


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

Dated: This 2 day of August.

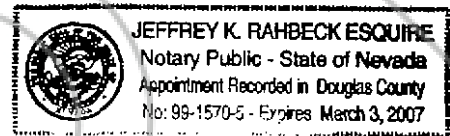


TRACY E. KOSKIN

SUBSCRIBED and SWORN to before me
this 2nd day of August, 2006.



NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CEMENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

MENTS

POSITION

CERTIFIER

CONDITIONS OF ANY WHICH GAVE RISE TO DEATH

USE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. David Michael KOSKIN		2. April 7, 2006	3a. Douglas
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. Rm. Inpatient (Specify)
3b. Stateline		3c. Heavenly Ski Resort	4. Male
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)	DATE OF BIRTH (Mo., Day, Yr.)
5. White	6.	7a. 43	8. February 12, 1963
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)
9a. California	9b. USA	10. 14	11. Married
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)	KIND OF BUSINESS OR INDUSTRY	
13. ████████-0178	14a. Night Crew Manager	14b. Grocery	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
15a. Nevada	15b. Douglas	15c. Stateline	15d. 355 Andria Drive
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Kari Carl Koskin		17. Berit Hansen	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Tracy Koskin		18b. P.O. Box 6217, Stateline, Nevada 89449	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION	City or Town State
18a. Cremation	18b. Walton's Sierra Crematory	19c. Carson City	Nevada
FUNERAL DIRECTOR SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY	
20a. <i>[Signature]</i>	20b. 09	20c. Walton's Douglas County Mortuary	
20c. 1478 4th Street, Minden, Nevada 89423			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signatures and Title)		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place due to the cause(s) and manner stated. (Signatures and Title)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. HOUR OF DEATH		22b. HOUR OF DEATH	
21c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		22d. ON 4/7/2006	
23a. Dep. Mark Hounsell, P.O. Box 218, Minden, Nevada 89423		22e. AT 1032	
23b. LICENSE NUMBER		23c. Badge #374	
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE	
24a. <i>[Signature]</i>	24b. June 30, 2006	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			
PART I	(a) multiple injuries	Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death	
	(b) blunt force trauma	Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF:	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. Yes	27. Yes
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
28a. accident	28b. 4/7/2006	28c. 10:32 a.m.	28d. skier in collision with a tree
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. NO	28f. Heavenly Ski Resort	28g. Stateline, Nevada	

STATE REGISTRAR

No. 336096

124001

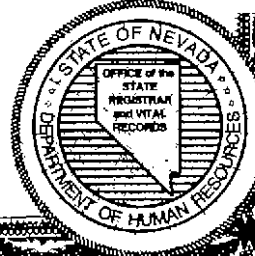
CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: JUN 30 2006

[Signature]
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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PG- 8154
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