

STATE OF NEVADA

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

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER			STATE FILE NUMBER		
	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		
DECEDENT	1. Lawrence Constantine FOTINAKIS			2. November 25, 1990		
	CITY, TOWN, OR LOCATION OF DEATH			COUNTY OF DEATH		
	3b. Carson City			3c. Carson-Tahoe Hospital		
	4. Male			5. Operating Room		
F DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(e.g., White, Black, American Indian, etc.) (Specify)			6. Was Decedent of Hispanic Origin? Specify <input checked="" type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		
	7a. 79			7b. 79		
	7c. 79			7d. 79		
	7e. 79			7f. 79		
PARENTS	8. White			9. April 27, 1911		
	10. USA			11. Married		
	12. Dorothy Owens			13. 190-18-8040		
	14. Retired Composer			15. Music		
DISPOSITION	16. Peter Fotinakis			17. Helen Schregler		
	18a. Dorothy Fotinakis			18b. 1685 Lantana Drive, Minden, Nevada 89423		
	19a. Removal - Burial			19b. San Fernando Mission Hills		
	19c. Mission Hills California			19d. Walton's Chapel of the Valley		
CERTIFIER	20a. William H. Thomas			20b. 21		
	20c. 1281 N. Roop Street, Carson City, Nv. 89706			20d. 21		
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.			21b. 11/26/90		
	21c. 1754			21d. 1754		
CAUSE OF DEATH	22a. ON			22b. AT		
	22c. AT			22d. AT		
	22e. AT			22f. AT		
	22g. AT			22h. AT		
CAUSE OF DEATH	23a. William H. Thomas MD, 1000 N. Division, Carson City, Nv. 89703			23b. 3136		
	24a. (Signature) [Signature]			24b. November 30, 1990		
	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			24d. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	24e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			24f. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		
	(a) Ruptured abdominal aortic aneurysm			(b) 2 days		
	(c) 2 days			(d) 2 days		
	(e) 2 days			(f) 2 days		
CAUSE OF DEATH	26. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)			26. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		
	26a. 28a.			26b. 28b.		
	26c. 28c.			26d. 28d.		
	26e. 28e.			26f. 28f.		
CAUSE OF DEATH	27. INJURY AT WORK (Specify Yes or No)			27. INJURY AT WORK (Specify Yes or No)		
	27a. 28a.			27b. 28b.		
	27c. 28c.			27d. 28d.		
	27e. 28e.			27f. 28f.		

After recording return to:
Dorothy Fotinakis
1685 Lantana Drive
Minden, NV 89423

STATE REGISTRAR

No. 020327

This is to certify that the above is a true and correct copy
of the certificate on file in this office.

By:

Date Issued:

NOV 30 1990

Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co. the 27th day
of March A.D., 19 91 at 12:27 o'clock PM., and duly recorded in Vol. M91
of Deeds on Page 5445

FEE \$8.00

Evelyn Biehn County Clerk

By Pauline Neidinger