



WHITE MOUNTAIN APACHE TRIBE

A Sovereign Tribal Nation

(Authorizing Burial of Non-Tribal Member Albert Padilla)

- WHEREAS,** the Tribal Council has been advised that Albert Padilla, passed away and that funeral arrangements are pending; and
- WHEREAS,** the Padilla family requests that the Tribal Council authorize the deceased, Albert Padilla, to be buried at the Whiteriver Cemetery; and
- WHEREAS,** although Albert Padilla, was not a member of the White Mountain Apache Tribe, the Tribal Council finds that the request made herein should be granted; and
- WHEREAS,** the Tribal Council finds that the assistance provided herein is consistent with the culture and tradition of White Mountain Apache and in sympathy to the family; and
- WHEREAS,** given the urgency of the funeral service requirements be completed in a timely manner, the Tribal Council further finds that the assistance requested herein needs to be considered and made outside of its regularly scheduled meeting; and
- WHEREAS,** the Tribal Council further finds that: (1) this Resolution may be voted upon by signature of a member of the Tribal Council where a signature indicates a vote for this Resolution, (2) the Tribal Council Secretary should attempt to obtain signatures for members of the Tribal Council personally, (3) no signature would mean that the respective Tribal Council member is against this Resolution, (4) the Tribal Council Secretary should wait no longer than a reasonable period of time to obtain a vote by signature or by no signature and so indicate that this Resolution was presented to the respective member of the Tribal Council for a vote.

BE IT RESOLVED by the Tribal Council of the White Mountain Apache Tribe that it hereby grants permission to the Padilla family to bury the late Albert Padilla at the Whiteriver Cemetery.

BE IT FURTHER RESOLVED by the Tribal Council of the White Mountain Apache Tribe that given the urgency of the request described herein, this Resolution may be voted upon as follows: (a) by signature of a member of the Tribal Council, including the Chairman of the Tribal Council and the Vice-Chairman of the Tribal Council, where a signature indicates a vote for this Resolution, (b) the Tribal Council Secretary shall attempt to obtain signatures for members of the Tribal Council personally, (c) no signature shall mean that the respective Tribal Council member is against this Resolution, (d) the Tribal Council Secretary should wait no longer than a reasonable period of time to obtain a vote by signature or by no signature, and so indicate that this Resolution was presented to the respective member of the Tribal Council for a vote.

BE IT FURTHER RESOLVED by the Tribal Council of the White Mountain Apache Tribe that it hereby directs that in the event that this Resolution conflicts with a prior Resolution or Policy, this Resolution shall supersede and govern over the conflicting subject matter.

BE IT FURTHER RESOLVED by the Tribal Council of the White Mountain Apache Tribe that it hereby directs that in the event this Resolution directly conflicts with the Tribal Constitution, Tribal Ordinances, or any

Resolution No. 07-2015-144

material facts concerning the issues presented are later found to be false, this Resolution shall be deemed null and void and have no legal effect.

BE IT FURTHER RESOLVED by the Tribal Council of the White Mountain Apache Tribe that the Chairman, or in his absence, the Vice-Chairman, is hereby authorized to execute any and all documents necessary to effectuate the intent of this Resolution.

The foregoing resolution was on July 15, 2015 duly adopted by a vote of 6 for, 0 against, and 0 abstentions by the Tribal Council of the White Mountain Apache Tribe, pursuant to authority vested in it under the enumerated powers listed in Article IV, Section 1 of the WMAT Constitution, so ratified on September 30, 1993, and federally recognized pursuant to Section 16 of the Indian Reorganization Act of June 18, 1934 (48 Stat. 984).

Ronnie Lupe 7/16/15 Doreen T. Numkena 7-16-2015
Ronnie Lupe, Tribal Chairman Date Doreen T. Numkena, Tribal Secretary Date

Resolution No. 06-2015-144

Signatures of the members of the Tribal Council represent their approval of Tribal Council Resolution No: 06-2015-144 initiated the 15th day of July, 2015.

Presented Personally by Tribal Council Secretary (TCS)-Indicated by Initials
TCS Initials

Ronnie Lupe
Tribal Chairman
Date Signed _____
TCS Initials _____

Kasey Velasquez
Vice Chairman
Date Signed _____
TCS Initials _____

Arnold Beach, Sr.
District I Council Member
Date Signed _____
TCS Initials _____

Tony Alsenay
District I Council Member
Date Signed _____
TCS Initials _____

Kino Kane (Acting)
Kino Kane
District II Council Member
7/15/15
Date Signed
DM TCS Initials

Colleen Faden
Colleen Faden
District II Council Member
7/16/15
Date Signed
DM TCS Initials

Alvin DeClay Sr.
Alvin DeClay, Sr.
District III Council Member
07/15/15
Date Signed
DM TCS Initials

Floyd Walker
Floyd Walker
District III Council Member
7/15/15
Date Signed
DM TCS Initials

Jerome Kasey III
District IV Council Member
Date Signed _____
TCS Initials _____

Alvena Bush
Alvena Bush
District IV Council Member
7/15/15
Date Signed
DM TCS Initials

Theresa Larzelere
Theresa Larzelere
District IV Council Member
7/15/15
Date Signed
DM TCS Initials

ATTEST:

Doreen T. Numkena
Doreen T. Numkena, Tribal Council Secretary

7-16-2015
Date Signed

STATE OF ARIZONA - DEPARTMENT OF HEALTH SERVICES
DEATH DATA VERIFICATION SHEET

Do not use to ship human remains, do not distribute copies of this form. Misuse of this form will result in termination of printing rights. State File NO. 102-RECORDED

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) ALBERT TERRANCE PADILLA				2. AKA'S (IF ANY)				3. DATE OF DEATH JULY 12, 2015											
4. SEX MALE		5. SOCIAL SECURITY NUMBER: 585-74-6669		6. DATE OF BIRTH: 06-08-1963		7. AGE 52		8. MONTHS UNDER 1 YEAR		9. DAYS UNDER 1 DAY		10. HOURS		11. MINUTES					
12. PLACE OF DEATH - HOSPITAL: <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER																			
13. PLACE OF DEATH - OTHER THAN HOSPITAL: <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER								14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY): BANNER UNIVERSITY MEDICAL CENTER PHOENIX				15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH: PHOENIX 85006				16. COUNTY OF DEATH: MARICOPA			
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): SHIPROCK, NEW MEXICO								18. MARITAL STATUS AT TIME OF DEATH: MARRIED				19. NAME OF SURVIVING SPOUSE (WIDEN NAME IF WIFE): THOMACITA ALSENA							
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: 1005 S PARK SHADOW AVE,								21. CITY AND COUNTY: WHITERIVER, NAVAJO				22. STATE ARIZONA		23. ZIP CODE 85941		24. EVER IN THE ARMED FORCES YES			
25. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OF LATINO <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN				26. DECEDENT'S RACE(S): <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAVOAN <input checked="" type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE				27. AMERICAN INDIAN OR ALASKA NATIVE: SPECIFY UP TO 4 TRIBES, PRIMARY OF ENROLLED TRIBE: NAVAJO ADDITIONAL TRIBE: SANTA CLARA PUEBLO ADDITIONAL TRIBE: ADDITIONAL TRIBE:				28. OCCUPATION: CHEF							
29. FATHER'S NAME (FIRST, MIDDLE, LAST): VINCENT PADILLA								30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE): EDITH TALK											
31. INFORMANT'S NAME: THOMACITA PADILLA								32. RELATIONSHIP: SPOUSE				33. INFORMANT'S MAILING ADDRESS: PO BOX 2858, WHITERIVER, ARIZONA 85941							
34. NAME AND ADDRESS OF FUNERAL FACILITY: SILVER CREEK MORTUARY - TAYLOR P.O. BOX 367 TAYLOR, AZ								35. FUNERAL DIRECTOR: JASON C BRUBAKER, FUNERAL DIRECTOR				36. LICENSE NUMBER: F1203							
37. METHOD(S) OF DISPOSITION: BURIAL				38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: WHITERIVER CEMETERY, WHITERIVER, ARIZONA				39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY: NONE											
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I																			
IMMEDIATE CAUSE OF DEATH		40. A NOT RECORDED				41. APPROXIMATE INTERVAL: NOT RECORDED													
DUE TO OR AS A CONSEQUENCE OF:		42. B				43. APPROXIMATE INTERVAL:													
DUE TO OR AS A CONSEQUENCE OF:		44. C				45. APPROXIMATE INTERVAL:													
DUE TO OR AS A CONSEQUENCE OF:		46. D				47. APPROXIMATE INTERVAL:													
CAUSE OF DEATH PART II																			
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE:								49. INJURY? NO		50. INJURY AT WORK? NO		51. MANNER OF DEATH: NOT RECORDED		52. TIME OF DEATH: 8:00 AM					
								53. WAS AN AUTOPSY PERFORMED? YES				54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?							
CAUSE AND MANNER OF DEATH CERTIFICATION																			
57. CERTIFIER'S ADDRESS:								55. NAME OF PERSON COMPLETING CAUSE OF DEATH:				56. DATE CERTIFIED:							
57. CERTIFIER'S ADDRESS:								58. NAME OF REGISTRAR:				59. DATE REGISTERED:							

This is not the Official death certificate

STATE OF ARIZONA - DEPARTMENT OF HEALTH SERVICES
DEATH DATA VERIFICATION SHEET

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40. A IMMEDIATE CAUSE OF DEATH NOT RECORDED	41. APPROXIMATE INTERVAL: NOT RECORDED				
42. B DUE TO OR AS A CONSEQUENCE OF:	43. APPROXIMATE INTERVAL:				
44. C DUE TO OR AS A CONSEQUENCE OF:	45. APPROXIMATE INTERVAL:				
46. D DUE TO OR AS A CONSEQUENCE OF:	47. APPROXIMATE INTERVAL:				
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		53. WAS AN AUTOPSY PERFORMED? YES		54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
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57. CERTIFIER'S ADDRESS:		55. NAME OF PERSON COMPLETING CAUSE OF DEATH:			56. DATE CERTIFIED:
57. CERTIFIER'S ADDRESS:		58. NAME OF REGISTRAR:			59. DATE REGISTERED: