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Restricted Delivery Fee (Endorsement Required)	$0.00	
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City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

EXHIBIT A-104

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO

REDWOOD CITY, CALIFORNIA

45311AL 64

CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF HEALTH
OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS

STATE FILE NUMBER

4100 1880
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA

1a. NAME OF DECEASED—FIRST NAME: GILBERT
1b. MIDDLE NAME: C.
1c. LAST NAME: WEDERTZ
2a. DATE OF DEATH—MONTH, DAY, YEAR: June 30, 1977
2b. HOUR: 4:00 P.M.
3. SEX: Male
4. COLOR OR RACE: White
5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California
6. DATE OF BIRTH: 1-20-1904
7. AGE (LAST BIRTHDAY): 73 YEARS
IF UNDER 1 YEAR: MONTHS DAYS
IF UNDER 24 HOURS: HOURS MINUTES
8. NAME AND BIRTHPLACE OF FATHER: Frank L. Wedertz- California
9. MAIDEN NAME AND BIRTHPLACE OF MOTHER: Lyna May Sawyer- California
10. CITIZEN OF WHAT COUNTRY: U.S.A.
11. SOCIAL SECURITY NUMBER: 557-52-3765
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Margaret Ellis
14. LAST OCCUPATION: Ret. Teacher
15. NUMBER OF YEARS IN THIS OCCUPATION: 35
16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF EMPLOYED, SO STATE): Burlingame High School
17. KIND OF INDUSTRY OR BUSINESS: Education

PLACE OF DEATH

18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY: At Home
18b. STREET ADDRESS—(STREET AND NUMBER OR LOCATION): 753 Plymouth
18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): yes
18d. CITY OR TOWN: Burlingame
18e. COUNTY: San Mateo
18f. LENGTH OF STAY IN COUNTY OF DEATH: 52 YEARS
18g. LENGTH OF STAY IN CALIFORNIA: Life YEARS

USUAL RESIDENCE (IF DEATH OCCURRED IN INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)

19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION): 753 Plymouth
19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): yes
19c. CITY OR TOWN: Burlingame
19d. COUNTY: San Mateo
19e. STATE: California
20. NAME AND MAILING ADDRESS OF INFORMANT: Margaret Wederta 753 Plymouth Burlingame, Calif. 94010

PHYSICIAN'S OR CORONER'S CERTIFICATION

21a. CORONER: I HEREBY CERTIFY THAT I HAVE INVESTIGATED THE CAUSE OF DEATH STATED HEREIN AND THAT I BELIEVE THE MANNER OF DEATH TO BE AS STATED
21b. PHYSICIAN: I HEREBY CERTIFY THAT I LAST ATTENDED THE DECEDENT AT THE TIME STATED BELOW AND THAT I BELIEVE THE DEATH TO BE AS STATED. I KNOW THE CAUSES STATED BELOW AND THAT I BELIEVE THE DEATH OCCURRED AT THE TIME, DATE AND PLACE STATED. FROM Oct 22, 64 TO June 30, 77 LAST SEEN ALIVE June 30, 77
21c. PHYSICIAN OR CORONER (SIGNATURE): William L. Hirsfield MD DATE SIGNED: 7/1/77
21d. ADDRESS: 121 So. San Mateo Dr.
21e. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: C21757

FUNERAL DIRECTOR AND LOCAL REGISTRAR

22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION: Burial
22b. DATE: 7-5-77
23. NAME OF CEMETERY OR CREMATORY: Bridgeport Cemetery, Bridgeport, Ca.
24. EMBALMER—SIGNATURE (IF EMBALMED) LICENSE NUMBER: Keith R. Guisford 4076
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH): Crosby-N. Gray & Co.
26. IF NOT PRESENTED BY CORONER, WAS THIS DEATH REPORTED TO CORONER (SPECIFY YES OR NO): yes
27. LOCAL REGISTRAR—SIGNATURE: George Pickett MD as
28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR: 7-1-77

CAUSE OF DEATH (MEDICAL AND HEALTH DATA)

29. PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
(A) IMMEDIATE CAUSE: Cardiac arrest — 5 min
(B) DUE TO, OR AS A CONSEQUENCE OF: Myocardial ischemia — 6 months
(C) DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerotic Heart Disease — 10 years.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I: Congestive Heart failure
31. WAS OPERATION OR AUTOPSY PERFORMED FOR ANY CONDITION IN ITEMS 29 OR 30? (SPECIFY YES OR NO): No
32a. AUTOPSY (SPECIFY YES OR NO): No
32b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (SPECIFY YES OR NO):

INJURY INFORMATION

33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE:
34. PLACE OF INJURY (SPECIFY HOME, FARM, FACTORY, OFFICE BUILDING, ETC.):
35. INJURY AT WORK (SPECIFY YES OR NO):
36a. DATE OF INJURY—MONTH, DAY, YEAR:
36b. HOUR:
37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN):
37b. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (ITEM 19) MILES
38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS? (SPECIFY YES OR NO):
39. WERE LABORATORY TESTS DONE FOR ALCOHOL? (SPECIFY YES OR NO):
40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)

STATE REGISTRAR

A. B. C. D. E. F. 6654

S 11 (9-73)

INFORMATIONAL NOT A VALID DOCUMENT TO ESTABLISH IDENTITY

100004565

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SAN MATEO } SS

DATE ISSUED AUG 29 2008

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Mateo County Assessor-County Clerk-Recorder

LINDA BOSCONO

Warren Slocum
WARREN SLOCUM
Assessor-County Clerk-Recorder
San Mateo County

This copy not valid unless prepared on engraved border displaying seal and signature of Recorder.

EXHIBIT A-105

MIDWEST BANK NOTE COMPANY
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

203. Gilbert C. Wedertz:

a. Basis for inclusion: CMO Paragraph 3.a.

b. Status of service: The U.S. Board of Water Commissioners lists the water right at issue as being owned by Gilbert C. Wedertz. The United States addressed its service of process accordingly. Mr. Wedertz died in 1977. Janet Huggans is Mr. Wedertz' heir and the present owner of the water rights, and attorney George Benesch has filed a Waiver of Service and Notice of Appearance on her behalf. Mr. Benesch indicates that Ms. Huggans has attempted to update the U.S. Board of Water Commissioner records without success. *See* Exhibit 203.

c. Counsel: [Janet Huggans / Gilbert C. Wedertz]
George N. Benesch, Esq.
190 W. Huffaker Lane, Ste. 408
Reno, Nevada 89511

d. Address for service: *see* counsel's address, above.

e. Requested action(s): We request the Court to dismiss Gilbert C. Wedertz; substitute Janet Huggans; and find that service is complete as to Janet Huggans We also suggest that the U.S. Board of Water Commissioners consult with Ms. Huggans' counsel and update its records regarding this water right.

204. Weiser Living Trust:

a. Basis for inclusion: CMO Paragraph 3.a.

b. Status of service: Robert G. Weiser, trustee of the Weiser Living Trust, has returned a signed Waiver of Service. *See* Exhibit 204.

c. Counsel: None indicated

d. Address for service: The Weiser Living Trust
Robert G. & Betty J. Weiser, trustees
871 Highway 208

10 6,6 ?

U S BOARD OF R COMMISSIONERS
Yerington, NV

Name: WEDERTZ, Gilbert C.
Address: ~~P.O. Box 271~~ c/o Jan Hudson P.O. Box 507
Bridgeport, CA 93517

Page 58, Decree C-125
Trumble Lake (Trib. to Virginia Creek)
Pearl Kirkwood

Index No.
Lyon County No. CL 214 CL 218

PRIORITY	C.F.S.	ACRES	DUTY	DAYS STORAGE	ACRE FEET REQUIRED PER ACRE	ACRE FEET REQUIRED TOTAL	ACRE FEET APPORTIONED	TOPAZ RES. ACRE FEET	BRIDGEPORT RES. ACRE FEET	
1893	.64	40.00	Pearl Kirkwood			CL-214				
1890	.12	7.38	Chas. W. Fulton							
1910	.07	4.62	Chas. W. Fulton							
	.83	52.00								
TOTAL										

TOTAL ACRES: 52
Water Rt. Acres 52
Non Wtr. Rt. Acres
Acre Feet Storage

SE¼ of NE¼, Sec. 7;
SW¼ of NE¼, S½ of NW¼, Sec. 8;
T 2 N, R 25 E.
Frac. in SW¼ of SE¼, Sec. 33; 12 acres
T 5 N, R 25 E.

Book 22, Page 83 - 8/30/46 - Charles W. Fulton to Gilbert C. Wedertz et al.

EXHIBIT A-105

101

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Weiser Living Trust dated February 28, 2002
Robert G. and Betty J. Weiser, Trustees
871 Highway 208
Yerington, NV 89447

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Bob Weiser ☐ Agent ☑ Addressee

B. Received by (*Printed Name*) C. Date of Delivery 8/31/12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (*Extra Fee*) ☐ Yes

2. Article Number (*Transfer from service label*) 7011 1150 0002 4769 6857

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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Return Receipt Fee (Endorsement Required)	$2.35	Postmark Here
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $15.00	08/29/2012

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City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

EXHIBIT A-106

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Darlene S. Zipwald
65 Garms Circle
Smith, NV 89430

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Darlene Zipwald ☐ Agent ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery
Darlene Zipwald 8/31/12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 1150 0002 4769 6864

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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SMITH NV 89430

Postage	$ $9.70	0529
Certified Fee	$2.95	05
Return Receipt Fee (Endorsement Required)	$2.35	Postmark Here
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $15.00	08/29/2012

Sent To Darlene S. Zipwald
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7011 1150 0002 4769 6864