

LOT 47, AS SET FORTH UPON THAT FINAL MAP ENTITLED WILDHORSE ANNEX UNIT NO. 2, A PLANNED UNIT DEVELOPMENT, RECORDED OCTOBER 10, 1994 IN BOOK 1094 AT PAGE 1420, OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA, AS DOCUMENT NO. 348105.

4. At the time of death of ROBIN BODDEN, title to the real property described in paragraph 3 above continued to be held by ROBIN BODDEN and KAREN BODDEN, as joint tenants. As a result of the death of ROBIN BODDEN and the joint tenancy form of title, the real property described in paragraph 3 above is now owned by KAREN BODDEN.

Dated this 23 day of JAN, 2007.



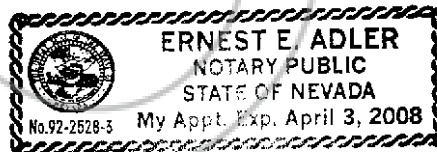
KAREN BODDEN

SUBSCRIBED and SWORN (or affirmed) to before me by KAREN BODDEN this 23rd day of January, 2007.


NOTARY PUBLIC

Mail Tax Statements to:

Karen Bodden
c/o Kathryn Rasor
3115 Minonee Lane
Carson City, NV 89701



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2006004286
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME FIRST Robin			1b. MIDDLE Raymond			1c. LAST BODDEN			2. DATE OF DEATH (Mo/Day/Year) September 10, 2006			3a. COUNTY OF DEATH Douglas		
3b. CITY, TOWN, OR LOCATION OF DEATH Minden				3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) 3.5 Miles S.E. of Johnson Lane				3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)			4. SEX Male			
5. RACE - (e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic			7a. AGE-Last birthday (Years) 50		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) July 07, 1956		
9a. STATE OF BIRTH (If not U.S.A., name country) Florida			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Karen ALLEN			
13. SOCIAL SECURITY NUMBER ██████████ 9414				14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Airplane Mechanic				14b. KIND OF BUSINESS OR INDUSTRY Aviation						
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden			15d. STREET AND NUMBER 1290 Judy Street			15e. INSIDE CITY LIMITS (Specify Yes or No) No				
16. FATHER - NAME (First Middle Last Suffix) Bertram BODDEN						17. MOTHER - NAME (First Middle Last Suffix) Lucile GAURON								
18a. INFORMANT - NAME (Type or Print) Tim BODDEN				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1656 Railroad Carson City, Nevada 89701										
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial				19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park				19c. LOCATION City or Town State Minden Nevada 89423						
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Douglas County Mortuary 1478 4th Street, Minden NV 89423								
TRADE CALL - NAME AND ADDRESS														
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) PHIL LESQUEREUX SIGNATURE AUTHENTICATED						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) stated. (Signature & Title) PHIL LESQUEREUX SIGNATURE AUTHENTICATED								
21b. DATE SIGNED (Mo/Day/Yr)			21c. HOUR OF DEATH			22b. DATE SIGNED (Mo/Day/Yr) December 13, 2006			22c. HOUR OF DEATH 15:10					
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr) September 10, 2006			22e. PRONOUNCED DEAD AT (Hour) 15:10					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print). Investigator Phil Lesquereux P.o. Box 218 Minden, NV 89423										23b. LICENSE NUMBER				
24a. REGISTRAR (Signature) JAIMIE EVINS SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 14, 2006			24c. DEATH DUE TO COMMUNICABLE DISEASE 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 gunshot wounds to head														
DUE TO, OR AS A CONSEQUENCE OF:														
(b)														
DUE TO, OR AS A CONSEQUENCE OF:														
(c)														
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.														
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) Homicide		28b. DATE OF INJURY (Mo/Day/Yr) September 10, 2006		28c. HOUR OF INJURY 1510		28d. DESCRIBE HOW INJURY OCCURRED Multiple gunshot wounds to head								
28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Field				28g. LOCATION STREET OR R.F.D. No. 3.5 Miles S.E. of Johnson Lane		CITY OR TOWN Minden		STATE Nevada				

STATE REGISTRAR

911805

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PG- 9345
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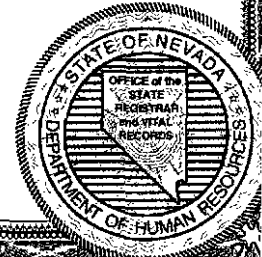
152917 CERTIFIED COPY OF VITAL RECORDS

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: 01/18/2007

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


SIGNATURE AUTHENTICATED
STATE REGISTRAR



ANY ALTERATION OR FRAUD Voids THIS CERTIFICATE