

Exhibit A

Lot 2290, Cochise College Park, Unit Nine, a subdivision according to the plat thereof, Recorded in Book 6, Page 33, of the Public Records of Cochise County, State of Arizona.

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

CERTIFICATE OF DEATH

Date Filed SEPTEMBER 22, 2009

State File No. 2009-07632

| | | | |
|--|--|---|--|
| DECEDENT - LEGAL NAME LEE EDWIN CHOJNACKY | | | |
| SEX MALE | SOCIAL SECURITY NUMBER 518-26-4941 | AGE 85 YEARS | DATE OF BIRTH NOVEMBER 14, 1923 |
| BIRTHPLACE BUHL, IDAHO | | PLACE OF RESIDENCE JEROME, IDAHO | |
| MARITAL STATUS AT TIME OF DEATH MARRIED | | NAME OF SURVIVING SPOUSE (if wife, maiden name) MILDRED TERESA NUTSCH | WAS DECEDENT EVER IN U.S. ARMED FORCES? YES |
| FATHER - NAME RICHARD VINCENT CHOJNACKY | | | BIRTHPLACE POLAND |
| MOTHER - MAIDEN NAME BERTHA MARY SARALBERG | | | BIRTHPLACE HOLLAND |
| METHOD OF DISPOSITION BURIAL | | FUNERAL SERVICE LICENSEE DAVID C. FARNSWORTH | |
| NAME AND ADDRESS OF FUNERAL FACILITY FARNSWORTH MORTUARY, JEROME, IDAHO | | | |
| DATE OF DEATH AUG. 29, 2009 | TIME OF DEATH 8:30 P.M. | CITY, TOWN OR LOCATION OF DEATH JEROME, IDAHO | COUNTY OF DEATH JEROME |
| CAUSE OF DEATH (underlying cause last) a. BOWEL PERFORATION | | | Approximate Interval Between Onset and Death 24-48 HOURS |
| b. DUE TO (or as a consequence of): | | | |
| c. DUE TO (or as a consequence of): | | | |
| d. DUE TO (or as a consequence of): | | | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above NONE STATED | | | WAS AN AUTOPSY PERFORMED? NO |
| MANNER OF DEATH NATURAL | NAME OF CERTIFIER JAMES D. LOHMANN, M.D. | | TITLE PHYSICIAN |
| CORONER SUBSEQUENT CERTIFICATION IF NECESSARY | | | |
| EXTERNAL CAUSES ONLY | | | |
| DATE OF INJURY | TIME OF INJURY | PLACE OF INJURY | INJURY AT WORK? |
| LOCATION WHERE INJURY OCCURRED | | | |
| DESCRIPTION OF HOW INJURY OCCURRED | | | |

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

SEPTEMBER 22, 2009

DATE ISSUED: _____

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

Jane S. Smith

JANE S. SMITH
STATE REGISTRAR

