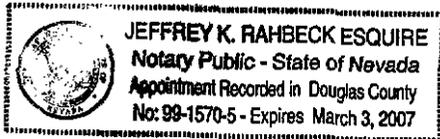


That all interest in and to the above-described real property vested absolutely in Affiant, namely ROBERT D. HELLWINKEL, as of the date of Decedent's death.



Robert D. Hellwinkel
ROBERT D. HELLWINKEL

SUBSCRIBED and SWORN to me before this

9th day of September, 2005.

Jeffrey K. Rahbeck
NOTARY PUBLIC

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH STATE OF NEVADA VITAL STATISTICS OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

	LOCAL FILE NUMBER	DECEASED—NAME First Middle Last	DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER	COUNTY OF DEATH
		1. Daniel Richard HELLWINKEL	2. March 17, 2002		3a. Douglas
DECEDENT	3b. Minden		3c. 581 Mono Avenue		3d. Male
	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Pm. Inpatient (Specify)
	4. Male	5. White	6. <input checked="" type="checkbox"/> No	7a. 76	7b. : : : 7c. : : : 7d. : : :
	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
	8. Nevada	9b. U.S.A.	10. 14	11. never married	
	9a. Nevada	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
	1. 7302	14a. Co-Owner		14b. Auto Dealership	
	15a. Nevada	15b. Douglas	15c. Minden	15d. 581 Mono Ave.	
	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		
PARENTS	16. Fred H. Hellwinkel		17. Josephine Raycraft		
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
	18a. Don F. Hellwinkel		18b. 1617 Mono Ave., Minden, NV 89423		
DISPOSITION	19a. Burial		19b. Genoa Cemetery		19c. Genoa, Nevada
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State
	20a. [Signature]		20b. 9		20c. 1281 No. Roop St., Carson City, NV 89706
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY
CERTIFIER	21a. [Signature]		21c. 0400		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.
	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		22b. [Signature]
	21b. 3-19-02				DATE SIGNED (Mo., Day, Yr.)
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				HOUR OF DEATH
	21d. Dr. B. Bottenberg, 1001 Mountain St., Suite 2a, Carson City, NV		23b. DO 674		
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		LICENSE NUMBER		
	24a. [Signature]		24b. March 20, 2002		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				
	PART I (a) Myocardial Infarction				
	PART II (b) Type II Diabetes				
	28a. [Signature]		28b. [Signature]		28c. [Signature]
	ACC. SUICIDE, M.M., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	
	28e. Injury at Work (Specify Yes or No)	28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	28g. LOCATION	STREET OR R.F.D. No. CITY OR TOWN STATE	



STATE REGISTRAR



0657164 Page: 3 of 3

BK- 1005
PG- 2918
10/07/2005

No. 212582

Yvonne Sylva

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

Date Issued: **MAR 20 2002**

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT