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CLERK US DISTRICT COURT
DISTRICT OF NEVADA
DEPUTY

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEVADA

UNITED STATES OF AMERICA,	)	
Plaintiff,	)	
WALKER RIVER PAIUTE TRIBE,	)	IN EQUITY NO. C-125
Plaintiff-Intervenor,	)	SUBFILE NO. C-125-B
vs.	)	
WALKER RIVER IRRIGATION DISTRICT, a corporation, et al.,	)	

NOTICE OF APPEARANCE AND INTENT TO PARTICIPATE

1. I hereby enter my appearance in this sub-proceeding in this case.

2. I am filing this document with the District Court at the following address:

Chief Deputy Clerk
United States District Court for the
District of Nevada
400 South Virginia Street, Suite 301
Reno, Nevada 89501

3. In the envelope provided for return of my Waiver of Service of Notice in Lieu of Summons, I am mailing a copy of this document to:

Susan L. Schneider
Attorney for the United States of America
United States Department of Justice
Environment & Natural Resources Division
P.O. Box 756
Littleton, Colorado 80160

4. I (or the entity on whose behalf I am acting) will retain all defenses or objections to the lawsuit or to the jurisdiction or venue of the court except for objections based on a defect in the Notice in Lieu of Summons or in the service of the Notice in Lieu of Summons.

5. If I (or the entity on whose behalf I am acting) have retained an attorney to represent me in these proceedings, I identify that attorney below, along with his or her mailing address, telephone number, and facsimile number:

Attorney:

Address:

Phone Number:

Fax Number:

Tanya M. Lindsey
(Signature)

Tanya M. Lindsey
(Printed or typed Name)

(Entity, if any, on whose behalf you are appearing)

85 Lawlor Lane
Yerington, Nev. 89447
(Address)

775-463-4236
(Telephone number)

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH
VITAL STATISTICS

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

CERTIFICATE OF DEATH

LOCAL FILE NUMBER | STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEDENT—NAME First: Claude Middle: Orval Last: LINDSEY
2. DATE OF DEATH (Month, Day, Year): OCTOBER 12, 2005
3a. COUNTY OF DEATH: LYON
3b. CITY, TOWN OR LOCATION OF DEATH: YERINGTON
3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number): AT HOME; 85 LUZIER LANE
3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify): —
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): 73
7b. UNDER 1 YEAR MOS : DAYS
7c. UNDER 1 DAY HOURS : MINS
8. DATE OF BIRTH (Mo., Day, Yr.): APRIL 23, 1932
9a. STATE OF BIRTH (If not U.S.A., name country): OKLAHOMA
9b. CITIZEN OF WHAT COUNTRY: USA
10. Decedent's Education. Specify highest grade completed: 7
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
12. SURVIVING SPOUSE (If wife, give maiden name): TWYLA M. WIDNER
13. SOCIAL SECURITY NUMBER: 444-28-2441
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired): AUTO RECYCLER
14b. KIND OF BUSINESS OR INDUSTRY: RECYCLING
15a. RESIDENCE—STATE: NEVADA
15b. COUNTY: LYON
15c. CITY, TOWN, OR LOCATION: YERINGTON
15d. STREET AND NUMBER: 85 LUZIER LANE
15e. INSIDE CITY LIMITS (Specify Yes or No): NO

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

PARENTS

16. FATHER—NAME First: CLYDE Middle: Last: LINDSEY
17. MOTHER—MAIDEN NAME First: ANNIE Middle: LEE Last: HAYES
18a. INFORMANT—NAME (Type or Print): TWYLA LINDSEY
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 85 LUZIER LANE YERINGTON, NEVADA 89447

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): CREMATION
19b. CEMETERY OR CREMATORY—NAME: SIERRA CREMATORY
19c. LOCATION City or Town: CARSON CITY State: NEVADA
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting As Such): [signature]
20b. FUNERAL DIRECTOR LICENSE NUMBER: 614
20c. NAME AND ADDRESS OF FACILITY: FREITAS RUPRACHT FUNERAL HOME 25 Hwy 208 YERINGTON, NEVADA 89447

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): [signature] Sgt.
22b. DATE SIGNED (Mo., Day, Yr.): 10/14/2005
22c. HOUR OF DEATH:
22d. PRONOUNCED DEAD (Mo., Day, Yr.) ON: 10/12/2005
22e. PRONOUNCED DEAD (Hour) AT: 1340

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.): Lyon County Sheriff 30 Nevin Way Yerington, Nevada 89447
23b. LICENSE NUMBER:

24a. REGISTRAR (Signature): [signature]
24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): 10/14/2005
24c. DEATH DUE TO COMMUNICABLE DISEASE: YES ☐ NO ☒

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

CAUSE OF DEATH

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

PART I
(a) Leukemia — 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 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 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. 321686

087401

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: OCT 15 2005

STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

To whom it may concern,

this letter is to advise you that Claude O. Lindsey and Tuyla M. Slippey Lindsey did receive a packett through the mail.

Claude O. Lindsey passed away Oct 12 - 2005. I'm still here and hopefully not too late in signing papers.

Tuyla M. Slippey Lindsey