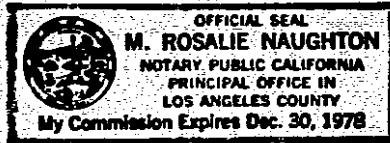


Death is hereby referred to and by such reference is incorporated into this paragraph as though herein full set forth.

Everine Pottmeyer
EVERINE POTTMEYER

Subscribed and sworn to before me
this 25 day of October, 1975.

M. Rosalie Naughton
NOTARY PUBLIC.



WILSON, WILSON AND BARROW, LTD.

Attorneys at Law
P. O. Box 288
Elko, Nevada 89801

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~~BOOK 52 PAGE 42~~
2.

CERTIFICATE OF DEATH

FILE NO. 151

1. DECEASED: FIRST NAME CLARENCE		MIDDLE NAME HERBERT		LAST NAME POTTMEYER		SEX Male		DATE OF DEATH: MONTH DAY YEAR June 19, 1975	
4. RACE Caucasian		5. AGE: LAST BIRTHDAY 55	6. MONTH: DAY: YEAR: DATE OF BIRTH August 29, 1919	7A. COUNTY OF DEATH Honolulu					
7B. CITY, TOWN, OR LOCATION OF DEATH Honolulu		7C. INSURE CITY LIMITS Yes	7D. HOSPITAL OR OTHER INSTITUTION: NAME, IF NOT IN OTHER BOX NUMBER AND STREET Kaiser Foundation Hospital						
8. STATE OF BIRTH: MONTH DAY YEAR: U.S.A. NAME: COUNTY: Pitts, Penn. 35 United States		9. CITIZEN OF WHAT COUNTRY? United States		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, OR SEPARATED? Married		11. SURVIVING SPOUSE: NAME: CITY: MARRIAGE NAME: Gertrude Gertrude Everine Cupp			
12. SOCIAL SECURITY NUMBER		13. USUAL OCCUPATION: TITLE: CITY: STATE: ZIP CODE: Manager Honolulu		14. KIND OF BUSINESS OR INDUSTRY: Credit Union					
15. RESIDENCE: STATE: COUNTY: California Los Angeles		16. CITY, TOWN, OR LOCATION: Van Nuys		17. INSURE CITY LIMITS Yes		18. NUMBER AND STREET: 5429 Halbert Avenue			
19. FATHER: FIRST NAME: MIDDLE NAME: LAST NAME: Edward Pottmeyer		20. MOTHER: FIRST NAME: MIDDLE NAME: LAST NAME: Ido Catherine Farmerie		21. INDEPENDENT NAME: Everine Pottmeyer					
21A. MAILING ADDRESS: 5429 Halbert Avenue, Van Nuys, California 91411		22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR UP TO 5 CAUSES) Acute myocardial infarction Coronary arteriosclerosis							
23. OTHER SIGNIFICANT CONDITIONS: (LIST ALL OTHER CAUSES OF DEATH, SUCH AS HYPERTENSION, DIABETES, ETC.)		24. ANATOMY: YES OR NO Yes							
25. ACCIDENT: OCCURRED: YES OR NO		26. DATE OF DEATH: MONTH DAY YEAR		27. HOUR		28. HOW INJURY OCCURRED: (ENTER DATE, TIME, PLACE, AND CIRCUMSTANCES)			
29. PLACES OF DEATH: (PLACE OF DEATH, PLACE OF EXAMINATION, PLACE OF INTERMENT, ETC.)		30. LOCATION: (CITY, TOWN, OR VILLAGE; COUNTY; STATE)							
31. CERTIFICATION: MONTH DAY YEAR		32. MONTH DAY YEAR		33. MONTH DAY YEAR		34. SIGNATURE: (DATE SIGNED: MONTH DAY YEAR)			
35. CREMATION: YES OR NO Crementation		36. NAME OF CREMATORY: Oahu Crematory		37. LOCATION: Honolulu Hawaii		38. DATE RECEIVED BY: (DATE RECEIVED BY: MONTH DAY YEAR)			
39. DATE: MONTH DAY YEAR June 20, 1975		40. FORMAL OBSERVER: (NAME) BORTHWICK MORTUARY, LTD.		41. FORMAL OBSERVER: (ADDRESS) Honolulu Hawaii		42. DATE RECEIVED BY: (DATE RECEIVED BY: MONTH DAY YEAR) JUN 20 1975 JUN 20 1975			

THIS CERTIFIES THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD ON FILE IN THE RESEARCH AND STATISTICS OFFICE HAWAII STATE DEPARTMENT OF HEALTH

George A. L. Tien
GEORGE A. L. TIEN
Director of Health

George H. Tokuyama
GEORGE H. TOKUYAMA
State Registrar

June 19, 1975

EXHIBIT A

SEAL
AFFIXED

File # 94625
FILED FOR RECORD
AT HEADQUARTERS
Wilson, Wilson & Barrows
OCT 17 1 06 PM '75
RECORDED PAGE 42
JERRY R. RYNOLOS
ELKO COUNTY RECORDER
Fee \$5.00

94625

BOOK 220 PAGE 44

RECORDED AT THE REQUEST OF Wilson, Wilson & Barrows, Ltd.
on NOV. 5 1975 at 45 mins past 10 A.M. In
Book 52 of OFFICIAL RECORDS page 554-556 RECORDS OF
EUREKA COUNTY, NEVADA WILLIAM A. DEPAOLI Recorder
File No. 60552 Fee \$ 5.00

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