

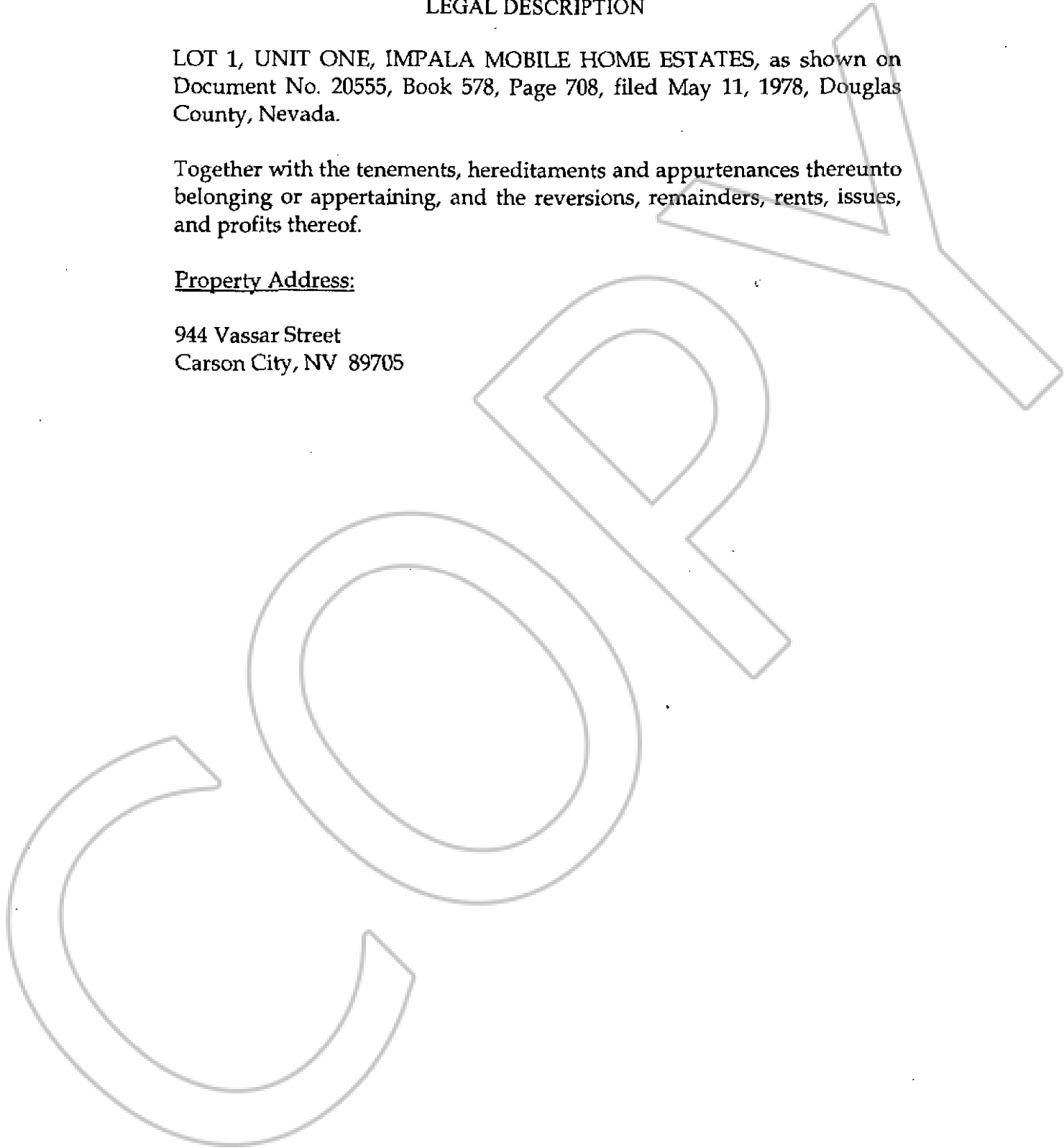
EXHIBIT "A"
LEGAL DESCRIPTION

LOT 1, UNIT ONE, IMPALA MOBILE HOME ESTATES, as shown on Document No. 20555, Book 578, Page 708, filed May 11, 1978, Douglas County, Nevada.

Together with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversions, remainders, rents, issues, and profits thereof.

Property Address:

944 Vassar Street
Carson City, NV 89705



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2008008229
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,MIDDLE,LAST,SUFFIX) Alice Gottschalk DOWNER | | 2. DATE OF DEATH (Mo/Day/Year) May 21, 2008 | | 3a. COUNTY OF DEATH Washoe | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Reno | | 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Renown Regional Medical Center | | 3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. (Inpatient)(Specify) Emergency Room / Outpatient | |
| 4. SEX Female | | 5. RACE White (Specify) | | 6. Hispanic Origin? Specify No - Non-Hispanic | |
| 7a. AGE-Last birthday (Years) 95 | | 7b. UNDER 1 YEAR MOS DAYS | | 7c. UNDER 1 DAY HOURS MINS | |
| 8. DATE OF BIRTH (Mo/Day/Yr) March 02, 1913 | | 9a. STATE OF BIRTH (If not U.S.A., name country) Nevada | | 9b. CITIZEN OF WHAT COUNTRY United States | |
| 10. EDUCATION 16 | | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 12. SURVIVING SPOUSE (if wife, give maiden name) | |
| 13. SOCIAL SECURITY NUMBER 6988 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Elementary School Teacher | | 14b. KIND OF BUSINESS OR INDUSTRY Public School | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Carson City | |
| 15d. STREET AND NUMBER 944 Vassar St. | | 15e. INSIDE CITY LIMITS (Specify Yes or No) No | | 16. FATHER - NAME (First Middle Last Suffix) Peter GOTTSCHALK | |
| 17. MOTHER - NAME (First Middle Last Suffix) Martha LETCHER | | 18a. INFORMANT- NAME (Type or Print) Craig C DOWNER | | 18b. MAILING ADDRESS - (Street or R.F.D. No, City or Town, State, Zip) 944 Vassar St. Carson City, Nevada 89705 | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory | | 19c. LOCATION City or Town State Carson City Nevada 89706 | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) RICK NOEL | | 20b. FUNERAL DIRECTOR LICENSE 620 | | 20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Rloop Carson City NV 89706 | |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated: (Signature & Title) BARNALI HIREMATH M.D. | | 21b. DATE SIGNED (Mo/Day/Yr) May 28, 2008 | | 21c. HOUR OF DEATH 15:48 | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 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) | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| 22c. HOUR OF DEATH | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) | | 22e. PRONOUNCED DEAD AT (Hour) | |
| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Barnali Hiremth M.D. 4255 Wedekind Rd. #326 Sparks, NV 89431. | | 23b. LICENSE NUMBER 11746 | | 24a. REGISTRAR (Signature) BRIDGES SANDI | |
| 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 29, 2008 | | 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).) (a) Ruptured abdominal aortic aneurysm | |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (b) DUE TO, OR AS A CONSEQUENCE OF: | | 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (c) DUE TO, OR AS A CONSEQUENCE OF: | | 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (d) DUE TO, OR AS A CONSEQUENCE OF: | |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) Ruptured abdominal aortic aneurysm | | 26. AUTOPSY (Specify Yes or No) No | | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes | |
| 28a. ACC., SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify) | | 28b. DATE OF INJURY (Mo/Day/Yr) | | 28c. HOUR OF INJURY | |
| 28d. DESCRIBE HOW INJURY OCCURRED | | 28e. INJURY AT WORK (Specify Yes or No) | | 28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) | |
| 28g. LOCATION STREET OR R.F.D. No. | | 28g. LOCATION CITY OR TOWN | | 28g. LOCATION STATE | |

STATE REGISTRAR

0731111 Page: 3 of 3

BK- 1008
PG- 789
10/06/2008

VRS-Rev-2008T

214899 CERTIFIED COPY OF VITAL RECORDS

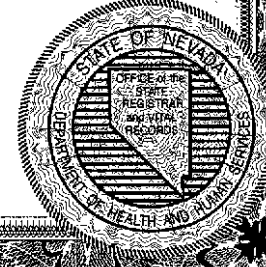
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **MAY 30 2008**

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

PH/SCO (Rev.) 11/06

Bridges Sandi
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE