

Exhibit L:

State of Colorado Certificate of Death:
Katheryn Gonzales

CERTIFICATION OF VITAL RECORD

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

STATE OF COLORADO
 CERTIFICATE OF DEATH

STATE FILE NUMBER
1999014173

DECEDENT		1. DECEASED'S NAME (First, Middle, Last) Nicole Gonzales		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) June 23, 1999
4. SOCIAL SECURITY NUMBER 527-70-5478	5. AGE (Month, Day, Year) 18	6. UNDER 21? (Yes/No) Yes	7. UNDER 18? (Yes/No) Yes	8. DATE OF BIRTH (Month, Day, Year) October 12, 1990	9. BIRTHPLACE (City, State, or County) Denver, Colorado
10. WAS DECEASED EVER IN U.S. ARMED FORCES? No		11. PLACE OF DEATH (Check only one) <input type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Jail <input type="checkbox"/> Detention <input type="checkbox"/> Prison <input type="checkbox"/> Other (Specify) Home		12. STREET Street	
13. FACILITY NAME (Not applicable to home deaths) Heat of Perry on 4th Street		14. CITY/TOWN OR LOCATION OF DEATH Castle Rock		15. COUNTY OF DEATH Douglas	
16. DECEASED'S USUAL OCCUPATION (If principal work done during most of working life) Student		17. KIND OF BUSINESS/INDUSTRY Education		18. MARITAL STATUS - Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	
19. RESIDENCE STATE Colorado		20. COUNTY Douglas		21. CITY/TOWN OR LOCATION Castle Rock	
22. STREET AND NUMBER 4943 Wildflowers Way		23. ZIP CODE 80104		24. RACE (Specify No of Years lived in U.S. if applicable) Mexican	
25. ETHNICITY (Specify) Hispanic		26. RACE (Specify) American Indian		27. GRADE COMPLETED (Specify) 2	
PARENTS		28. FATHER NAME (First, Middle, Last) Simon Gonzales		29. MOTHER NAME (First, Middle, Last) (Maiden Name) Jessica Ruth Elvera	
30. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation (Specify) Removal from State		31. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Littleton Cemetery		32. LOCATION - City or Town, State Littleton, Colorado	
DISPOSITION		33. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>[Signature]</i>		34. NAME AND ADDRESS OF FACILITY Drinkwine Family Mortuary, 999 W. Littleton Blvd Littleton, Colorado ZIP: 80120	
35. REGISTRAR'S SIGNATURE <i>[Signature]</i>		36. DATE FILED (Month, Day, Year) JUL 06 1999		37. WAS CORONER NOTIFIED? (Yes/No) Yes	
38. TIME OF DEATH unknown		39. DATE PRONOUNCED DEAD (Month, Day, Year) June 23rd 1999		40. HOUR 0444a	
CERTIFIER		41. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN 25. 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>[Signature]</i>		42. TO BE COMPLETED BY CORONER 27. On the basis of examination and/or investigation, my opinion death occurred at the time, date and place, and due to the causes and manner as stated. Signature: <i>[Signature]</i>	
43. DATE SIGNED (Month, Day, Year) June 29, 1999		44. NAME, TITLE AND MAILING ADDRESS OF CERTIFIER/CORONER (Type/Print) Mark R. Stover Coroner 4000 Justice Way Castle Rock, CO. ZIP: 80104		45. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print)	
CAUSE OF DEATH		46. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Undetermined		47. DATE OF INJURY (Month, Day, Year) June 23, 1999	
48. TIME OF INJURY unknown		49. INJURY AT WORK? (Yes/No) No		50. DESCRIBE HOW INJURY OCCURRED gunshot, inflicted by another person	
51. PLACE OF INJURY (Home, farm, street, factory, office building, etc.) (Specify) cab of pickup truck		52. LOCATION (Street and Number or Rural Route Number, City, County, State) Colorado		53. 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) alone; interval between onset and death) (a) brain injury	
54. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause in Part I (e.g. alcohol abuse, obesity, smoker)		55. THROUGH AND THROUGH LARGE CALIBER GUNSHOT TO LEFT SIDE OF HEAD (b) through and through large caliber gunshot to left side of head		56. INTERVAL BETWEEN ONSET AND DEATH	
57. IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST		58. TO OR ASA CONSEQUENCE OF (c)		59. INTERVAL BETWEEN ONSET AND DEATH	
60. AUTOBPSY (Yes/No) Yes		61. IF YES were findings considered in determining cause of death? YES		62. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause in Part I (e.g. alcohol abuse, obesity, smoker)	

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.



REV 07/06