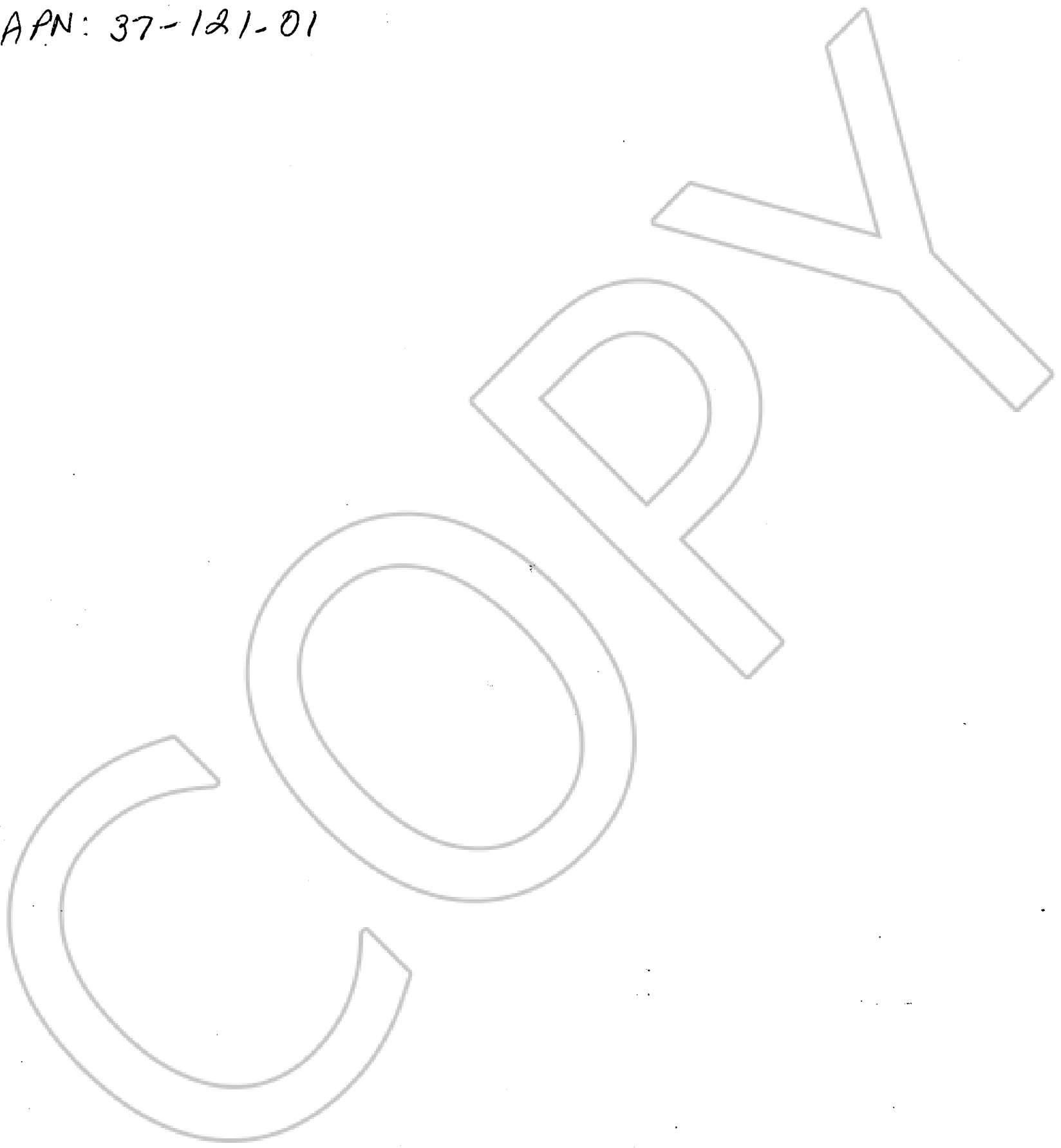


EXHIBIT "A"

That portion of the Northwest 1/4 of the Northwest 1/4 of Section 18, Township 10 North, Range 22 East, M.D.B.&M., particularly described as follows:

BEGINNING at the Northwest corner of said Section 18: thence South 00°13'30" West along the West Line of said Section a distance of 661.40 feet to a point; thence North 86°43'00" East a distance of 700.46 feet to a point in the centerline of an access and utility easement (Penrod Lane) 60.00 feet in width, thence North 03°17'00" West a distance of 660.00 feet to a point in the North line of said Section 18; thence South 86°43'00" West a distance of 660.00 feet to the True Point of Beginning, and being shown as Parcel 1 on that certain Record of survey Map filed October 10, 1969, as Document No. 45990.

APN: 37-121-01



386428

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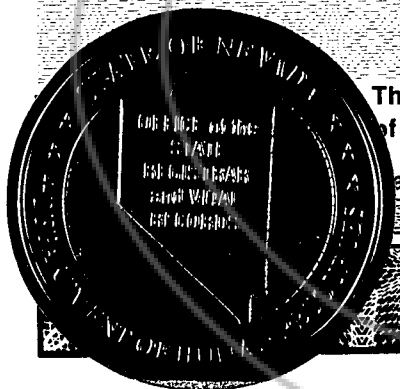
STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
1 DECEASED—NAME First Middle Last Susan Theresa O'FLAHERTY		2 DATE OF DEATH (Month, Day, Year) April 8, 1996	
3a COUNTY OF DEATH Douglas		3b CITY, TOWN, OR LOCATION OF DEATH Gardnerville	
3c HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3220 Penrod Drive		3e If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
4 SEX Female		5 RACE—(e.g., White, Black, American Indian, etc.) (Specify) White	
6 Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no. If yes, specify Mexican, Cuban, Puerto Rican, etc.		7a AGE—Last Birthday (Years) 45	
7b UNDER 1 YEAR—MOS : DAYS		7c UNDER 1 DAY—HOURS : MINS	
8 DATE OF BIRTH (Mo., Day, Yr.) September 30, 1950		9a STATE OF BIRTH (If not U.S.A., name country) New York	
9b CITIZEN OF WHAT COUNTRY USA		10 Decedent's Education. Specify highest grade completed. 14	
11 MARRIED; NEVER MARRIED; WIDOWED; DIVORCED (Specify) Married		12 SURVIVING SPOUSE (If wife, give maiden name) Michael Lynch	
13 SOCIAL SECURITY NUMBER -9844		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired). Quality Control Supervisor	
14b KIND OF BUSINESS OR INDUSTRY State Industrial Insurance System		15a RESIDENCE—STATE Nevada	
15b COUNTY Douglas		15c CITY, TOWN, OR LOCATION Gardnerville	
15d STREET AND NUMBER 3220 Penrod Dr.		15e INSIDE CITY LIMITS (Specify Yes or No) No	
16 FATHER—NAME First Middle Last Vincent O'Flaherty		17 MOTHER—MAIDEN NAME First Middle Last Margaret Collar	
18a INFORMANT—NAME (Type or Print) Michael Lynch - Husband		18b MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 3220 Penrod Drive, Gardnerville, Nevada 89410	
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Cremation		19b CEMETERY OR CREMATORY—NAME Whelan's Funeral Home	
19c LOCATION City or Town State Syracuse, New York		20a FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Michael Lynch</i>	
20b FUNERAL DIRECTOR LICENSE NUMBER #126		20c NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1555 Hwy 395 Minden, Nevada 89423	
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>Gary Abrass</i>		22a On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title) <i>Gary Abrass</i>	
21b DATE SIGNED (Mo., Day, Yr.) April 8, 1996		21c HOUR OF DEATH 1520	
22b DATE SIGNED (Mo., Day, Yr.)		22c HOUR OF DEATH	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d ON	
22e AT		23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Gary Abrass, M.D. 85 Kirman Suite #401 Reno, Nevada 89502	
23b LICENSE NUMBER 3747		24a REGISTRAR (Signature) <i>Catherine Bodnar</i>	
24b DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) April 11, 1996		24c DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Metastatic Breast Cancer		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b)		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		26 AUTOPSY (Specify Yes or No) NO	
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) YES		28a ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	
28b DATE OF INJURY (Mo., Day, Yr.)		28c HOUR OF INJURY	
28d DESCRIBE HOW INJURY OCCURRED		28e INJURY AT WORK (Specify Yes or No)	
28f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g LOCATION—STREET OR R.F.D. No., CITY OR TOWN, STATE	

No. 092228



This is to certify that the above is a true and correct copy of the certificate on file in this office.
Date Issued: APR 11 1996
By: *Sybil Sylvia* Deputy Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

REQUESTED BY
WESTERN TITLE COMPANY, INC.
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'96 APR 29 P12:25

LINDA SLATER
RECORDER
\$9.00 PAID BH DEPUTY

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