

LEGAL DESCRIPTION

The land referred to herein is situated in the State of Nevada, County of Douglas,, described as follows:

PARCEL NO. 1

Unit No. 23, as shown on the official plat of PINEWILD, A CONDOMINIUM, filed for record in the office of the County Recorder, Douglas County, Nevada, on June 26, 1973, as Document No. 67150.

Assessor's Parcel No. 05-211-23

PARCEL NO. 2

The exclusive right to the use and possession of those certain patio areas adjacent to said units designated as "Restricted Common Areas" on the Subdivision Map referred to in Parcel No. 1 above.

PARCEL NO. 3

An undivided interest as tenants in common in and to that portion of the real property described on the Subdivision Map referred to in Parcel No. 1, above, defined in the Amended Declaration of Covenants, Conditions and Restrictions of Pinewild, A Condominium Project, recorded March 11, 1978, in Book 374 of Official Rrecords, at Page 193. Limited Common Area and thereby allocated to the unit described in Parcel No. 1, above and excepting unto Grantor non-exclusive easements for ingress and egress, utility services, support encroachments, maintenance and repair over the common areas defined and set forth in said Declaration of Covenants, Conditions and restrictions.

PARCEL NO. 4

Non-exclusive easements appurtenant to Parcel No. 1 above, for ingress and egress, utility services, support encroachments, maintenance and repair over the Common Areas as defined and set forth in the Declaration of Covenants, Conditions, and Restrictions of Pinewild, more particularly described in the description of Parcel No. 3, above.

0425590

BK 1197PG0675

This is a true and exact copy of the record on file with the Mobile County Health Department.

James V. Pope
Signature of Local Registrar

JAN. 13, 1997
Date of Issue

SEAL

ALABAMA
CERTIFICATE OF DEATH

County File Number -- State File Number 101

1. DECEASED—NAME First Middle Last (Type last name all capitals) James Louis HOLLAND, JR.			2. DATE OF DEATH (Month, Day, Year) December 12, 1996		3. COUNTY OF DEATH Mobile	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE Mobile 36617			5. INSIDE CITY LIMITS (Specify Yes or No) yes		6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) USA Medical Center	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DOA) Inpatient		8. OF HISPANIC ORIGIN (Specify Yes or No) If Yes, Specify Cuban, Mexican, Puerto Rican, etc. no		9. RACE—(Specify American Indian, Black, White, etc.) white		10. SEX male
11. AGE 48		12. UNDER 1 YEAR MOS. DAYS HOURS MINS.		13. DATE OF BIRTH (Month, Day, Year) July 12, 1948		14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED] 3863
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) 12 College (1-4 or 5+) College (1-4 or 5+)		16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) married		17. SURVIVING SPOUSE (If wife, give maiden name) Clara Rook		18. Was Decedent ever in Armed Forces (Specify Yes or No) no
19. STATE OF BIRTH (If not in USA, name country) Wisconsin		20. RESIDENCE—STATE Mississippi		21. COUNTY Jackson		22. CITY, TOWN, OR LOCATION AND ZIP CODE Ocean Springs, 39566
23. INSIDE CITY LIMITS (Specify Yes or No) yes		24. STREET AND NUMBER 3317 Magnolia Lane		25. INFORMANT—Name and Address Mrs. Clara Holland 3317 Magnolia Ln., Ocean Springs, Ms. 39566		
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Supervisor				27. KIND OF BUSINESS OR INDUSTRY Gaming		
28. FATHER—NAME First Middle Last James L. Holland, Sr.			29. MAIDEN NAME OF MOTHER— First Middle Last Mary Kleban			
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) cremation		31. DATE OF DISPOSITION (Month, Day, Year) December 16, 1996		32. CEMETERY OR CREMATORY—Name Mississippi Gulf Coast Crematory		33. LOCATION—(City or Town—State) Biloxi, Mississippi
34. FUNERAL HOME—Name and Address Pine Crest Funeral Home 1939 Daughin Island Pkwy., Mobile, AL., 36605			35. FUNERAL DIRECTOR—Signature <i>Letitia M. Hanks</i>		36. DATE SIGNED BY FUNERAL DIRECTOR December 16, 1996	
37. <input checked="" type="checkbox"/> Certifying Physician (Physician certifying cause of death) "To the best of my knowledge death occurred at the time and date, and due to the cause(s) and manner stated." <input type="checkbox"/> Medical Examiner — Coroner "On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner stated." Signature: <i>[Signature]</i> STATE MEDICAL EXAMINER					38. DATE SIGNED (Month, Day, Year) December 18, 1996	
39. TIME AND DATE OF DEATH [Signature]		40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only) Dec. 12, 1996 9:46 a.m.		41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) J.C.U. Downs, M.D.		
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) P. O. Box 7925, Mobile, AL 36670					43. CERTIFIER LICENSE NUMBER 17880	
44. REGISTRAR—Signature <i>James V. Pope</i>				45. DATE FILED (Month, Day, Year) JAN. 13, 1997		

MEDICAL CERTIFICATION

46. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Blunt force injury 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): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk) Yes	
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) Accident			50. AUTOPSY (Specify Yes or No) yes	
51. If yes, were findings considered in determining cause of death? (Specify Yes or No) Yes			52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II) ran off road struck motor veh collision 1 veh - driver tree.	
53. DATE OF INJURY (Month, Day, Year) 12/4/96			54. HOUR OF INJURY 10:11 p. M.	
55. INJURY AT WORK (Specify Yes or No) No		56. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.) Roadway		
57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State) 3400 Beachview Dr., Ocean Springs, MS				

REC'D JAN 22 1997

IN PERMANENT
CK INK. DO NOT
GREEN, RED, OR
INK.

27.
34.

BK 1197860676
0425590

DECEASED

BURIAL

CAUSE

REQUESTED BY
Stewart Title of Douglas County
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'97 NOV -5 P3:09

0425590
BK 1197PG0677

LINDA SLATER
RECORDER
\$10⁰⁰ PAID *KZ* DEPUTY