA 92557

SPOUSE/PARENTS AND PARENTS INFORMATION

29. NAME OF SURVIVING SPOUSE/DOMESTIC PARTNER - FIRST: STELLA
30. MIDDLE: MARIE
30. LAST BIRTH NAME: FRANK
31. NAME OF FATHER/PARENT - FIRST: FRANCISCO
32. MIDDLE: C.
33. LAST: MENDOZA
34. BIRTH STATE: MEXICO
35. NAME OF MOTHER/PARENT - FIRST: IRENE
36. MIDDLE: -
37. LAST BIRTH NAME: MERILES
38. BIRTH STATE: UNKNOWN

FUNERAL DIRECTOR LOCAL REGISTRAR

39. DISPOSITION DATE: 01/02/2014
40. PLACE OF FINAL DISPOSITION: RIVERSIDE NATIONAL CEMETERY, 22495 VAN BUREN BLVD., RIVERSIDE, CA 92518
41. TYPE OF DISPOSITION: CR/BU
42. SIGNATURE OF EMBALMER: NOT EMBALMED
43. LICENSE NUMBER: -
44. NAME OF FUNERAL ESTABLISHMENT: MILLER-JONES MORENO VALLEY MORTUARY
45. LICENSE NUMBER: FD1540
46. SIGNATURE OF LOCAL REGISTRAR: CAMERON KAISER, MD
47. DATE: 12/31/2013

PLACE OF DEATH

101. PLACE OF DEATH: RIVERSIDE COUNTY REGIONAL MEDICAL CENTER
102. IF HOSPITAL, SPECIFY ONE: [X] IP [ ] SNP [ ] DOA
103. IF OTHER THAN HOSPITAL, SPECIFY ONE: [ ] Hospice [ ] Nursing Home/SNF [ ] Decedent's Home [ ] Other
104. COUNTY: RIVERSIDE
105. FACILITY ADDRESS OR LOCATION WHERE DEATH OCCURRED: 26520 CACTUS AVE
106. CITY: MORENO VALLEY

CAUSE OF DEATH

107. CAUSE OF DEATH — IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH): (a) SEPTIC SHOCK — INTERVAL: DAYS
(b) NON CATHETER RELATED URINARY TRACT INFECTION — INTERVAL: DAYS
(c) CONGESTIVE HEART FAILURE — INTERVAL: YRS
(d)
UNDERLYING CAUSE (DISEASE OR INJURY INITIATING THE ACTIVE CHAIN OF EVENTS RESULTING IN DEATH) LAST
108. CORONER'S CASE? [ ] YES [X] NO
109. AUTOPSY PERFORMED? [ ] YES [X] NO
110. AUTOPSY FINDINGS AVAILABLE? [ ] YES [X] NO
111. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107: ACUTE RENAL FAILURE, CIRRHOSIS
112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 111? NO
113. IF FEMALE, PREGNANT WITHIN LAST YEAR? [ ] YES [ ] NO [ ] UNK

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED
115. SIGNATURE AND TITLE OF CERTIFIER: BENJAMIN TABIBIAN D.O.
116. LICENSE NUMBER: 20A12185
117. DATE: 12/27/2013
(a) DATE: 12/21/2013
(b) DATE: 12/22/2013
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS: BENJAMIN TABIBIAN D.O., 26520 CACTUS AVENUE, MORENO VALLEY, CA 92555

CORONER'S USE ONLY

119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED
MANNER OF DEATH: [ ] NATURAL [ ] ACCIDENT [ ] HOMICIDE [ ] SUICIDE [ ] PENDING INVESTIGATION [ ] COULD NOT BE DETERMINED
120. INJURED AT WORK? [ ] YES [ ] NO [ ] UNK
121. INJURY DATE
122. HOUR OF INJURY
123. PLACE OF INJURY (e.g. home, construction site, highway, etc.)
124. DESCRIBE HOW INJURY OCCURRED (Describe activity, equipment, etc.)
125. LOCATION OF INJURY (Street and number or location, and city, state, zip)
126. SIGNATURE OF CORONER / DEPUTY CORONER
127. DATE
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER

STATE REGISTRAR

"0100010025252 53"

DOC #2016-0458780 Page 4 of 4

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF RIVERSIDE } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the County of Riverside, Department of Health.

DATE ISSUED Jan 16, 2014

Dr. Cameron Kaiser, M.D., Health Officer
RIVERSIDE COUNTY, CALIFORNIA

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001211518

THE GREAT SEAL OF THE STATE OF CALIFORNIA — EUREKA

DEPARTMENT OF PUBLIC HEALTH — REGISTRAR OF VITAL STATISTICS — COUNTY OF RIVERSIDE

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 38 10928

CERTIFICATE OF DEATH

2015000311
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1a. DECEDEN'S NAME (FIRST, MIDDLE, LAST, SUFFIX): Karen Ann WALLACE
2. DATE OF DEATH (Mo/Day/Year): January 08, 2015
3a. COUNTY OF DEATH: Carson City
3b. CITY, TOWN, OR LOCATION OF DEATH: Carson City
3c. HOSPITAL OR OTHER INSTITUTION - Name (If not in hospital, give street address or location): Carson Tahoe Regional Medical Center
4. MEDICAL CERTIFICATION: Inpatient
5. SEX: Female
6. RACE (Specify): White
6. Hispanic Origin? Specify: No - Non-Hispanic
7a. AGE-Last Birthday (Years): 71
7b. UNDER 1 YEAR: AGE | DAYS
7c. UNDER 1 DAY: HOURS | MIN.
8. DATE OF BIRTH (Mo/Day/Yr): [redacted] 1943
9a. STATE OF BIRTH (If not USA, name country): California
9b. CITIZEN OF WHAT COUNTRY: United States
10. EDUCATION: 14
11. MARITAL STATUS (Specify): Married
12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage): Earle WALLACE
13. SOCIAL SECURITY NUMBER: [redacted]6068
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life): SECRETARY
14b. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION
Ever in US Armed Forces? No

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

15a. RESIDENCE - STATE: Nevada
15b. COUNTY: Churchill
15c. CITY, TOWN OR LOCATION: Fallon
15d. STREET AND NUMBER: 751 Keppel St
15e. INSIDE CITY LIMITS (Specify Yes or No): Yes

PARENTS

16. FATHER/PARENT - NAME (First Middle Last Suffix): Marvin GALL
17. MOTHER/PARENT - NAME (First Middle Last Suffix): Anna SCHERTZER
18a. INFORMANT - NAME (Type or Print): Earle WALLACE
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 751 Keppel St. Fallon, Nevada 89406

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation
19b. CEMETERY OR CREMATORY - NAME: Walton's Sierra Crematory
19c. LOCATION City or Town State: Carson City Nevada 89706
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such): CURT KOESTLER SIGNATURE AUTHENTICATED
20b. FUNERAL DIRECTOR LICENSE NUMBER: 623
20c. NAME AND ADDRESS OF FACILITY: Capitol City Memorial Cremation and Burial Society, 1614 N Curry Street Carson City NV 89703

TRADE CALL

TRADE CALL - NAME AND ADDRESS

CERTIFIER

To Be Completed by CERTIFYING PHYSICIAN:
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 VIJAY MAIYA MD
21b. DATE SIGNED (Mo/Day/Yr): January 13, 2015
21c. HOUR OF DEATH: 12:40
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To Be Completed by CORONER'S OFFICE:
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)
22c. HOUR OF DEATH
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): Vijay Maiya MD 1600 Medical Parkway Carson City, NV 89703
23b. LICENSE NUMBER: 11909

REGISTRAR

24a. REGISTRAR (Signature): NICOLE SHORE SIGNATURE AUTHENTICATED
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr): January 13, 2015
24c. DEATH DUE TO COMMUNICABLE DISEASE: YES ☐ NO ☒

CAUSE OF DEATH

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I — NOTICE IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE LISTING THE UNDERLYING CAUSE LAST

(a) Cardiopulmonary Arrest — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF
(b) Hypoxic Respiratory Failure — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF
(c) Metastatic Lung Cancer — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF
(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.

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 INQUEST (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

CERTIFIED COPY OF VITAL RECORDS

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DATE ISSUED: 1/10/2022

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STATE REGISTRAR

THE GREAT SEAL OF THE STATE OF NEVADA

STATE OF NEVADA — OFFICE of the STATE REGISTRAR and VITAL RECORDS — DEPARTMENT OF HEALTH AND HUMAN SERVICES

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE