

Exhibit K:

State of Colorado Certificate of Death:
Rebecca Gonzales

CERTIFICATION OF VITAL RECORD

STATE OF COLORADO
 COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
 HOLD TO LIGHT TO VIEW WATERMARK

AMENDED AUG. 5, 1999
 #90 Ser. Cert. DH

STATE OF COLORADO
 CERTIFICATE OF DEATH

STATE FILE NUMBER
1999014172

DECEASED		1. DECEASED'S NAME (First, Middle, Last) Rebecca Lynn GONZALES		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) June 23, 1999	
4. SOCIAL SECURITY NUMBER 622571-5282		5a. AGE (Last Birthday) (Year) 10	5b. UNDER 1 YEAR Mos. Day	5c. UNDER 1 DAY Hrs. Mins.	6. DATE OF BIRTH (Month, Day, Year) May 20, 1989	
7. WAS DECEASED EVER IN U.S. ARMED FORCES? No		8a. PLACE OF DEATH (Check only one) HOSPITAL <input type="checkbox"/> Institution <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> D.D.A. <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence (Specify) Street		7. BIRTHPLACE (City, State, Country) Denver, Colorado		
9. FACILITY NAME (If not institution, give street and number) West of Perry on 4th Street		9a. CITY, TOWN, OR LOCATION OF DEATH Castle Rock		9b. COUNTY OF DEATH Colorado		
10a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most working life) Student		10b. KIND OF BUSINESS/INDUSTRY Education		11. MARITAL STATUS - Married <input type="checkbox"/> Never-Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced (Specify)	12. SPOUSE (If wife, give maiden name) Never-Married	
13a. RESIDENCE STATE Colorado	13b. COUNTY Douglas	13c. CITY, TOWN, OR LOCATION Castle Rock	13d. STREET AND NUMBER 4943 Wildflowers Way			
15a. INSIDE LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	15b. ZIP CODE 80104	14. WAS DECEASED OF HISPANIC ORIGIN? (Specify) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other (Specify)		16. RACE - American Indian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other (Specify) American Indian	18. DECEASED'S EDUCATION (Specify only highest grade completed in elementary or secondary school) (19 through 21 College (19 through 26 or 27)	
17. FATHER'S NAME (First, Middle, Last) Simon Gonzales		18. MOTHER'S NAME (First, Middle, Last (Maiden Name)) Jessica Ruth Rivera		19. INFORMANT'S NAME and relationship to decedent Jessica Ruth Gonzales, Mother		
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Littleton Cemetery		20c. LOCATION - City or Town, State Littleton, Colorado		
21a. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>Mark R. Stover</i>		21b. NAME AND ADDRESS OF FACILITY Drinkwine Family Mortuary-999 W. Littleton Blvd Littleton, Colorado ZIP: 80120				
22a. REGISTRAR'S SIGNATURE <i>Debra Ann Hood Deputy</i>		22b. DATE FILED (Month, Day, Year) JUL 06 1999				
23a. TIME OF DEATH Unknown		23b. DATE PRONOUNCED DEAD (Month, Day, Year) June 23rd 1999	23c. HOUR 0444a	25. WAS CORONER NOTIFIED? (Yes or No) YES		
26. To the best of my knowledge, death occurred at the time, date and place, and due to the causes and manner as stated. Signature: <i>Mark R. Stover</i> 26. DATE SIGNED (Month, Day, Year) June 29, 1999		27. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place, and due to the causes and manner as stated. Signature: <i>Mark R. Stover, M.D.</i> 29. DATE SIGNED (Month, Day, Year) June 29, 1999				
30. NAME, TITLE AND MAILING ADDRESS OF CERTIFIER/CORONER (Type/Print) Mark R. Stover Coroner 4000 Justice Way Castle Rock, CO. ZIP: 80104						
31. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (Type/Print)						
32. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending (Specify) <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined Manner		33a. DATE OF INJURY (Month, Day, Year) June 23, 1999	33b. TIME OF INJURY unknown	33c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	33d. DESCRIBE HOW INJURY OCCURRED gunshot, inflicted by another person	
34. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (Do not enter mode of dying, (e.g. Cardiac or Respiratory Arrest) during PART 1)		33b. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) cab of pickup truck		33e. LOCATION (Street and Number or Rural Route Number, City, County, State) Colorado		
PART 1 CONDITIONS IN ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE (LAST)		(a) <u>brain injuries</u> DUE TO OR AS A CONSEQUENCE OF		(b) <u>through and through large caliber gunshot to right side of head</u> DUE TO OR AS A CONSEQUENCE OF		
PART 2 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to causes listed in PART 1 (e.g. alcohol abuse, obesity, smoker)		35. AUTOPSY (Yes or No) YES		36. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? YES		

DATE ISSUED

FEB 19 2008

Ronald S. Hyman
 RONALD S. HYMAN
 STATE REGISTRAR

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.



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