

EXHIBIT "A"

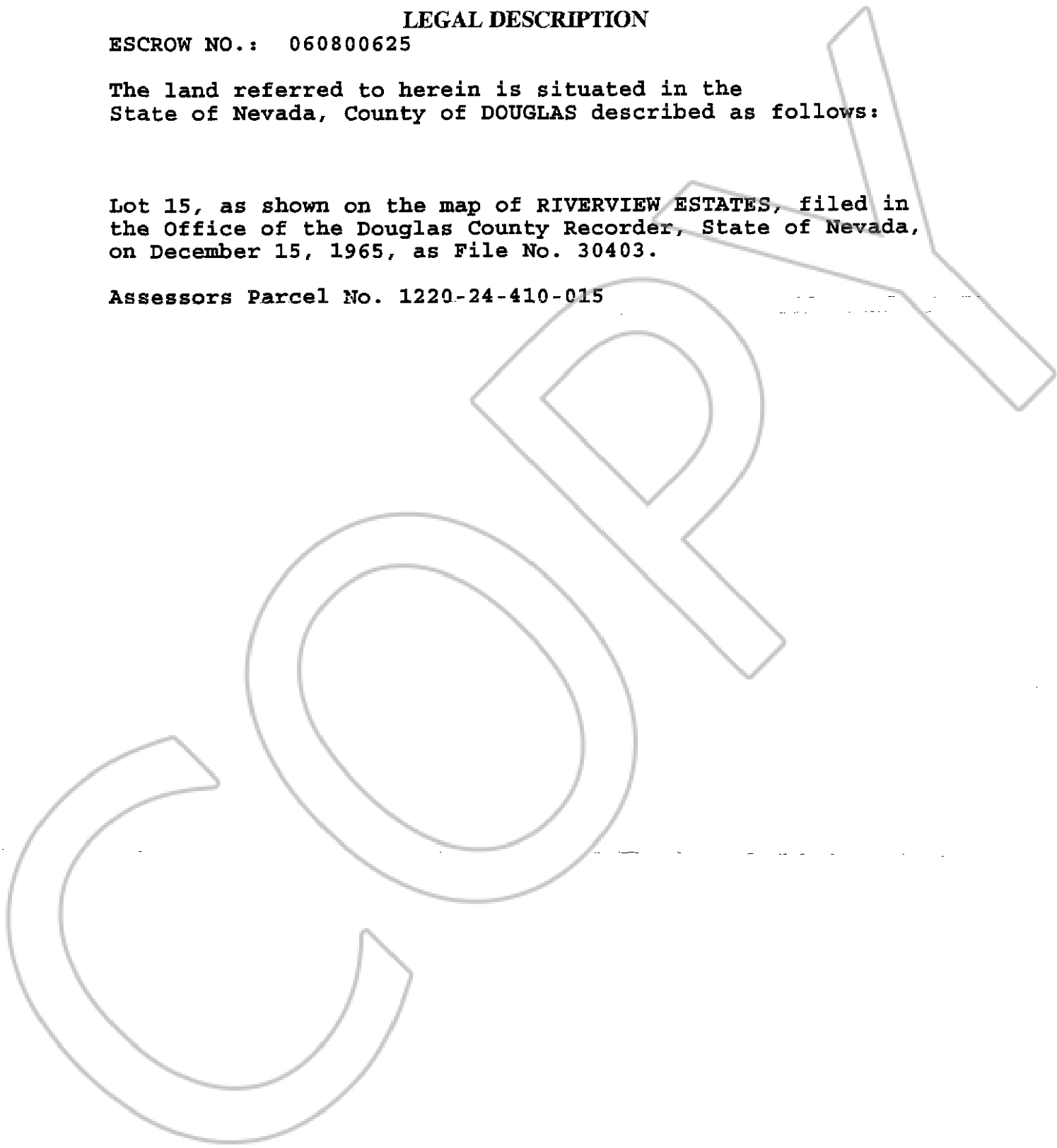
LEGAL DESCRIPTION

ESCROW NO.: 060800625

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

Lot 15, as shown on the map of RIVERVIEW ESTATES, filed in the Office of the Douglas County Recorder, State of Nevada, on December 15, 1965, as File No. 30403.

Assessors Parcel No. 1220-24-410-015



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
HEALTH DEPARTMENT
PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH **3200609 000267**

STATE FILE NUMBER		MIDDLE		LAST (Family)	
1. NAME OF DECEDENT — FIRST (Given)		2. MIDDLE		3. LAST (Family)	
Marjory		Glenda		Griffeth	
AKA, ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.	
		08/13/1937		68	
6. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
AL		4192		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
12. MARITAL STATUS (at Time of Death)		7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hour)	
Married		04/03/2006		1835	
13. EDUCATION — Highest Level/Degree (see worksheet on back)		14A. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back)		15. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)	
Some College		YES <input type="checkbox"/>		White	
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
Businesswoman		Coin Collecting		12	
20. DECEDENT'S RESIDENCE (Street and number or location)					
2359 Wagon Trail Trail					
21. CITY		22. COUNTY		24. YEARS IN COUNTY	
South Lake Tahoe		El Dorado		12	
25. STATE/FOREIGN COUNTRY		26. STATE/FOREIGN COUNTRY			
CA		CA			
27. INFORMANT'S MAILING ADDRESS (Street and number or registered number, city or town, state, ZIP)					
P.O. Box 19503, South Lake Tahoe, CA 96151					
28. NAME OF SURVIVING SPOUSE — FIRST		29. MIDDLE		30. LAST (Surname)	
Stanley		Lloyd		Griffeth	
31. NAME OF FATHER — FIRST		32. MIDDLE		34. BIRTH STATE	
James		Mack		AL	
35. NAME OF MOTHER — FIRST		36. MIDDLE		38. BIRTH STATE	
Marjory		Bessinger		IL	
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF DISPOSITION			
04/10/2006		Happy James Road Cemetery, South Lake Tahoe, CA 96150			
41. TYPE OF DISPOSITION		42. LICENSE NUMBER			
Burial		7035			
44. NAME OF FUNERAL ESTABLISHMENT		45. DATE mm/dd/yyyy			
McFarlane/Marymary		04/05/2006 DH			
103. PLACE OF DEATH					
Barton Skilled Nursing Facility					
104. COUNTY		106. CITY			
El Dorado		South Lake Tahoe			
107. CAUSE OF DEATH					
IMMEDIATE CAUSE (First disease or condition resulting in death)					
Cardiopulmonary arrest					
Underlying cause (Disease or injury that initiated the events resulting in death)					
pneumonia					
small cell lung cancer with brain/metastasis					
112. WAS OPERATION PERFORMED FOR ANY CAUSE OF DEATH OR FOR THE CAUSE OF DEATH?					
Yes - biopsy 05/11/2005					
114. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED		115. SIGNATURE AND TITLE OF CERTIFIER		118. LICENSE NUMBER	
Decedent Attended Since		Decedent Last Seen Alive		A77127	
11/04/2004		04/03/2006		04/04/2006	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
Jean Makris, 960 Tahoe Keys Blvd, South Lake Tahoe, CA 96150					
119. IDENTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED					
MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined					
120. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
121. INJURED AT WORK? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>					
122. INJURY DATE mm/dd/yyyy					
123. HOUR (24 Hour)					
124. SIGNATURE OF CORONER/DEPUTY CORONER					
125. DATE mm/dd/yyyy					
126. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER					
FAX AUTH. # 9249					
CENSUS TRACT					

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF EL DORADO

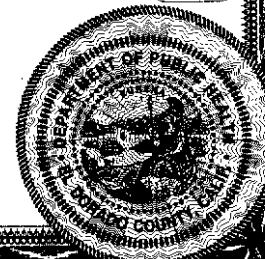
This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Department.

DATE ISSUED **04/07/2006**

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

000095846

Sheldon R. Minkin, D.O.
SHELDON R. MINKIN, D.O.
COUNTY HEALTH OFFICER



BK- 0706
PG- 9166
068060 Page: 3 of 3 07/26/2006