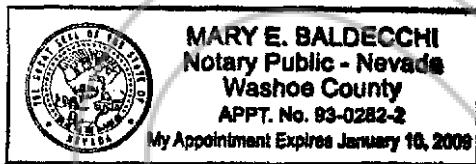


3. WARREN W. McMURRY, also one of the grantees named in said deed, is the identical WARREN WESLEY McMURRY named as decedent in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof, who died on December 27, 1995, in Washoe County, Nevada.

Margaret L. McMurry
MARGARET L. McMURRY

SIGNED AND SWORN TO (or affirmed)
before me on June 25, 2007,
by MARGARET L. McMURRY.

Mary E. Baldecchi
Notary Public



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

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

ROLL 86 IMAGE 632

TYPE OF PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

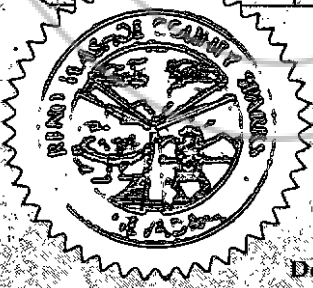
DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

LOCAL FILE NUMBER 2768		STATE FILE NUMBER	
1. DECEASED—NAME First: Warren Middle: Wesley Last: MC MURRY			2. DATE OF DEATH (Month, Day, Year) December 27, 1995
3a. CITY, TOWN, OR LOCATION OF DEATH Reno			3b. COUNTY OF DEATH Washoe
3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) St. Mary's Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient	4. SEX Male
5. RACE—(e.g., White, Black, American Indian, etc) (Specify) White	6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	7a. AGE—Last Birthday (Years) 75	8. DATE OF BIRTH (Mo., Day, Yr.) October 21, 1920
9a. STATE OF BIRTH (If not U.S.A., name country) California	9b. CITIZEN OF WHAT COUNTRY U.S.A.	10. Decedent's Education. Specify highest grade completed. 12	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
12. SOCIAL SECURITY NUMBER [REDACTED]	13. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Manager	14a. KIND OF BUSINESS OR INDUSTRY Telephone Company	12. SURVIVING SPOUSE (If wife, give maiden name) Margaret Easley
15a. RESIDENCE—STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN, OR LOCATION Gardnerville	15d. STREET AND NUMBER 1314 Toiyabe
16. FATHER—NAME First: John Middle: Middle Last: McMurry		17. MOTHER—MAIDEN NAME First: Lillian Middle: Middle Last: Forsyth	
18a. INFORMANT—NAME (Type or Print) Margaret McMurry		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1314 Toiyabe, Gardnerville, Nevada 89410	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY—NAME Eastside Memorial Park	19c. LOCATION City or Town State Minden, Nevada
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting in Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 25	
20c. NAME AND ADDRESS OF FACILITY Walton's Sparks Funeral Home		20d. ADDRESS 1745 Sullivan Lane, Sparks, Nevada 89431	
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.) 1-3-96		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.) 12/15/95	
21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Dr. Myron Gomez		22b. PRONOUNCED DEAD (Mo., Day, Yr.)	
21c. HOUR OF DEATH 12:15		22c. HOUR OF DEATH	
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Myron Gomez, M. D., 75 Pringle Way, Reno, NV, 89502		22d. ON	
23a. REGISTRAR <i>[Signature]</i>		23b. LICENSE NUMBER 5674	
24a. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) January 3, 1996		24b. DEATH DUE TO COMMUNICABLE DISEASE NO	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			
PART I (a) Cardiac Failure DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART I (b) Coronary Arteriosclerosis DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		Interval between onset and death	
26. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify) NO		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) NO	
28a. INJURY AT WORK (Specify Yes or No)	28b. DATE OF INJURY (Mo., Day, Yr.)	28c. HOUR OF INJURY M	28d. DESCRIBE HOW INJURY OCCURRED
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



STATE REGISTRAR



0703844 Page: 3 Of 3 06/26/2007

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

Deputy Registrar: *[Signature]*

Date:

No. 90597

BK- 0607
PG- 8173

JAN 12 1996