



**EXHIBIT "A"  
LEGAL DESCRIPTION**

Order No.: 030304069

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

Lot 19, Block B, as set forth on FINAL SUBDIVISION MAP No.  
1006-11 for CHICHESTER ESTATES, PHASE 11, filed in the  
office of the County Recorder of Douglas County, Nevada and  
recorded December 27, 2002 in Book 1202, Page 12732, as  
Document No. 562225, and by Certificate of Amendment  
recorded March 27, 2003 in Book 0303, Page 13037, as  
Document No. 0571430.

Assessors Parcel Number 1320-33-816-064

0610884

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PG- 7101  
02/18/2005

**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**

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. <b>Arnold A. BEST</b>		2. <b>February 2, 2005</b>	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. <b>Gardnerville</b>		3a. <b>Douglas</b>	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		SEX	
3c. <b>1363 Chichester Dr.</b>		4. <b>Male</b>	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		DATE OF BIRTH (Mo., Day, Yr.)	
5. <b>White</b>		8. <b>February 14, 1939</b>	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	
6. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7a. <b>65</b>	
CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. <b>California</b>		10. <b>Married</b>	
SOCIAL SECURITY NUMBER		SURVIVING SPOUSE (If wife, give maiden name)	
13. <b>0624</b>		12. <b>Darlene Dabbs</b>	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
14a. <b>Warehousemen</b>		14b. <b>Shipping and Receiving</b>	
RESIDENCE—STATE		STREET AND NUMBER	
15a. <b>Nevada</b>		1363	
COUNTY		CITY, TOWN, OR LOCATION	
15b. <b>Douglas</b>		15c. <b>Gardnerville</b>	
15d. <b>Chichester Dr.</b>		INSIDE CITY LIMITS (Specify Yes or No)	
15e. <b>Yes</b>		FATHER—NAME First Middle Last	
16. <b>Chester C. Best</b>		MOTHER—MAIDEN NAME First Middle Last	
17. <b>Hilda Eden</b>		INFORMANT—NAME (Type or Print)	
18a. <b>Darlene Best - Wife</b>		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18b. <b>1363 Chichester Dr. Gardnerville, NV 89410</b>		BURIAL, CREMATION, REMOVAL, OTHER (Specify)	
19a. <b>Cremation</b>		CEMETERY OR CREMATORY—NAME	
19b. <b>FitzHenry's Crematory</b>		LOCATION City or Town State	
19c. <b>Carson City, Nevada</b>		FUNERAL DIRECTOR—SIGNATURE (Or Person Acting As Such)	
20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER	
20b. <b>217</b>		NAME AND ADDRESS OF FACILITY	
20c. <b>Home, 1380 Hwy 395, Gardnerville, NV 89410</b>		21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.	
21b. <b>2/7/05</b>		21c. <b>0649</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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.	
23a. <b>Andrea L. Miller M.D., 1374 Bridle Way, Minden, NV 89423</b>		22b. DATE SIGNED (Mo., Day, Yr.)	
23b. <b>8912</b>		22c. HOUR OF DEATH	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. <i>[Signature]</i>		24b. <b>February 14, 2005</b>	
24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		DEATH DUE TO COMMUNICABLE DISEASE	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
PART (a) <b>respiratory failure</b>		Interval between onset and death	
(b) <b>metastatic colon cancer</b>		Interval between onset and death	
(c)		AUTOPSY (Specify Yes or No)	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		26. <b>No</b>	
27. <b>No</b>		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a. <b>28b.</b>		28c. <b>28d. M</b>	
28e. <b>28f.</b>		28g. <b>28d.</b>	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e. <b>28f.</b>		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

No. 280475

57240

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:

**FEB 14 2005**

STATE REGISTRAR

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



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