

EXHIBIT "A"

LEGAL DESCRIPTION

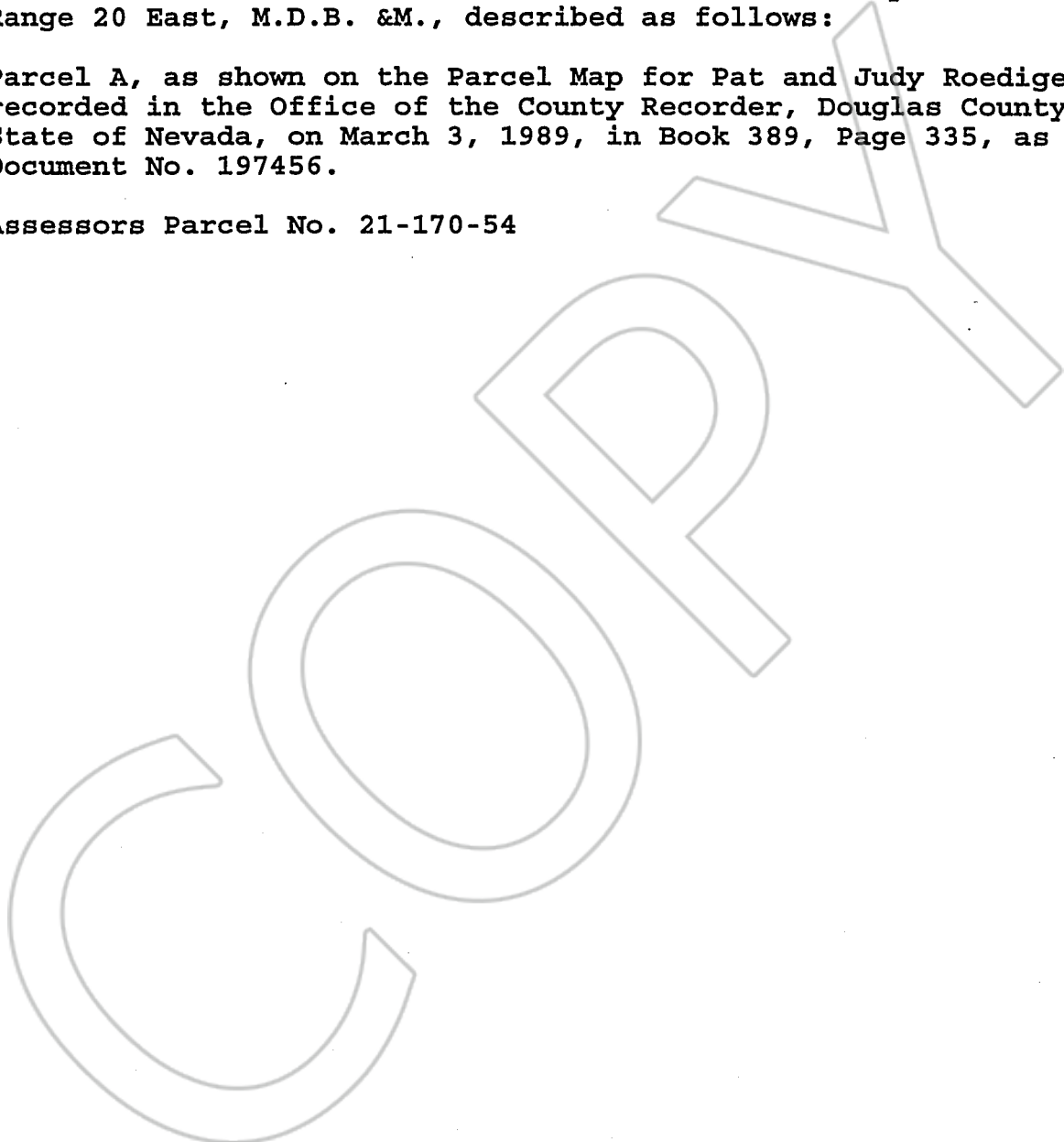
ESCROW NO.: 99031417

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

Situate in the Northwest 1/4 of Section 34, Township 14 North, Range 20 East, M.D.B. &M., described as follows:

Parcel A, as shown on the Parcel Map for Pat and Judy Roediger, recorded in the Office of the County Recorder, Douglas County, State of Nevada, on March 3, 1989, in Book 389, Page 335, as Document No. 197456.

Assessors Parcel No. 21-170-54



0471290

BK0699PG5900

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		
DECEDENT	1. DECEASED—NAME First Middle Last Alfred J ROGERS		2. DATE OF DEATH (Month, Day, Year) February 22, 1999	
	3b. CITY, TOWN OR LOCATION OF DEATH Carson City		3a. COUNTY OF DEATH Carson City	
	3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Carson-Tahoe Hospital		3e. SEX Male	
	3d. If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient (Specify) Inpatient		3f. DATE OF BIRTH (Mo., Day, Yr.) March 20, 1928	
PARENTS	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) 70	
	7b. UNDER 1 YEAR MOS : DAYS	7c. UNDER 1 DAY HOURS : MINS	8. DATE OF BIRTH (Mo., Day, Yr.) March 20, 1928	
	9a. STATE OF BIRTH (If not U.S.A., name country) England	9b. CITIZEN OF WHAT COUNTRY U.S.A.	10. Decedent's Education. Specify highest grade completed. 12	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
	12. SURVIVING SPOUSE (If wife, give maiden name) Pamela G. Hayward	13. SOCIAL SECURITY NUMBER 8120		
DISPOSITION	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Supervisor		14b. KIND OF BUSINESS OR INDUSTRY Moving and Storage	
	15a. RESIDENCE—STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN, OR LOCATION Minden	
	15d. STREET AND NUMBER 2747 Stewart Ave		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
	16. FATHER—NAME First Middle Last Albert H. Rogers		17. MOTHER—MAIDEN NAME First Middle Last Margarita Callaghan	
CERTIFIER	18a. INFORMANT—NAME (Type or Print) Elaine M. Rogers - Daughter		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 2747 Stewart Ave., Minden, Nevada 89423	
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME FitzHenry's Crematory	
	19c. LOCATION City or Town State Carson City, Nevada		20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>	
	20b. FUNERAL DIRECTOR LICENSE NUMBER 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home, 1380 Hwy 395, Gardnerville, Nevada 89410	
CAUSE OF DEATH	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 2-22-99		21c. HOUR OF DEATH 0721	
	22a. To be completed by Certifying Physician 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. <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.)		22b. HOUR OF DEATH	
	22c. PRONOUNCED DEAD (Mo., Day, Yr.)		22d. ON	
	22e. AT		22f. LICENSE NUMBER 6433	
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Robert McDonald, M.D., 710 W. Washington, Carson City, Nevada		23b. LICENSE NUMBER 6433	
	24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) February 23, 1999	
	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) Coronary Heart Failure DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death Months	
PART I (b) Malignant Mesothelioma DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death Months		
PART II (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		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) 28a.		28b. DATE OF INJURY (Mo., Day, Yr.)	28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED		28e. LOCATION	28f. STREET OR R.F.D. No.	
28g. CITY OR TOWN		28h. STATE		



STATE REGISTRAR

No. 140497

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

Date Issued:

FEB 23 1999

[Signature]
State Registrar

0471290

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK0699PG5901

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

'99 JUN 29 A10 :43

0471290
BK0699PG5902

LINDA SLATER
RECORDER
\$10⁰⁰ PAID K2 DEPUTY