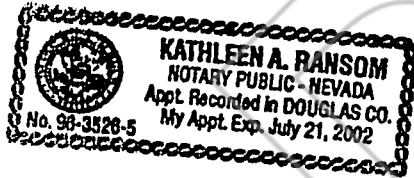


deed and was the identical person named as MARGARET D. MEES , the decedent in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof, which person died on the 19 day of April, 1999, in Carson City, Nevada.

Edward C Mees
EDWARD C. MEES

Subscribed and sworn to before me this 19th day of April, 1999

Kathleen A. Ransom
NOTARY PUBLIC, In and for said County and State



A. CHRISTOPHER ZIMMERMANN
Attorney at Law

0466654

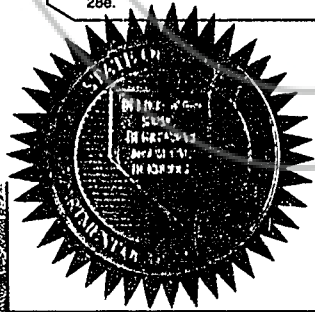
BK0499PG5644

STATE OF NEVADA

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

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER			STATE FILE NUMBER													
	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)			COUNTY OF DEATH										
DECEDENT	1. Margaret-Peg Dodge MEES			2. March 31, 1999			3a. Carson City										
	CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)			II Hosp. or Inst. Indicate DOA, OP/Emer. Am. Inpatient (Specify)			SEX							
	3b. Carson City			3c. 3201 Hiko Court			3e. Female										
	RACE—(e.g., White, Black, American Indian, etc.) (Specify)			Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.			AGE—Last Birthday (Years)			UNDER 1 YEAR MOS : DAYS			UNDER 1 DAY HOURS : MINS			DATE OF BIRTH (Mo., Day, Yr.)	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	5. White			6. 7a. 79			7b. 7c.			8. February 25, 1920							
	STATE OF BIRTH (If not U.S.A., name country)			CITIZEN OF WHAT COUNTRY			Decedent's Education. Specify highest grade completed.			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			SURVIVING SPOUSE (If wife, give maiden name)				
	9a. Illinois			9b. U.S.A.			10. 16			11. Married			12. Edward C. Mees				
	SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)			KIND OF BUSINESS OR INDUSTRY										
PARENTS	13. 5446			14a. Homemaker			14b. Own Home										
	RESIDENCE—STATE			COUNTY			CITY, TOWN, OR LOCATION			STREET AND NUMBER			INSIDE CITY LIMITS (Specify Yes or No)				
	15a. Nevada			15b. Carson City			15c. Carson City			15d. 3201 Hiko Court			15e. Yes				
	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last													
DISPOSITION	16. X Raymond Dodge			17. Margaret Gail Lucky													
	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)													
	18a. Edward Mees - Husband			18b. 3201 Hiko Court, Carson City, NV. 89706													
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—NAME			LOCATION City or Town State										
CERTIFIER	19a. Cremation			19b. Carson Sierra Crematory			19c. Carson City Nevada										
	FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such)			FUNERAL DIRECTOR LICENSE NUMBER			NAME AND ADDRESS OF FACILITY										
	20a. Jimmy Benson			20b. 9			20c. Society 1614 N. Curry St. Carson City, NV. 89703										
	21. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.			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.													
CAUSE OF DEATH	DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH			DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH							
	21b. 3/31/99			21c. 1035			22b.			22c.							
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. ON			22e. AT										
	21d.			NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)			89703			LICENSE NUMBER							
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. Lee A. Van Epps, M.D. 604 W. Washington St., Carson City, NV.			23b. 5904													
	REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			DEATH DUE TO COMMUNICABLE DISEASE										
	24a. (Signature) Kate M. Senghaas			24b. April 1, 1999			24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>										
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			Interval between onset and death													
CAUSE OF DEATH	PART I (a) Cerebrovascular accident (stroke)			Interval between onset and death													
	DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death													
	(b)			Interval between onset and death													
	DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death													
(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 I.			AUTOPSY (Specify Yes or No)			WAS CASE REFERRED TO CORONER (Specify Yes or No)											
26. No			27. Yes														
ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)			DATE OF INJURY (Mo., Day, Yr.)			HOUR OF INJURY			DESCRIBE HOW INJURY OCCURRED								
28a.			28b.			28c. M			28d.								
INJURY AT WORK (Specify Yes or No)			PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			LOCATION.			STREET OR R.F.D. No. CITY OR TOWN STATE								
28e.			28f.			28g.											



STATE REGISTRAR

No. 145187

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

Yvonne Sylva

Date Issued:

APR 01 1999 0466654

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

8K0499PG5645

COPY

REQUESTED BY
As Zimmermann
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'99 APR 27 A10:57

LINDA SLATER
RECORDER
\$10⁰⁰ PAID ks DEPUTY

0466654

BK0499PG5646