

EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 040200998

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

Parcel 1:

Unit 392, as shown on the Final Map No. 1008-9 for WINHAVEN, Unit NO. 9, A PLANNED UNIT DEVELOPMENT, filed for record in the office of the County Recorder of Douglas County, Nevada on July 8, 1999, in Book 799 of Official Records at Page 1253, as Document No. 472099.

Assessors Parcel No. 1320-29-119-028

Parcel 2:

A non-exclusive easement for use, enjoyment, ingress and egress over the common area as set forth in Declaration of Covenants Conditions and Restrictions recorded September 28, 1990, in Book 990, Page 4348, as Document No. 235644, Official Records.

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CERTIFICATION OF VITAL RECORD

STATE OF MAINE

COPY - Place of Death COPY - Place of Residence COPY - Place Permit Issued

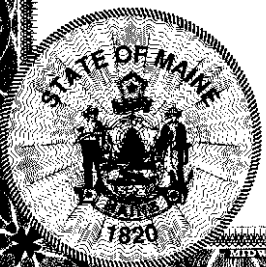
STATE OF MAINE DEPARTMENT OF HUMAN SERVICES		State File Number	
NAME KNOWN TO PHYSICIAN		CERTIFICATE OF DEATH	
STANDARD FORM			
1a. FIRST NAME Thomas	1b. MIDDLE NAME Tyler	1c. LAST NAME Abercrombie	1d. JR., etc. n/a
2. DATE OF DEATH (Mo, Dy, Yr) April 21, 2004	3. SEX M	4. SOCIAL SECURITY NUMBER [REDACTED] 5817	5a. AGE (Yrs) 62
		5b. UNDER 1 YEAR Months: Days: Hours: Minutes:	5c. UNDER 1 DAY
6. DATE OF BIRTH (Mo, Dy, Yr) Aug. 20, 1941			
7. BIRTHPLACE (City and State or Foreign Country) Rochester, NY		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
9. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
10. FACILITY NAME (If not institution, give street and number) 100 Cliff Road		11. COUNTY OF DEATH Waldo	12. CITY OR TOWN OF DEATH Northport
13. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Living <input type="checkbox"/> Deceased <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		14. MOST RECENT SPOUSE (If wife, give maiden name) Anne Tarbell	
15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Restaurateur		16. KIND OF BUSINESS / INDUSTRY Food Service	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12 grades) 12 College (1-4 or 5+ years) 2		18. ANCESTRY - French, English, Irish, etc. (Specify) Scottish	
19. RACE - American Indian, Black, White, etc. (Specify) White			
20. RESIDENCE STATE Nevada	21. RESIDENCE COUNTY Douglas	22. RESIDENCE CITY OR TOWN Minden	23. RESIDENCE STREET AND NUMBER 1043 Pinion Pine
FATHER'S	24a. FIRST NAME Abbott	24b. MIDDLE NAME n/a	24c. LAST NAME Abercrombie
MOTHER'S	25a. FIRST NAME Jane	25b. MIDDLE NAME Gray	25c. MAIDEN SURNAME Carter
26. INFORMANT - NAME (Type or Print) Anne Abercrombie		27. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 100 Cliff Road, Northport, Me 04849	
28. METHOD OF DISPOSITION: <input type="checkbox"/> Temporary Storage <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Use by Medical Science <input type="checkbox"/> Other (Specify)		29. WAS BODY EMBALMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
30a. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Mount Hope Crematory		30b. LOCATION - (City or Town, State) Bangor, Maine	30c. DATE OF DISPOSITION (Mo, Dy, Yr) April 26, 2004
31a. SIGNATURE OF FUNERAL PRACTITIONER OR AUTHORIZED PERSON <i>[Signature]</i>		31b. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON Direct Cremation of Maine 3 Park St., Suite 101 Waterville, Me 04901	
31c. LICENSE NUMBER 191		31d. FUNERAL ESTABLISHMENT LICENSE NUMBER H09447	
33. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <i>[Signature]</i>		34. DATE SIGNED (Mo, Dy, Yr) 4/23/2004	35. VIEWED BODY AFTER DEATH? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
36a. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Todd E. Stapley DO.		36b. NAME AND ADDRESS OF CERTIFIER (Type or Print) 116 Northport Ave. Belfast, Maine 04915	
37. TIME OF DEATH 5:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM			
38. REGISTRAR'S SIGNATURE <i>[Signature]</i>		39. DATE FILED (Mo, Dy, Yr) 4-27-04	
40. WAS AN AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		41. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		42. MANNER OF DEATH: <input checked="" type="checkbox"/> Natural Report all non-natural deaths to the Office of the Chief Medical Examiner. DO NOT COMPLETE THIS CERTIFICATE.	
43. PART I. Enter the diseases, injuries, or complications which 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. <u>Adrenal Carcinoma</u> Adrenal Carcinoma		Approximate Interval Between Onset and Death	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which instigated events resulting in death) LAST b. _____			
c. _____			
d. _____			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			

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VS3 R1/98 USE BLACK INK ONLY ORIGINAL - STATE USE BLACK INK ONLY DS-K\FORMS\VS3DTH.FRP 01152003

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE ABSTRACT OR COPY OF A CERTIFICATE OR RECORD WHICH IS IN MY OFFICIAL CUSTODY.
DATE ISSUED: 4-27-04 STATE REGISTRAR/MUNICIPAL CLERK/STATE ARCHIVIST

ATTEST: *[Signature]* TOWN OF: *[Signature]*



VS-31 R196 This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE