

EXHIBIT "1"

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10/23/08 2:57 PM

Vereinbarung

zwischen

Frau Hedwig Kokidko, geborene Mauritz und Herrn Walter Thomas Kokidko,
beide wohnhaft

157 North 500 West Valparaiso Indiana 46385 USA

und

Helga Priewasser, geborene Mauritz

Ignaz-Günther-Straße 22

81927 München

Für die Grundschild (Urk.R.Nr. 1825 P/2008, Notariat Dr. Benedikt Pfisterer, München) in Höhe von 30.000 Euro bezahlt Frau Priewasser an Familie Kokidko 4 % Zinsen und 1 % Tilgung jährlich. Der Betrag (4% Zinsen = 100 Euro; 1 % Tilgung = 25,00 Euro) ist monatlich zu entrichten und auf das bekannte Konto zu überweisen.

München, 31. Juli 2008 Valparaiso, 31. Juli 2008

Helga Priewasser Hedwig Kokidko

Hedwig Kokidko

Walter Kokidko

[Handwritten signatures]

EXHIBIT "2"

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH									
Local No 003240		EDR No 000000346335			State No 045239				
1. Complete name (last, first, middle, last) WALTER T KOZDKO									
2. Sex MALE		3. Time of Death 05 15 AM		4. Date of Death (month, day, year) 10/20/2013					
5. Date of Birth (month, day, year) 03		6. Date of Death (month, day, year) 10/20/2013		7. Place of Death (city, town, village, or county) WELTHAM, ILLA					
8. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		9. If U.S. Armed Forces, branch, grade, and component None		10. If death occurred in military service, date, location, and cause <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
11. Facility name (street address, city, state and nation) PINNACLE HOSPITAL 17100 LAKELAND BLVD, LAKE									
12. Facility type (check all that apply) <input type="checkbox"/> Hospital <input type="checkbox"/> Long-term care <input type="checkbox"/> Other		13. County of death LAKE		14. Name of physician (print or type) <input type="checkbox"/> Medical <input type="checkbox"/> Nurse <input type="checkbox"/> Dentist <input type="checkbox"/> Other					
15. Name of decedent WEDY KOZDKO		16. Relationship to decedent WIFE		17. Signature of physician (print or type) SALES REPRESENTATIVE PHARMACEUTICAL					
18. Name of decedent INDIANA		19. City of birth MAURITZ		20. Name of decedent VALPARAISO					
21. Name of decedent 157 NORTH 500 WEST		22. Date of birth 46358		23. Name of decedent INDIANA					
24. Education BACHELOR'S DEGREE (BA, AR, BS)		25. Race White		26. Marital status (at time of death) WIFE					
27. Name of decedent LEO T KOZDKO		28. Relationship to decedent WIFE		29. Name of decedent 157 NORTH 500 WEST, VALPARAISO, IN 46388					
30. Cause of death (list all conditions) CAUSE OF DEATH (See Instructions on Back)		31. Date of death 10/20/2013		32. Name of decedent LAKE COUNTY HEALTH DEPARTMENT					
33. Name of decedent BURNS FUNERAL HOME (CROWN POINT), 1801 BROADWAY, CROWN POINT, IN 46307		34. Name of decedent INDIANA		35. Name of decedent INDIANA					
36. Name of decedent JAMES E. BURNS, BY ELECTRONIC SIGNATURE		37. Name of decedent INDIANA		38. Name of decedent INDIANA					
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