

EXHIBIT "A"
LEGAL DESCRIPTION

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

Parcel 1:

Lot 13, as shown on the Official Plat of WINHAVEN, UNIT NO.
2, PHASE B, filed for record in the Office of the County
Recorder, recorded September 14, 1990, in Book 990 of
Official Records, at Page 1935, Douglas County, Nevada, as
Document No. 234655.

Assessors Parcel No. 1320-29-214-022

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.

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. Miriam I. SEXTON		2. May 31, 2006	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Minden		3a. Douglas	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		SEX	
3c. 1740 Lavender Ct.		4. Female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		8. March 5, 1926	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no (yes, specify Mexican, Cuban, Puerto Rican, etc.)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
6. No		11. Married	
AGE—Last Birthday (Years)		SURVIVING SPOUSE (If wife, give maiden name)	
7a. 80		12. Tim Sexton	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. California		9b. U.S.A.	
SOCIAL SECURITY NUMBER		Decedent's Education—Specify highest grade completed.	
13. 0910		10. 13 Years	
USUAL OCCUPATION (Give kind of work done during most of Working Life. Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
14a. Homemaker		14b. Own Home	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Minden	
COUNTY		STREET AND NUMBER	
15b. Douglas		15d. 1737 Lavender Ct.	
INSIDE CITY LIMITS (Specify Yes or No)		FATHER—NAME First Middle Last	
15e. Yes		16. Leo Mitchell	
MOTHER—MAIDEN NAME First Middle Last		INFORMANT—NAME (Type or Print)	
17. Mary Rigney		18a. Tim Sexton - Husband	
MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		18b. 1737 Lavender Ct., Minden, Nevada 89423	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Burial		19b. Northern Nevada Veterans Cemetery	
LOCATION City or Town State		19c. Fernley, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
20a. <i>[Signature]</i>		20b. 217	
NAME AND ADDRESS OF FACILITY		20c. Home, 1380 Hwy 395, Gardnerville, NV 89410	
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 reported to the cause(s) and manner stated.	
(Signature and Title)		(Signature and Title)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. <i>[Signature]</i>		22b. <i>[Signature]</i>	
HOUR OF DEATH		HOUR OF DEATH	
21c. 21c		22c. 1300	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. 21d		22d. 5-31-06	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		PRONOUNCED DEAD (Hour)	
23a. Greg Hubbard, Deputy/Coroner, P.O. Box 218, Minden, NV 89423		22e. 1300	
LICENSE NUMBER		REGISTRAR	
23b. 262		24a. (Signature) <i>[Signature]</i>	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24b. June 8, 2006		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		PART I	
(a) CARDIAC ARREST		DUE TO, OR AS A CONSEQUENCE OF:	
(b) High Blood Pressure		DUE TO, OR AS A CONSEQUENCE OF:	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		DUE TO, OR AS A CONSEQUENCE OF:	
AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
26. Yes		27. Yes	
ACC., SUICIDE, HOMICIDE, UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a. 28a		28b. 28b	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c. 28c		28d. 28d	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e. 28e		28f. 28f	
LOCATION		STREET OR R.F.D. No.	
28g. 28g		28h. 28h	
CITY OR TOWN		STATE	
28i. 28i		28j. 28j	

STATE REGISTRAR

No. 335816

120451

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.

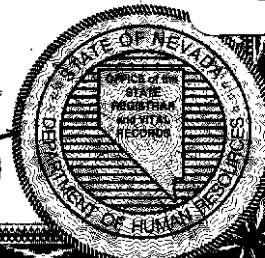
DATE ISSUED:

JUN 08 2006

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



BK- 0606
PG- 6457
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