EXHIBIT C

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2009013835
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX): Nolan Edward KLEIN
2. DATE OF DEATH (Mo/Day/Year): September 20, 2009
3a. COUNTY OF DEATH: Carson City
3b. CITY, TOWN, OR LOCATION OF DEATH: Carson City
3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number): 1721 E. Snyder Ave
3d. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm, Inpatient (Specify): Northern Nevada Correctional Center
4. SEX: Male
5. RACE (Specify): White
6. Hispanic Origin? Specify No - Non-Hispanic
7a. AGE - Last Birthday (Years): 54
7b. UNDER 1 YEAR: MOS | DAYS
7c. UNDER 1 DAY: HOURS | MINS
8. DATE OF BIRTH (Mo/Day/Yr): December 11, 1954
9a. STATE OF BIRTH (If not U.S.A., name country): California
9b. CITIZEN OF WHAT COUNTRY: United States
10. EDUCATION: 15
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
12. SURVIVING SPOUSE (If wife, give maiden name):

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

13. SOCIAL SECURITY NUMBER: 530-52-7016
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired): Paralegal
14b. KIND OF BUSINESS OR INDUSTRY: Law
Ever in US Armed Forces? Yes
15a. RESIDENCE - STATE: Nevada
15b. COUNTY: Carson City
15c. CITY, TOWN OR LOCATION: Carson City
15d. STREET AND NUMBER: 1721 E. Snyder Ave
15e. INSIDE CITY LIMITS (Specify Yes or No): Yes

PARENTS

16. FATHER - NAME (First Middle Last Suffix): Johnny KLEIN
17. MOTHER - NAME (First Middle Last Suffix): Eunice WILKINSON

18a. INFORMANT - NAME (Type or Print): Tonja BROWN
18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip): 2907 Lukens Lane Carson City, Nevada 89705

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): RICK NOEL
SIGNATURE AUTHENTICATED
20b. FUNERAL DIRECTOR LICENSE: 630
20c. NAME AND ADDRESS OF FACILITY: Walton's Chapel of the Valley, 1281 N Roop Carson City NV 89706

TRADE CALL

TRADE CALL - NAME AND ADDRESS

CERTIFIER

To Be Completed by Certifier Who Pronounced Death

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
KAREN ANN GEDNEY M.D.
21b. DATE SIGNED (Mo/Day/Yr): September 22, 2009
21c. HOUR OF DEATH: 15:20
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): Karen Ann Gedney M.D. P.O. Box 7000 Carson City, NV 89702
23b. LICENSE NUMBER: 5235

REGISTRAR

24a. REGISTRAR (Signature): CHRISTINA GRIFFITH
SIGNATURE AUTHENTICATED
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr): September 24, 2009
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) Respiratory Arrest — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(b) Hepatic Coma — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(c) Cirrhosis — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(d) Hepatitis C — Interval between onset and death

PART II: Hemochromatosis, hypertensive and arteriosclerotic cardiovascular disease

26. AUTOPSY (Specify Yes or No): No
27. WAS CASE REFERRED TO CORONER (Specify Yes or No): Yes
28a. AGE - TYPE OF WORK, OFFICE OR RENDING 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

294556

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 01 2009

STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE