

EXHIBIT "A"

LEGAL DESCRIPTION

The land referred to herein is situated in the State of Nevada, County of Douglas described as follows:

THAT PORTION OF SECTION 12, TOWNSHIP 10 NORTH, RANGE 22 EAST, M.D.B. & M., DESCRIBED AS LOT 2, AS SHOWN ON THE RECORD OF SURVEY, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON JULY 18, 1972 AS DOCUMENT NO. 60655.

APN 1022-12-002-010

CERTIFICATION OF VITAL RECORD

PRINT IN
PERMANENT
BLACK INK

293075
I.D. TAG NO.
154
Local File Number

OREGON DEPARTMENT OF HUMAN SERVICES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136- State File Number

	1. DECEDENT'S NAME First: Earl Middle: F. Last: SCHOUWEILER				2. SEX Male		3. DATE OF DEATH (Month, Day, Year) Sept. 16, 2000	
	4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE-Last Birthday (Years) 70		5b. Under 1 Year Mos. Days Hours Mins.		6. BIRTHPLACE (City and State or Foreign Country) Graceville, MN	
	7. DATE OF BIRTH (Month, Day, Year) August 10, 1930		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
DECEDENT	9. PLACE OF DEATH (Check only one) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> ODA <input type="checkbox"/> Other <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)							
1	9b. FACILITY NAME (If not institution, give street and number) 01090 Winchuck River Road				9c. CITY, TOWN OR LOCATION OF DEATH Brookings		9d. COUNTY OF DEATH Curry	
2	10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Salesman		10b. KIND OF BUSINESS/INDUSTRY Electronics		11. MARITAL STATUS - Married, Never Married, Widower, Divorced (Specify) Married		12. SPOUSE (If Married, Widower) Janet Peterson	
3	13a. RESIDENCE - STATE Oregon		13b. COUNTY Curry		13c. CITY, TOWN OR LOCATION Brookings		13d. STREET AND NUMBER 01090 Winchuck River Road	
4	13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 97415		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE American Indian, Black, White, etc. (Specify) White	
5	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 3		16. DECEDENT'S EDUCATION (Specify only highest grade completed) College (1-4 or 5-)					
6	17. FATHER - NAME First Middle Last Peter Schouweiler		18. MOTHER - NAME First Middle Last Esther -- Thomas		19. INFORMANT - NAME and relationship to decedent Janet Schouweiler-Wife			
PARENTS								
7	20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Ward Memorial Cemetery		20c. LOCATION - City or Town, State Brookings, Oregon			
DISPOSITION								
8	21a. SIGNATURE OF OREGON FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Norman B. Saylor</i>		21b. OREGON LICENSE NO. (Of Licensee) CO-3688		22. NAME, ADDRESS AND ZIP OF FACILITY Scantlin's Brookings Mortuary Chapel P.O. Box 7166, Brookings, OR. 97415			
REGISTRAR	23. DATE FILED (Month, Day, Year) October 3, 2000		24. REGISTRAR'S SIGNATURE <i>Mary Playler</i>					
9	RESERVED FOR REGISTRAR'S USE							
10	TO BE COMPLETED BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
11	27. TIME OF DEATH M <input type="checkbox"/> A <input checked="" type="checkbox"/> P <input type="checkbox"/> N		28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		31a. TIME OF DEATH PMD 12:56a		31b. DATE PRONOUNCED DEAD (Month, Day, Year Hour) Sept 16, 2000	
CERTIFIER	29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) [Signature]				32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>Thomas Pitchford MD</i>			
12	30. DATE SIGNED (Month, Day, Year) Oct 4 2000				33. DATE SIGNED (Month, Day, Year) COUNTY Oct 4 2000 Curry			
13	34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Thomas Pitchford, MD, MB, 525 Madrona, Port Orford, Oregon 97465							
14	35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)							
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b)) (Use only words: Aorta, or a Condition of Respiratory System)						Interval between onset and death	
15	PART I (a) ASCVD						Interval between onset and death	
CAUSE OF DEATH	DUE TO, OR AS A CONSEQUENCE OF						Interval between onset and death	
16	PART II (b) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I						Interval between onset and death	
17	37. Did tobacco use contribute to the death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		38. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. IF YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
	40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Other		41a. DATE OF INJURY (Month, Day, Year)		41b. TIME OF INJURY		41c. INJURY AT WORK? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	41d. PLACE OF INJURY: At home, farm, street, factory, office, building, etc. (Specify)		41e. DESCRIBE HOW INJURY OCCURRED					
	41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
	RESERVED FOR REGISTRAR'S USE							



0712892 Page: 3 of 3 11/09/2007

ORIGINAL-VITAL STATISTICS COPY

BK- 1107
PG- 2956

45-2-Rev (7-00)



THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE CURRY COUNTY REGISTRAR.

DATE ISSUED October 6, 2000

Mary Playler
COUNTY REGISTRAR
CURRY COUNTY, OREGON

