



**EXHIBIT "A"**

**LEGAL DESCRIPTION**

ESCROW NO.: 040802427

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

Lot 82, in Block B, as shown on the plat of ~~KINGSLANE UNIT NO. 3-B~~, filed for record in the Office of the County Recorder of Douglas County, Nevada, on October 26, 1977, as Document No. 14385.

Assessor's Parcel No. 1220-04-115-012.

0629419

BK1104PG07673

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**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**

94 005367

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Margaret Jean MORGAN		2 May 30, 1994		3a. Douglas		COUNTY OF DEATH	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)		SEX	
3b. Gardnerville		3c. 1355 Bishop Circle		3e. 7		4. Female	
RACE—(e.g., White, Black, American Indian, etc) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> if yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6. No		7a. 67		8. Oct. 5, 1926	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	
9a. California		9b. USA		10. 14		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY (Specify)		12. Richard Morgan	
13. [REDACTED] 4101		14a. Accountant		14b. Manufacturing Company			
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Douglas		15c. Gardnerville		15d. 1355 Bishop Cir	
FATHER—NAME		MOTHER—MAIDEN NAME		SURVIVING SPOUSE (If wife, give maiden name)		INSIDE CITY LIMITS (Specify Yes or No)	
16. William G. Mohn		17. Anita McDonald				15e. Yes	
INFORMANT—NAME (Type or Print)				MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. Richard Morgan - Husband				18b. 1355 Bishop Circle Gardnerville, NV 89410			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Cremation		19b. FitzHenry's Crematory		19c. Carson City, Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. [Signature]		20b. 36		20c. 833 N. Edmonds Dr. Carson City, NV 89701			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.				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.			
(Signature and Title) [Signature]				(Signature and Title) [Signature]			
DATE SIGNED (Mo., Day, Yr.) 21b. June 2, 1994				DATE SIGNED (Mo., Day, Yr.) 22b. [REDACTED]			
HOUR OF DEATH 21c. 2130				HOUR OF DEATH 22c. [REDACTED]			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON			
21d. [REDACTED]				22e. AT			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)						LICENSE NUMBER	
23a. Dr. Steven Schiff, M.D. 343 Elm Street, Reno, Nevada 89503						23b. #3821	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. [Signature]		24b. June 2, 1994		24c. 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) 1. Heart Ca							
DUE TO, OR AS A CONSEQUENCE OF:							
PART II (b) 74.9							
DUE TO, OR AS A CONSEQUENCE OF:							
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.							
AUTOPSY (Specify Yes or No) 26. No				WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a. [REDACTED]		28b. [REDACTED]		28c. M		28d. [REDACTED]	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.		STREET OR R.F.D. No. CITY OR TOWN STATE	
28e. [REDACTED]		28f. [REDACTED]		28g. [REDACTED]			

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No. 065515

13469

STATE REGISTRAR  
CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: OCT 26 2004

[Signature]  
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

