

Lot 113, in Block B, as set forth on the map of WINHAVEN, UNIT NO. 1, a Planned Unit Development filed for record in the office of the County Recorder of Douglas County, State of Nevada, on January 13, 1989 as Document No. 194373.

A.P.N. 1320-29-212-039

5. At the time of death of MAUREEN CROSS title to the interest in the real property described in paragraph 4 above continued to be held by CHARLES W. CROSS and MAUREEN CROSS, husband and wife as joint tenants with the right of survivorship. As a result of the death of MAUREEN CROSS and the joint tenancy form of title, the real property described in paragraph 4 above is now owned by CHARLES W. CROSS.

DATED this 21st day of September 2004.

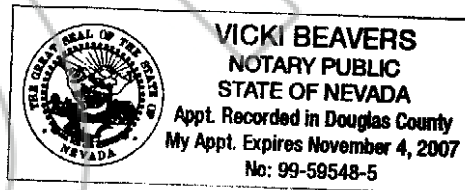
Charles W Cross

CHARLES W. CROSS

SUBSCRIBED and SWORN to before me
this 21st day of September 2004.

Vicki Beavers

NOTARY PUBLIC



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

EXHIBIT A

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

ROLL 115 IMAGE 366

2018

LOCAL FILE NUMBER

STATE FILE NUMBER

| | | | | | | |
|---|--|--|--|--|---|--|
| TYPE OR PRINT IN PERMANENT BLACK INK | DECEASED—NAME First Middle Last 1. Maureen CROSS | | | DATE OF DEATH (Month, Day, Year) 2. August 9, 2004 | | COUNTY OF DEATH 3a. Washoe |
| | CITY, TOWN OR LOCATION OF DEATH 3b. Reno | | | HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. St. Mary's Hospital | | if Hosp. or Inst. indicate DOA, OP/Emer. Rm: Inpatient (Specify) 3e. Inpatient |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS | RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White | | Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6. X | | AGE—Last Birthday (Years) 7a. 60 | DATE OF BIRTH (Mo., Day, Yr.) 8. Nov. 9, 1943 |
| | STATE OF BIRTH (If not U.S.A., name country) 9a. California | | CITIZEN OF WHAT COUNTRY 9b. U.S.A. | | Decedent's Education. Specify highest grade completed. 10. 13 | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married |
| PARENTS | SOCIAL SECURITY NUMBER 13. ████████-6069 | | USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Substitute Teacher | | KIND OF BUSINESS OR INDUSTRY 14b. Douglas County School District | |
| | RESIDENCE—STATE 15a. Nevada | | COUNTY 15b. Douglas | CITY, TOWN, OR LOCATION 15c. Minden | STREET AND NUMBER 15d. 1669 Lantana Dr. | |
| DISPOSITION | FATHER—NAME First Middle Last 16. Leonard Ingholsby | | | MOTHER—MAIDEN NAME First Middle Last 17. Veronica Morris | | |
| | INFORMANT—NAME (Type or Print) 18a. Charles Cross - Husband | | | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1669 Lantana Dr. Minden, NV. 89423 | | |
| CERTIFIER | BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation | | CEMETERY OR CREMATORY—NAME 19b. FitzHenry's Crematory | | LOCATION City or Town State 19c. Carson City, Nevada | |
| | FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i> | | FUNERAL DIRECTOR LICENSE NUMBER 20b. 217 | | NAME AND ADDRESS OF FACILITY 20c. Home, 1380 Hwy 395, Gardnerville, NV. 89410 | |
| CAUSE OF DEATH | 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 21b. 8/13/04 | | | 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. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 22b. 8/13/04 | | |
| | HOUR OF DEATH 21c. 1410 | | | HOUR OF DEATH 22c. 1410 | | |
| CAUSE OF DEATH | NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. Kelle L. Brogan M.D. | | | PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON | | |
| | NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Kelle L. Brogan M.D. 790 Willow St. Reno, NV. 89502 | | | LICENSE NUMBER 23b. 6000 | | |
| CAUSE OF DEATH | REGISTRAR 24a. (Signature) <i>[Signature]</i> | | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. August 13, 2004 | | DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| | 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) | | | | | |
| CAUSE OF DEATH | PART I (a) metastatic lung cancer DUE TO, OR AS A CONSEQUENCE OF: | | | Interval between onset and death | | |
| | PART I (b) hypercoagulable state DUE TO, OR AS A CONSEQUENCE OF: | | | Interval between onset and death | | |
| CAUSE OF DEATH | PART I (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. | | | AUTOPSY (Specify Yes or No) 26. NO | | |
| | WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. NO | | | | | |
| CAUSE OF DEATH | ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. | | DATE OF INJURY (Mo., Day, Yr.) 28b. | HOUR OF INJURY 28c. | DESCRIBE HOW INJURY OCCURRED 28d. | |
| | INJURY AT WORK (Yes or No) 28e. | | PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f. | LOCATION 28g. | STREET OR R.F.D. No. | CITY OR TOWN |

STATE REGISTRAR

No. 271923

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

Barbara Lee Hunt

Deputy Registrar:

Date: **AUG 31 2004**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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