

EXHIBIT "A"

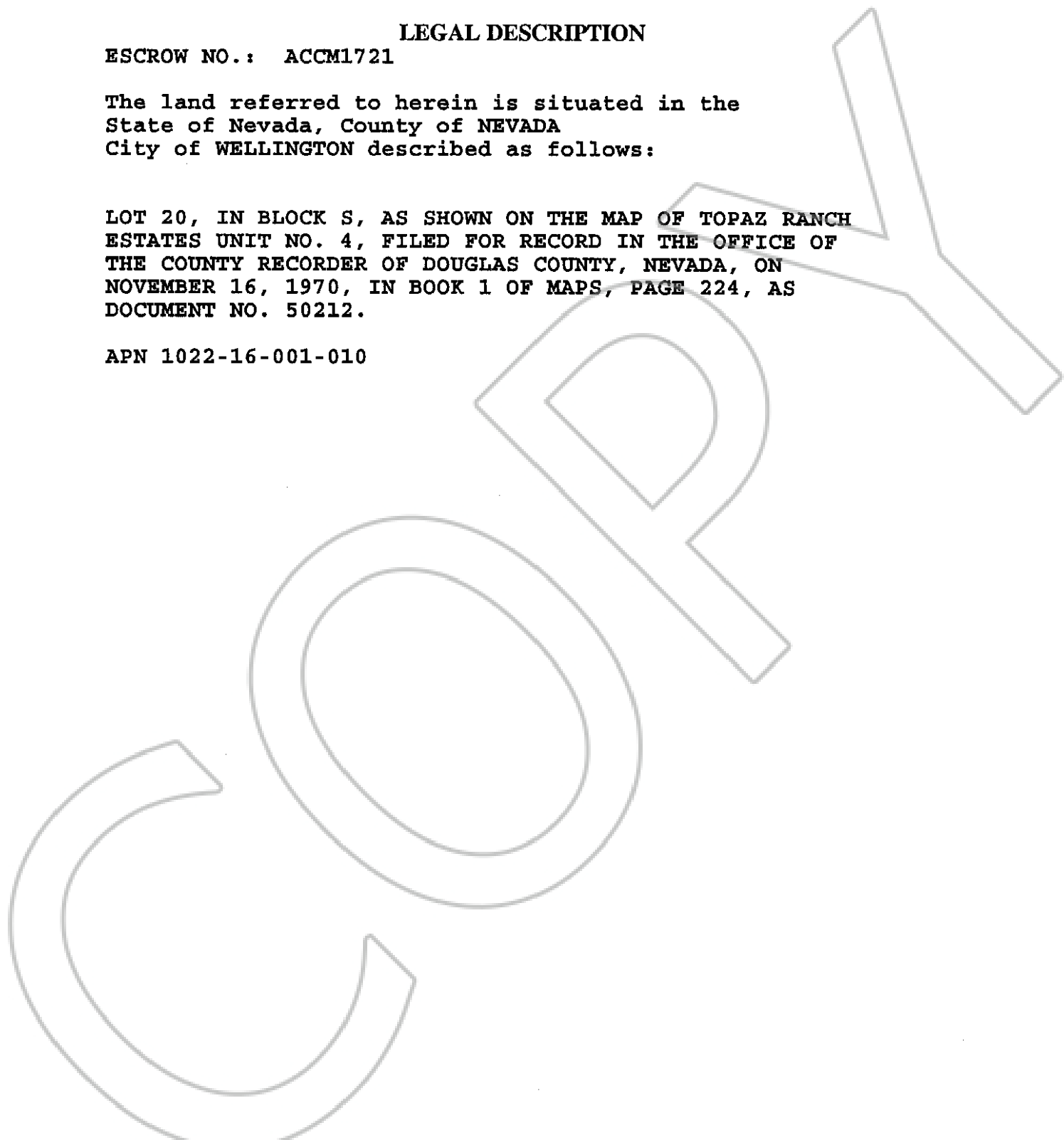
LEGAL DESCRIPTION

ESCROW NO.: ACCM1721

**The land referred to herein is situated in the
State of Nevada, County of NEVADA
City of WELLINGTON described as follows:**

**LOT 20, IN BLOCK S, AS SHOWN ON THE MAP OF TOPAZ RANCH
ESTATES UNIT NO. 4, FILED FOR RECORD IN THE OFFICE OF
THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON
NOVEMBER 16, 1970, IN BOOK 1 OF MAPS, PAGE 224, AS
DOCUMENT NO. 50212.**

APN 1022-16-001-010



0623214

BK0904PG00365

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of KERN

DEPARTMENT OF PUBLIC HEALTH

1800 MT. VERNON AVE., BAKERSFIELD, CALIFORNIA 93306-3302

CERTIFICATE OF DEATH
STATE OF CALIFORNIA
USE BLACK INK ONLY (NO ERASERS, WHITEOUTS OR ALTERATIONS)
VS-11 (REV. 10/03)

3200315002053
LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) Paul		2. MIDDLE Florian	
3. LAST (Family) Koza JR.		4. DATE OF BIRTH mm/dd/yyyy 10/07/1925	
5. AGE Yrs. 77		6. SEX M	
8. BIRTH STATE/FOREIGN COUNTRY MN		10. SOCIAL SECURITY NUMBER 7838	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at Time of Death) Married	
13. EDUCATION - Highest Level/Degree (List Institution on back) HS Graduate		14.15. WAS DECEDENT SPANISH/SPANOLATINO? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) White		7. DATE OF DEATH mm/dd/yyyy 05/22/2003	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED Machinist		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) Aircraft Construction	
19. YEARS IN OCCUPATION 30		20. DECEDENT'S RESIDENCE (Street and number or location) 628 Pasadena Trail	
21. CITY Frazier Park		22. COUNTY/PROVINCE Kern	
23. ZIP CODE 93225		24. YEARS IN COUNTY 5	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP Gloria Koza (wife)	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 3630 Granite Wy, Wellington, NV. 89444		28. NAME OF SURVIVING SPOUSE - FIRST Gloria	
29. MIDDLE Paz		30. LAST (Maiden Name) Arevalo	
31. NAME OF FATHER - FIRST Paul		32. MIDDLE Florian	
33. LAST Koza SR.		34. BIRTH STATE MN	
35. NAME OF MOTHER - FIRST Alice		36. MIDDLE Kurchoff	
37. LAST (Maiden) Kurchoff		38. BIRTH STATE MN	
39. DISPOSITION DATE mm/dd/yyyy 05/28/2003		40. PLACE OF FINAL DISPOSITION RES:Gloria Koza 3630 Granite Wy., Wellington, NV. 89444	
41. TYPE OF DISPOSITION(S) CR/TR/RES		42. SIGNATURE OF EMBALLER not embalmed	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT Davis Funeral Home	
45. LICENSE NUMBER FD#1679		46. SIGNATURE OF LOCAL REGISTRAR E. J. Jinadu	
47. DATE mm/dd/yyyy 05/28/2003		101. PLACE OF DEATH Pleasant Care Convalescent Hospital	
102. COUNTY Kern		103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 730 34th Street	
104. CITY Bakersfield		105. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ENOP <input type="checkbox"/> DCA <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
106. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (A) → Lung Cancer Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (B) (disease or injury that initiated the events resulting in death) LAST C.O.P.D., Hypertension, ASHD		107. TIME ELAPSED BETWEEN (A) AND (B) months	
108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO C-1069-03		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 C.O.P.D., Hypertension, ASHD		113. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Identified Since <input type="checkbox"/> Decedent Last Seen Alive <input checked="" type="checkbox"/>		115. SIGNATURE AND TITLE OF CERTIFIER Chen-Tsung Yeh, M.D.	
116. LICENSE NUMBER A21453		117. DATE mm/dd/yyyy 05/27/2003	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE Chen-Tsung Yeh, M.D. 2323 16th St. #102, Bakersfield, CA 93301		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.	
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours)		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)	
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. STATE REGISTRAR	
A B C D E		FAX AUTH # 1235666	
CENSUS TRACT			

CERTIFIED COPY OF VITAL RECORDS

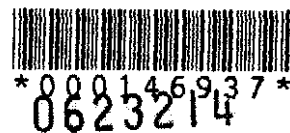
STATE OF CALIFORNIA }
COUNTY OF KERN

DATE ISSUED

AUG 09 2004

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION OF THE DEPARTMENT OF PUBLIC HEALTH SERVICES.

B.A. JINADU, MD, MPH
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTH AND DEATHS



This copy is not valid unless prepared on engraved border displaying seal and signature of registrar.

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