

Pending

STATE OF COLORADO  
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last) <b>Dylan Nicholas Redwine</b>				2. SEX <b>Male</b>		3. DATE OF DEATH (Month, Day, Year) <b>Found June 23, 2013</b>	
4. SOCIAL SECURITY NUMBER <b>053-09-1953</b>		5a. AGE - (Years) <b>13</b>		5b. UNDER 1 YEAR Mos Days Hrs Mins		6. DATE OF BIRTH Month Day Year <b>February 6 1999</b>	
7. BIRTHPLACE (City and State or Foreign Country) <b>Denver, Colorado</b>		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input checked="" type="checkbox"/> Other (Specify) Forest				OTHER: <input type="checkbox"/> Assisted Living/Nursing Home <input type="checkbox"/> Hospice <input type="checkbox"/> Decedent's Residence			
9b. FACILITY NAME (If not institution, give street and number) <b>N 37 28.789 W 107.31 876</b>				9c. CITY, TOWN, OR LOCATION OF DEATH <b>Bayfield</b>		9d. COUNTY OF DEATH <b>La Plata</b>	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) <b>Student</b>				10b. KIND OF BUSINESS/INDUSTRY <b>Education</b>		11. MARITAL STATUS <input type="checkbox"/> Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown	
12. SPOUSE (If wife, give maiden name)							
13a. RESIDENCE - STATE <b>Colorado</b>		13b. COUNTY <b>La Plata</b>		13c. CITY, TOWN, OR LOCATION <b>Bayfield</b>		13d. STREET AND NUMBER <b>2300 Block County Road 500</b>	
14a. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		14b. ZIP CODE <b>81122</b>		14. WAS DECEDENT OF HISPANIC ORIGIN? (If "Yes", specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE: American Indian, Black, White, etc. (Specify) <b>White</b>	
16. EDUCATION: (Specify only highest grade completed) Elementary or secondary (0-12) College (13-16 or 17+) <b>8</b>							
17. FATHER - NAME (First, Middle, Last) <b>Mark Redwine</b>				18. MOTHER - NAME (First, Middle, Maiden) <b>Elaine Hall</b>		19. INFORMANT - NAME and relationship to decedent <b>Elaine Hall, Mother</b>	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Reanimation <input type="checkbox"/> Burial/Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Other (Specify) Pending				20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Pending</b>		20c. LOCATION - City or Town, State <b>Pending</b>	
21a. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Signature <i>[Signature]</i>				21b. NAME AND ADDRESS OF FACILITY			
22a. REGISTRAR'S SIGNATURE Signature <i>[Signature]</i>				22b. DATE FILED (Month, Day, Year)			
23. TIME OF DEATH <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Mid		24. DATE AND TIME PRONOUNCED DEAD Month Day Year <b>July 27 2013</b>		Time <b>0800</b> <input type="checkbox"/> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Mid		25. WAS CORONER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
TO BE COMPLETED BY SIGNING PHYSICIAN 26a. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Signature <i>[Signature]</i>				TO BE COMPLETED BY CORONER 27a. 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 as stated. Signature <i>[Signature]</i> <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Assoc/Deputy Coroner			
26b. DATE SIGNED (Month, Day, Year)				27b. DATE SIGNED (Month, Day, Year) <b>December 27, 2013</b>			
26c. NAME, AND MAILING ADDRESS OF SIGNING PHYSICIAN				27c. NAME AND COUNTY <b>Jann L. Smith, La Plata</b>			
26d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN SIGNING PHYSICIAN				27d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN SIGNING PHYSICIAN			
29. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input checked="" type="checkbox"/> Undetermined		30. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		31. IF FEMALE: <input type="checkbox"/> Not pregnant within last year <input type="checkbox"/> Not pregnant, but pregnant 42 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year			
32a. DATE OF INJURY (Month, Day, Year) <b>Unknown</b>		32b. TIME OF INJURY <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Mid		32c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		32d. DESCRIBE HOW INJURY OCCURRED <b>Undetermined</b>	
32e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <b>Unknown</b>				32f. LOCATION INJURED (Street and Number or Rural Route Number, City, County, State) <b>Unknown</b>			
33. IMMEDIATE CAUSE - enter only one cause per line for (a), (b), and (c). Do not enter mode of dying (e.g. Cardiac or Respiratory Arrest) alone.						Interval between onset and death	
Part 1. Conditions if any which gave rise to immediate cause stating the underlying cause last (c). (a) <b>Undetermined</b> DUE TO OR AS A CONSEQUENCE OF:						Interval between onset and death	
(b) DUE TO OR AS A CONSEQUENCE OF:						Interval between onset and death	
(c) DUE TO OR AS A CONSEQUENCE OF:						Interval between onset and death	
Part 2. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause in Part 1						34. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
						35. IF YES, were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No	

17CR343  
DEFENDANT'S EXHIBIT  
1917



# STATE OF COLORADO CERTIFICATION OF VITAL RECORD

## CERTIFICATE OF DEATH

STATE FILE NUMBER 1052013034060

DECEDENT'S LEGAL NAME DYLAN NICHOLAS REDWINE						DATE OF DEATH FOUND ON JUNE 28, 2013	
SEX MALE	SOCIAL SECURITY NUMBER 853-09-1953	AGE-Last Birthday (Years) 14	UNDER 1 YEAR Months _____ Days _____	UNDER 1 DAY Hours _____ Minutes _____	DATE OF BIRTH (Mo/Day/Yr) FEBRUARY 06, 1999	BIRTHPLACE (State or Foreign Country) COLORADO	
IF DEATH OCCURRED IN HOSPITAL _____			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL FOREST				
Facility Name (if not institution, give street & number) N 37 28.789 W 107.31 876				CITY, TOWN OR LOCATION OF DEATH BAYFIELD		COUNTY OF DEATH LA PLATA	
RESIDENCE - STREET AND NUMBER 2300 BLOCK COUNTY ROAD 500				APT. NO.		ZIP CODE 81122	INSIDE CITY LIMITS NO
RESIDENCE STATE COLORADO			COUNTY LA PLATA		CITY OR TOWN BAYFIELD		
DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) STUDENT				KIND OF BUSINESS/INDUSTRY EDUCATION		DECEDENT'S EDUCATION 8TH GRADE OR LESS	
DECEDENT OF HISPANIC ORIGIN _____				DECEDENT'S RACE White			
EVER IN US ARMED FORCES NO		MARITAL STATUS AT TIME OF DEATH NEVER MARRIED		SPOUSE/PARTNER NAME (if wife give name prior to first marriage)			
FATHER'S NAME MARK REDWINE				MOTHER'S NAME PRIOR TO FIRST MARRIAGE ELAINE HALL			
INFORMANT'S NAME ELAINE HALL				INFORMANT'S RELATIONSHIP TO DECEASED PARENT			
NAME OF FUNERAL HOME PENDING				CITY AND STATE OF FUNERAL HOME		WAS CORONER NOTIFIED YES	
METHOD OF DISPOSITION PENDING		PLACE OF DISPOSITION			LOCATION - CITY, COUNTY, STATE		
INJURY AT WORK NO		IF TRANSPORTATION RELATED, SPECIFY		DATE OF INJURY		TIME OF INJURY UNKNOWN	
PLACE OF INJURY UNKNOWN							
LOCATION OF INJURY (Street & Number, Apt. No., City or Town, County, State, Zip Code) UNKNOWN							
DESCRIBE HOW INJURY OCCURRED UNDETERMINED							
WAS DECEDENT UNDER HOSPICE CARE		ACTUAL OR PRESUMED TIME OF DEATH UNKNOWN		DATE PRONOUNCED DEAD (MO/DAY/YR) JULY 27, 2013		TIME PRONOUNCED DEAD 08:00 MIL	
MANNER OF DEATH COULD NOT BE DETERMINED		WAS AN AUTOPSY PERFORMED NO		WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH?			

### CAUSE OF DEATH

<b>PART I</b>  IMMEDIATE CAUSE (Final disease or condition resulting in death)   Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)	Enter the chain of events - diseases, injuries, or complications that directly caused the death. a. <b>UNDETERMINED</b>	Approximate interval: Onset to death  _____ _____ _____
	b. _____	
	c. _____	
	d. _____	

**PART II** Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF PHYSICIAN	DATE SIGNED
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF CORONER	DATE SIGNED
JANIS L SMITH LA PLATA AND SOUTHERN UTE TRIBAL CORONER 1101 E SECOND AVENUE DURANGO CO 81301 LA PLATA	<b>DECEMBER 27, 2013</b>
DATE FILED BY REGISTRAR FEBRUARY 18, 2014	

AMENDED

DATE ISSUED **JANUARY 28, 2016**

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

*Ronald S. Hyman*  
RONALD S. HYMAN  
STATE REGISTRAR



REV 08/14

17CR343  
DEFENDANT'S EXHIBIT  
**1918**