



**EXHIBIT "A"**

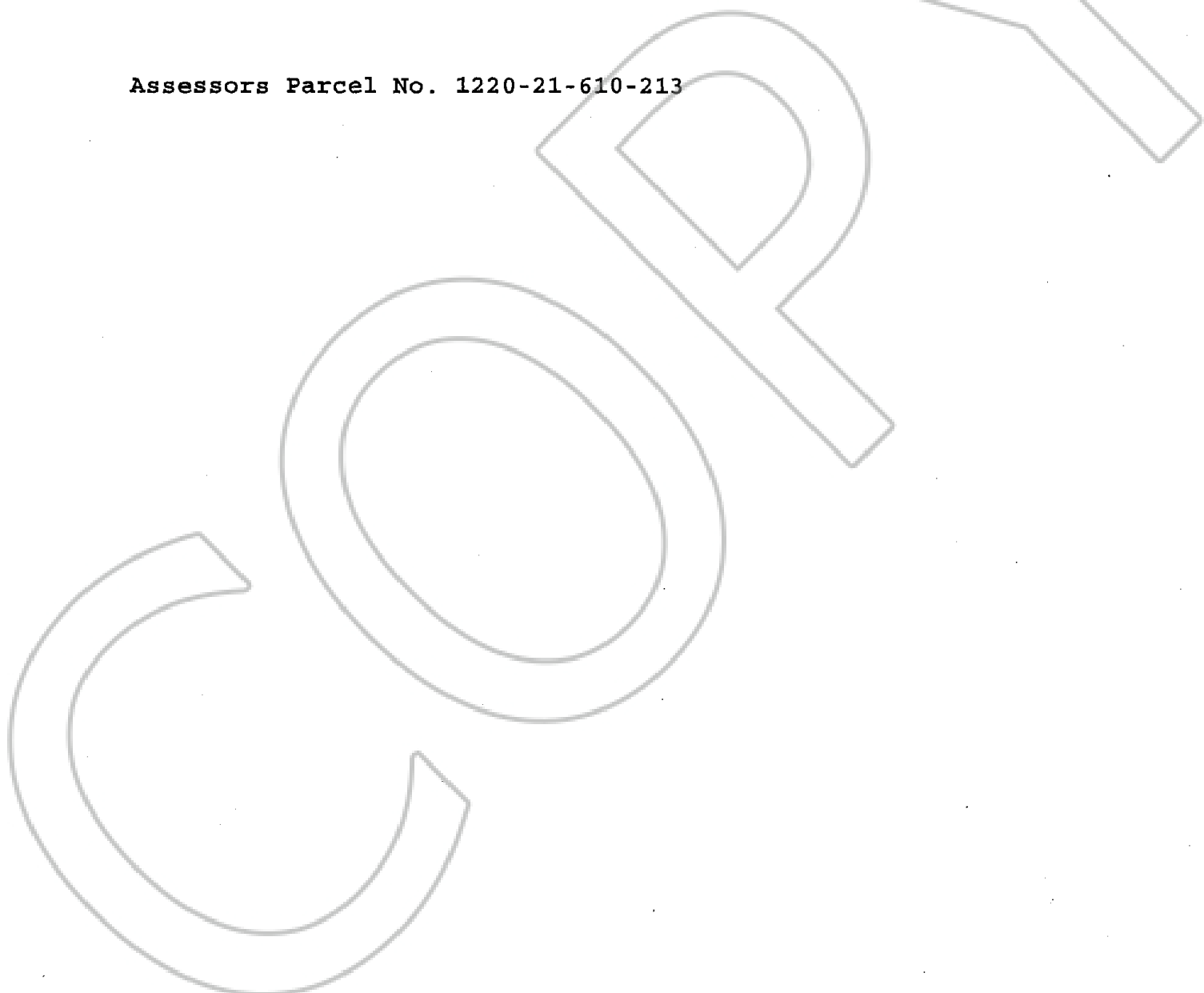
**LEGAL DESCRIPTION**

ESCROW NO.: 040802771

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

Lot 379, as shown on the official map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record on May 29, 1973, in the office of the County Recorder of Douglas County, Nevada as Document No. 66512.

Assessors Parcel No. 1220-21-610-213



0631869

BK1204PG06262

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
OFFICE OF HEALTH STATUS MONITORING

**CERTIFICATE OF DEATH**

STATE  
FILE NO. 151

1. DECEASED - FIRST NAME <b>CARL</b>			MIDDLE NAME <b>YIN SHEONG</b>			LAST NAME <b>LING</b>			2. SEX <b>Male</b>		3. DATE OF DEATH (MONTH, DAY, YEAR) <b>June 3, 2001</b>				
4a. RACE <b>Chinese</b>		4b. IS PERSON OF SPANISH ORIGIN? 1. Puerto Rican 2. Mexican 3. Cuban 4. Central-S. American 5. Other & Unknown Spanish Origin <b>04</b>		5a. AGE - LAST BIRTHDAY (years) <b>85</b>		5b. UNDER 1 YR. WKS. DAYS		5c. UNDER 1 DAY HOURS MIN.		6. DATE OF BIRTH (MONTH, DAY, YEAR) <b>August 29, 1915</b>		7a. COUNTY OF DEATH <b>Honolulu</b>			
7a-1. ISLAND OF DEATH <b>Oahu</b>		7b. CITY, TOWN OR LOCATION OF DEATH <b>Honolulu</b>			7c. HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>Queens Medical Center</b>				7d. IF HOSP. OR INST. INDICATE DOA, OPER. RM., INPATIENT (SPECIFY) <b>Inpatient</b>						
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>Hawaii</b>			9. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>Frances Wo Goo</b>			12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) <b>No</b>				
13. SOCIAL SECURITY NUMBER <b>7973</b>			14a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>Sheet Metal Planner/Estimator, Ret.</b>				14b. KIND OF BUSINESS OR INDUSTRY <b>Federal Government</b>			14c. EDUCATION (Specify highest grade completed) <b>2</b>					
15a. RESIDENCE-STATE <b>Hawaii</b>		15b. COUNTY <b>Honolulu</b>		15c. CITY, TOWN OR LOCATION <b>Honolulu</b>		15d. INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>Yes</b>		15e. NUMBER, STREET AND ZIP <b>3235 Esther Street 96815</b>							
16. FATHER - FIRST NAME <b>Henry</b>			MIDDLE NAME <b>Young</b>			LAST NAME <b>Ling</b>			17. MOTHER - FIRST NAME <b>Sui Len</b>		MIDDLE NAME <b>-</b>		MAIDEN NAME <b>Shim</b>		
18a. INFORMANT - NAME <b>Frances G. Ling</b>					18b. MAILING ADDRESS (STREET OR P.O. BOX, CITY OR TOWN, STATE, ZIP) <b>3235 Esther Street, Honolulu, Hawaii 96815</b>										
19a. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Entombment</b>			19b. CEMETERY OR CREMATORY-NAME <b>Diamond Head Memorial Park</b>				19c. LOCATION <b>Honolulu</b>		CITY OR TOWN <b>Honolulu</b>		STATE <b>Hawaii</b>				
19d. DATE (MONTH, DAY, YEAR) <b>June 15, 2001</b>			19e. PERMIT NUMBER <b># 2861</b>		20a. FUNERAL HOME-NAME <b>Diamond Head Mortuary</b>			20b. FUNERAL DIRECTOR-SIGNATURE <i>Just M. Shinjo</i>							
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and circumstances stated and described below (Items #21b through #21g where applicable) (Signature and Title) <i>[Signature]</i>					21b. DATE SIGNED (MO., DAY, YR.) <b>6/6/01</b>					21c. TIME OF DEATH <b>11:45 PM</b>					
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) <b>Joana Magno, M.D., 1329 Lusitana Street, Suite 707, Honolulu, Hawaii 96813</b>					21e. TIME OF DEATH <b>11:45 PM</b>					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 circumstances stated and described below (Items #22b through #22g where applicable) (Signature and Title) <i>[Signature]</i>					
22b. DATE SIGNED (MO., DAY, YR.) <b>6/8/01</b>					22c. TIME OF DEATH <b>11:45 PM</b>					22d. PRONOUNCED DEAD (MO., DAY, YR.) <b>on</b>					
22e. PRONOUNCED DEAD (TIME) <b>at</b>					22f. PRONOUNCED DEAD (TIME) <b>at</b>					22g. PRONOUNCED DEAD (TIME) <b>at</b>					
23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (TYPE OR PRINT) <b>Joana Magno, M.D., 1329 Lusitana Street, Suite 707, Honolulu, Hawaii 96813</b>					24a. REGISTRAR - SIGNATURE <i>[Signature]</i>					24b. DATE RECEIVED BY LOCAL REGISTRAR <b>JUN - 8 2001</b>		24c. DATE FILED IN STATE REGISTRAR <b>JUN - 8 2001</b>			
PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)												APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
25. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST										IMMEDIATE CAUSE (a) <b>STROKE</b>		DUE TO, OR AS A CONSEQUENCE OF:		DAYS.	
										(b) <b>CARDIOMYOPATHY</b>		YEARS			
										(c)					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I(a)												26a. AUTOPSY (YES OR NO) <b>NO</b>			
26b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?															
27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)			27b. DATE OF INJURY (MONTH, DAY, YEAR)			27c. TIME OF INJURY			27d. DESCRIBE HOW INJURY OCCURRED						
27e. INJURY AT WORK? (SPECIFY YES OR NO)			27f. PLACE OF INJURY: AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC (SPECIFY)												
27g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)															

I CERTIFY THIS IS A TRUE COPY OF THE ORIGINAL AS RETURNED TO THE OFFICE OF HEALTH STATUS MONITORING

JUN 12 2001

*William I. Onaka, Ph.D.*

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