

EXHIBIT "A"

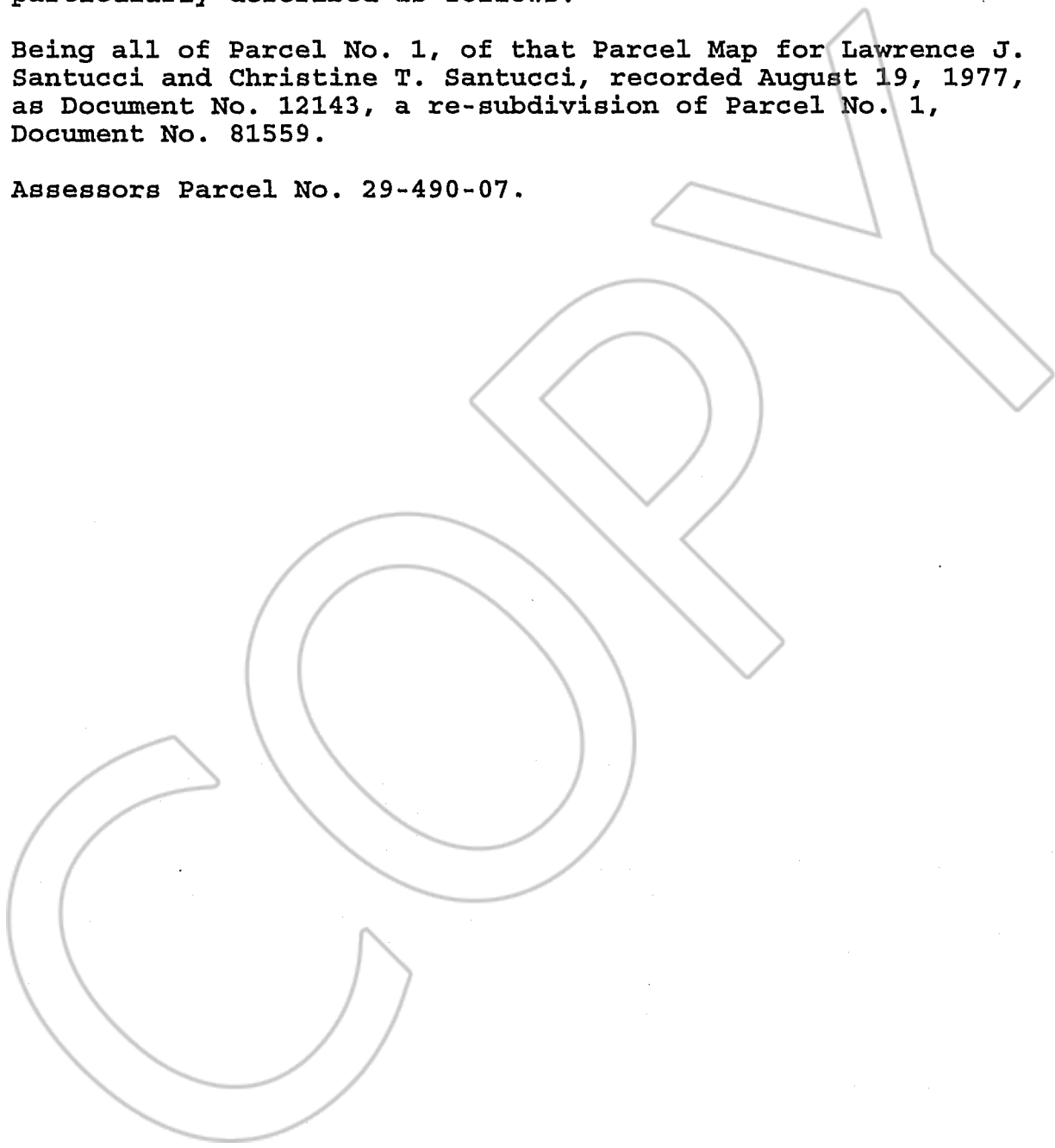
LEGAL DESCRIPTION

ESCROW NO.: 99070867

All that portion of the Southwest 1/4 of the Northwest 1/4 of Section 24, Township 12 North, Range 20 East, M.D.B.&M., situate in the County of Douglas, State of Nevada, more particularly described as follows:

Being all of Parcel No. 1, of that Parcel Map for Lawrence J. Santucci and Christine T. Santucci, recorded August 19, 1977, as Document No. 12143, a re-subdivision of Parcel No. 1, Document No. 81559.

Assessors Parcel No. 29-490-07.



0468592

BK0599PG4512

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
TYPE OR PRINT IN PERMANENT BLACK INK	1. DECEASED—NAME First: Eldon Middle: D. Last: WOODWARD	2. DATE OF DEATH (Month, Day, Year) December 14, 1998
	3a. COUNTY OF DEATH Carson City	
DECEDENT	3b. CITY, TOWN OR LOCATION OF DEATH Carson City	3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Carson-Tahoe Hospital
	3d. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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) 64	7b. UNDER 1 YEAR MOS : DAYS
PARENTS	9a. STATE OF BIRTH (If not U.S.A., name country) Kansas	9b. CITIZEN OF WHAT COUNTRY U.S.A.
	10. Decedent's Education. Specify highest grade completed. 16	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
DISPOSITION	13. SOCIAL SECURITY NUMBER 1087	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Retired U. S. Air Force
	14b. KIND OF BUSINESS OR INDUSTRY Defense	15a. RESIDENCE—STATE Nevada
CERTIFIER	15b. COUNTY Douglas	15c. CITY, TOWN, OR LOCATION Gardnerville
	15d. STREET AND NUMBER 730 Pinto Circle	15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
CAUSE OF DEATH	16. FATHER—NAME First: Merton Middle: Woodward Last: Woodward	17. MOTHER—MAIDEN NAME First: Wilma Middle: Zirkle Last: Zirkle
	18a. INFORMANT—NAME (Type or Print) Elisabeth Woodward	18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 730 Pinto Circle, Gardnerville, Nevada 89410
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	19b. CEMETERY OR CREMATORY—NAME FitzHenry's Crematory
	19c. LOCATION City or Town: Carson City State: Nevada	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>
CAUSE OF DEATH	20b. FUNERAL DIRECTOR LICENSE NUMBER 217	20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home, 1380 Hwy 395, Gardnerville, Nevada 89410
	21. 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>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 12/16/98	22. 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>[Signature]</i> DATE SIGNED (Mo., Day, Yr.)
CAUSE OF DEATH	21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	21c. HOUR OF DEATH 0725
	21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Valerie S. Dickerson, M.D., 1520 Virginia Ranch Rd., Gardnerville, Nevada	21e. LICENSE NUMBER 8354
CAUSE OF DEATH	24a. REGISTRAR (Signature) <i>[Signature]</i>	24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) December 17, 1998
	24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	24d. INTERVAL BETWEEN ONSET AND DEATH 3 days
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) gastrointestinal bleed DUE TO, OR AS A CONSEQUENCE OF:	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (b) pancreatic adenocarcinoma DUE TO, OR AS A CONSEQUENCE OF:
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART II (c) 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
CAUSE OF DEATH	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.
	28b. DATE OF INJURY (Mo., Day, Yr.)	28c. HOUR OF INJURY
CAUSE OF DEATH	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. 139121



STATE REGISTRAR

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: **DEC 17 1998** *[Signature]*
0468592 State Registrar

COPY

REQUESTED BY
STEWART TITLE of DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'99 MAY 21 P3:54

0468592

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LINDA SLATER
RECORDER
\$10.00 PAID *KJ* DEPUTY