

EXHIBIT "A"

Legal Description

(Assessor's Parcel No. 1318-23-216-014)

Lot 91 of Lake Village Unit No. 2-E, as shown on the Official Map filed in the Office of the County Recorder of Douglas County, Nevada, on October 18, 1972 in Book 1 of Maps, as Document No. 62363.

TOGETHER will all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

EXHIBIT 3

STATE FILE NUMBER		3. LAST (Family)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) Peter		2. MIDDLE Wilhem		3. LAST (Family) Kaufmann	
AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)					
9. BIRTH STATE/FOREIGN COUNTRY Austria		10. SOCIAL SECURITY NUMBER [REDACTED]		6. SEX M	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP* (at Time of Death) Married		7. DATE OF DEATH mm/dd/yyyy 11/08/2006	
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS Graduate		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) White	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED Real Estate Management		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) Real Estate		19. YEARS IN OCCUPATION 50	
20. DECEDENT'S RESIDENCE (Street and number, or location) 1117 Roscomare Road					
21. CITY Los Angeles		22. COUNTY/PROVINCE Los Angeles		25. STATE/FOREIGN COUNTRY California	
23. ZIP CODE 90077		24. YEARS IN COUNTY 28		26. INFORMANT'S NAME, RELATIONSHIP Maria Kaufmann, Wife	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1117 Roscomare Road, Los Angeles, California 90077					
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST Maria		29. MIDDLE Brigitte		30. LAST (BIRTH NAME) Keckeis	
31. NAME OF FATHER/PARENT - FIRST Adalbert		32. MIDDLE Bela		33. LAST Kaufmann	
34. BIRTH STATE Hungary		35. NAME OF MOTHER/PARENT - FIRST Marianne		36. MIDDLE Sinaiberger	
37. LAST (BIRTH NAME) Sinaiberger		38. BIRTH STATE Czechoslovakia		39. DISPOSITION DATE mm/dd/yyyy 11/14/2006	
40. PLACE OF FINAL DISPOSITION Residence of Maria Kaufmann 1117 Roscomare Road, Los Angeles, California 90077					
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER Not Embalmed		43. LICENSE NUMBER	
44. NAME OF FUNERAL ESTABLISHMENT Hillside Memorial Park Mortuary		45. LICENSE NUMBER FD 1358		46. SIGNATURE OF LOCAL REGISTRAR <i>Jonathan E. Fielding, M.D.</i>	
47. DATE mm/dd/yyyy 11/13/2006		101. PLACE OF DEATH Residence		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ENOP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY Los Angeles		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1117 Roscomare Road		106. CITY Los Angeles	
107. CAUSE OF DEATH (Final disease or condition resulting in death) Cardiopulmonary Arrest		108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IMMEDIATE CAUSE (A) Congestive Heart Failure		Time Interval Between Onset and Death (A) mins		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(B) Aortic Stenosis		(B) years		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(C) Coronary Artery Disease		(C) years			
(D) Other Significant Conditions Contributing to Death but Not Resulting in the Underlying Cause Given in 107					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 Coronary Artery Disease		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) No		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since mm/dd/yyyy 01/12/2000		115. SIGNATURE AND TITLE OF CERTIFIER <i>Satinder Bhatia, M.D.</i>		116. LICENSE NUMBER G070016	
Decedent Last Seen Alive mm/dd/yyyy 11/07/2006		117. DATE mm/dd/yyyy 11/10/2006		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE Satinder J.S. Bhatia, M.D., Beverly Hills, CA 90210	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. HOUR (24 Hours)			
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
124. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
125. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

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This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

Jonathan E. Fielding, M.D. DATE ISSUED **NOV 13 2006**
 Director of Health Services and Registrar

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

EXHIBIT B

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

