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6
7 Attorney for Defendant GUINDI N. GUINDI

8 UNITED STATES DISTRICT COURT
9
10 NORTHERN DISTRICT OF CALIFORNIA

11 UNITED STATES OF AMERICA)	No. CR 05-00655-JSW
)	
12 Plaintiff,)	STIPULATION AND
)	[PROPOSED] ORDER TO
13 v.)	DISMISS AND TO
)	EXONERATE BOND
14 GUINDI N. GUINDI,)	
)	
15 Defendant.)	
)	
)	
)	

17
18
19 On March 7, 2009, defendant Guindi Guindi passed away as reflected in Exhibit A
20 (Certificate of Vital Record, Montgomery County, Texas).

21
22 Good cause being stipulated between the parties,

23 IT IS HERBY ORDERED THAT:

24 The pending action be dismissed and the bond posted as security be exonerated and

25
26 ///

27 ///

28 ///

1 all monies and properties by re-conveyed to the guarantors.

2 IT IS SO STIPULATED.

3
4 Date: March 24, 2009

_____/s/_____
Martin Sabelli
Counsel for Guindi N. Guindi

5
6
7
8 Date: March 24, 2009

_____/s/_____
Peter Axelrod
Assistant United States Attorney

9
10
11 SO ORDERED.

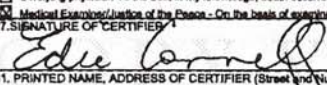
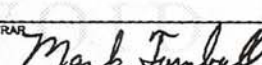
12
13
14
15 Date: March 30, 2009



CERTIFICATION OF VITAL RECORD

MONTGOMERY COUNTY

Conroe, Texas

STATE OF TEXAS				CERTIFICATE OF DEATH				STATE FILE NUMBER			
1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)								(Maiden)		2. DATE OF DEATH - ACTUAL OR PRESUMED	
GUINDI NASSIF GUINDI										03/07/2009	
3. SEX		4. DATE OF BIRTH		5. AGE-Last Birthday (Years)		6. UNDER 1 YR. MO DAYS		7. UNDER 1 DAY HOURS MIN		8. BIRTHPLACE (City & State or Foreign Country)	
MALE		01/28/1959		50						EGYPT	
7. SOCIAL SECURITY NUMBER				8. MARITAL STATUS AT TIME OF DEATH				9. SURVIVING SPOUSE'S NAME (If Wife, give name prior to first marriage)			
230-17-0042				<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Married <input type="checkbox"/> Unknown				DEBRA RANDLE			
10a. RESIDENCE STREET ADDRESS								10b. APT. NO.		10c. CITY OR TOWN	
131 NORTH CONCORD FOREST CIRCLE										THE WOODLANDS	
10d. COUNTY				10e. STATE		10f. ZIP CODE		10g. INSIDE CITY LIMITS?			
MONTGOMERY				TEXAS		77381		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
11. FATHER'S NAME						12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE					
NASSIF GUINDI BUKTOR						MARGUERITE MICHEL TRAK					
13. PLACE OF DEATH (CHECK ONLY ONE)											
<input type="checkbox"/> IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL											
<input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)											
14. COUNTY OF DEATH				15. CITY/TOWN, ZIP CODE (If outside city limits, give precinct no)				16. FACILITY NAME (If not institution, give street address)			
MONTGOMERY				PRECINCT 3, 77384				ST LUKES COMMUNITY MEDICAL CENTER- THE WOODLANDS			
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED						18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)					
DEBRA GUINDI - WIFE						131 NORTH CONCORD FOREST CIRCLE, THE WOODLANDS, TX 77381					
19. METHOD OF DISPOSITION						20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH			21. Section		
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation						TONYE V. NELSON, BY ELECTRONIC SIGNATURE-11275			<input checked="" type="checkbox"/> Unknown		
<input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)									Block		
22. PLACE OF DISPOSITION (Name of Cemetery, crematory, other place)						23. LOCATION (City/Town, and State)			24. Lot		
BROOKSIDE CREMATORY						HOUSTON, TX			Space		
24. NAME OF FUNERAL FACILITY						25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)					
FOREST PARK - THE WOODLANDS FUNERAL HOME						18000 IH-45 SOUTH, THE WOODLANDS, TX 77384					
26. CERTIFIER (Check only one)											
<input type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated <input checked="" type="checkbox"/> Medical Examiner/Justice of the Peace-On the basis of examination, and/or investigation, in my opinion, death occurred at the time and place, and due to the cause(s) and manner stated.											
27. SIGNATURE OF CERTIFIER						28. DATE CERTIFIED (Mo/Day/Yr)		29. LICENSE NUMBER		30. TIME OF DEATH (Actual or presumed)	
						03/16/2009				05:20 a.m.	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)								32. TITLE OF CERTIFIER			
Edie Connelly 1520 Lake Front Circle, The Woodlands, Texas 77380								Justice of the Peace			
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH LINE.											
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <u>pending investigation</u> Due to (or as a consequence of)											
b. Due to (or as a consequence of)											
c. Due to (or as a consequence of)											
d. Due to (or as a consequence of)											
34. WAS AN AUTOPSY PERFORMED?											
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?											
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
36. MANNER OF DEATH				37. DID TOBACCO USE CONTRIBUTE TO DEATH?				38. IF FEMALE:			
<input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown				<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year			
39. IF TRANSPORTATION INJURY, SPECIFY:											
<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)											
40a. DATE OF INJURY (Mo/Day/Yr)		40b. TIME OF INJURY		40c. INJURY AT WORK?		40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)					
				<input type="checkbox"/> Yes <input type="checkbox"/> No							
40e. LOCATION (Street and Number, City, State, Zip Code)						40f. COUNTY OF INJURY					
41. DESCRIBE HOW INJURY OCCURRED											
42a. REGISTRAR FILE NO.				42b. DATE RECEIVED BY LOCAL REGISTRAR				42c. REGISTRAR			
01-0503-09				03-16-2009							

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 195.198)

VS-112 REV 1/2006


EDR 000000542121

DTP NO 3

291024

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Sec. 191.051, Health and Safety Code.

DATE ISSUED 3-16-09


 Mark Turnbull
 County Clerk/Registrar

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.

American Bank Note Company

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

