



**EXHIBIT "A"**

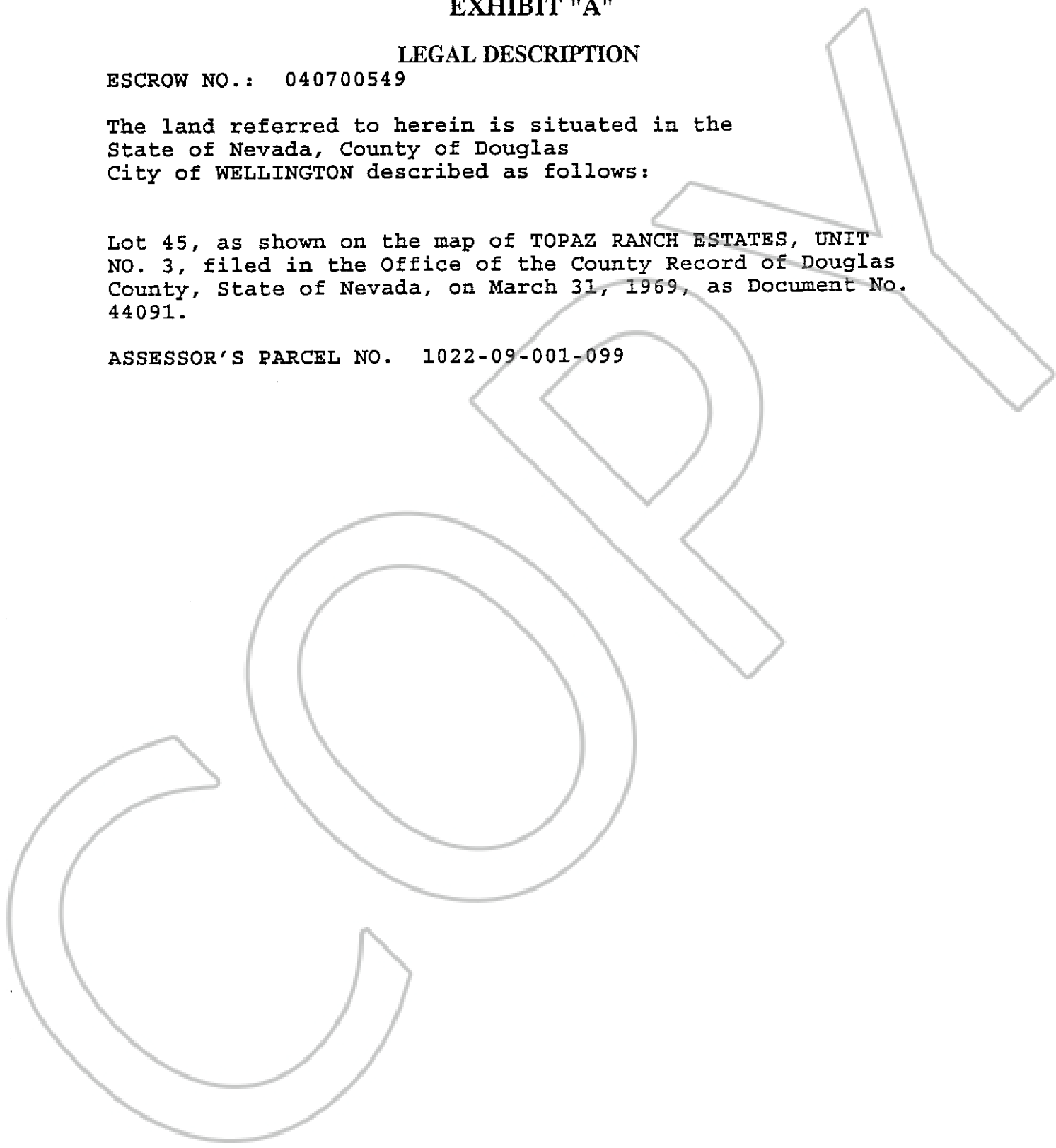
**LEGAL DESCRIPTION**

ESCROW NO.: 040700549

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

Lot 45, as shown on the map of TOPAZ RANCH ESTATES, UNIT  
NO. 3, filed in the Office of the County Record of Douglas  
County, State of Nevada, on March 31, 1969, as Document No.  
44091.

ASSESSOR'S PARCEL NO. 1022-09-001-099



0612202

BK0504PG00937

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF LOS ANGELES**  
**DEPARTMENT OF HEALTH SERVICES**

**CERTIFICATE OF DEATH**

STATE OF CALIFORNIA  
USE BLACK INK ONLY AND ERASURES, WHITEOUTS OR ALTERATIONS  
VS-11 (REV. 1/00)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER					
1. NAME OF DECEDENT—FIRST (GIVEN) <b>Alan</b>		2. MIDDLE <b>Patton</b>		3. LAST (FAMILY) <b>Schlutsmeyer</b>			
4. DATE OF BIRTH M/M/DD/CCYY <b>12/07/1945</b>		5. AGE YRS. <b>56</b>		6. SEX <b>M</b>		7. DATE OF DEATH M/M/DD/CCYY <b>01/23/2002</b>	
8. HOURS <b>1630</b>		9. STATE OF BIRTH <b>CA</b>		10. SOCIAL SECURITY NO. <b>1874</b>		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS <b>Married</b>		13. EDUCATION—YEARS COMPLETED <b>16</b>		14. RACE <b>White</b>		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. USUAL EMPLOYER <b>JPL</b>		17. OCCUPATION <b>Computer Programmer</b>		18. KIND OF BUSINESS <b>Aerospace</b>		19. YEARS IN OCCUPATION <b>30</b>	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) <b>1325 Pebble Springs Lane</b>							
21. CITY <b>Glendora</b>		22. COUNTY <b>Los Angeles</b>		23. ZIP CODE <b>91741</b>		24. YRS IN COUNTY <b>56</b>	
25. STATE OR FOREIGN COUNTRY <b>CA</b>		26. NAME, RELATIONSHIP <b>Donna Schlutsmeyer, Wife</b>					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>1325 Pebble Springs Lane Glendora CA 91741</b>						28. NAME OF SURVIVING SPOUSE—FIRST <b>Donna</b>	
29. MIDDLE <b>-</b>		30. LAST (MAIDEN NAME) <b>Mark</b>				31. NAME OF FATHER—FIRST <b>Max</b>	
32. MIDDLE <b>-</b>		33. LAST <b>Schlutsmeyer</b>		34. BIRTH STATE <b>IA</b>		35. NAME OF MOTHER—FIRST <b>Alberta</b>	
36. MIDDLE <b>-</b>		37. LAST (MAIDEN) <b>Anderson</b>		38. BIRTH STATE <b>CA</b>		39. DATE M/M/DD/CCYY <b>01/30/2002</b>	
40. PLACE OF FINAL DISPOSITION <b>Rose Hills Memorial Park 3888 S Workman Mill Rd Whittier CA 90601</b>		41. TYPE OF DISPOSITION(S) <b>BU</b>		42. SIGNATURE OF EMBALMER <i>Daryl Vanderlyn</i>		43. LICENSE NO. <b>6867</b>	
44. NAME OF FUNERAL DIRECTOR <b>Rose Hills Mort. Glendora</b>		45. LICENSE NO. <b>FD-917</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>Frank [Signature]</i>		47. DATE M/M/DD/CCYY <b>01/29/2002</b>	
101. PLACE OF DEATH <b>City of Hope Med Ctr</b>		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IN OP <input type="checkbox"/> OR <input type="checkbox"/> DC		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. <input type="checkbox"/> RES. <input type="checkbox"/> NURS. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER		104. COUNTY <b>Los Angeles</b>	
105. STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>1500 E. Duarte Road</b>						106. CITY <b>Duarte</b>	
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)							
IMMEDIATE CAUSE		(A) Respiratory Failure		TIME INTERVAL BETWEEN ONSET AND DEATH <b>1 Hour</b>		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
DUE TO		(B) Severe Malnutrition with Anorexia		<b>3 Months</b>		109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO		(C) Widespread Malignancy		<b>3 Months</b>		110. AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO		(D) Malignant Brain Tumor		<b>Unknown</b>		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>None</b>							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (YES/NO) TYPE OF OPERATION AND DATE. <b>Craniotomy for Brain Tumor 12/27/2001</b>							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE M/M/DD/CCYY <b>12/17/2001</b>		115. SIGNATURE AND TITLE OF CERTIFIER <i>Adam Mamelak</i>		116. LICENSE NO. <b>G072766</b>		117. DATE M/M/DD/CCYY <b>01/24/2002</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP <b>Adam Mamelak, MD 1500 E. Duarte Rd. Duarte CA 91010</b>		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.					
120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M/M/DD/CCYY		122. HOUR		123. PLACE OF INJURY	
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY):							
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>		127. DATE M/M/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
STATE REGISTRAR		A B C D E F G H		FAX AUTH. # <b>918-2403</b>		CENSUS TRACT	

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This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

*Frank [Signature]* DATE ISSUED **191 JAN 30 2002**  
Director of Health Services and Registrar

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

