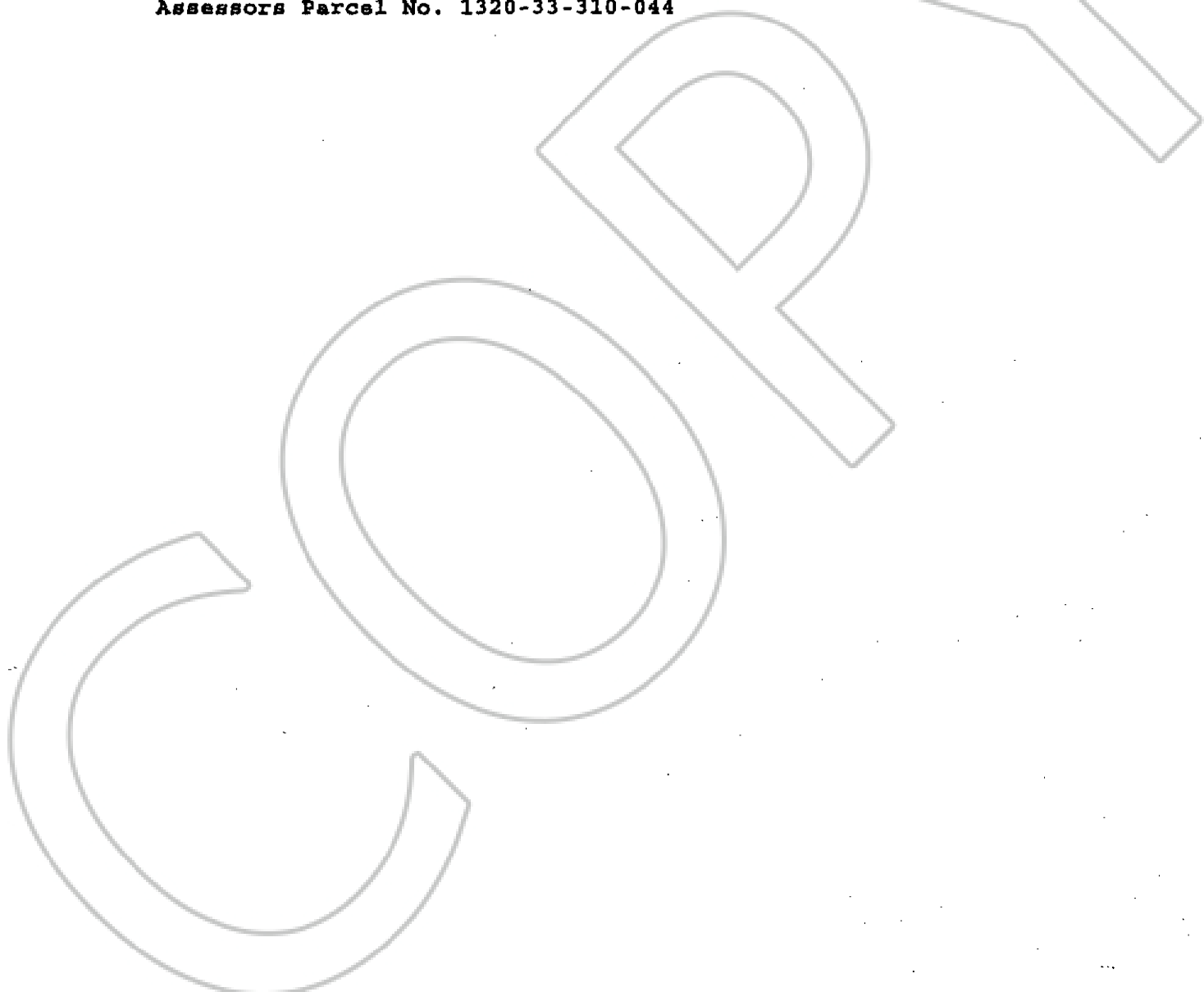


EXHIBIT "A"

LEGAL DESCRIPTION

Lot 6, Block A, as set forth on Final Subdivision Map FSM-1006 of CHICHESTER ESTATES Phase 1, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 12, 1995, in Book 995 at Page 1407, as Document No. 370215 and Amended by Certification of Amendment recorded March 5, 1997 in Book 397, Page 654 as Document No. 407852, Official Records.

Assessors Parcel No. 1320-33-310-044



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

TYPE OF PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

POSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH

CAUSE OF DEATH

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| LOCAL FILE NUMBER | | DECEASED—NAME | | DATE OF DEATH (Month, Day, Year) | | STATE FILE NUMBER | |
| 1. June V. HANAHAN | | 2. September 5, 2006 | | 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. Fm. Inpatient (Specify) | | SEX | |
| 3b. Gardnerville | | 3c. 1488 Grendon Way | | 3e. | | 4. Female | |
| RACE—(e.g., White, Black, American Indian, etc.) (Specify) | | 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) | | DATE OF BIRTH (Mo., Day, Yr.) | |
| 5. White | | 6. | | 7a. 85 | | 8. May 16, 1921 | |
| 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 (Specify) | |
| 9a. Ohio | | 9b. U.S.A. | | 10. 12 Years | | 11. Widowed | |
| SOCIAL SECURITY NUMBER | | USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) | | KIND OF BUSINESS OR INDUSTRY | | | |
| 13. 6631 | | 14a. Homemaker | | 14b. Own Home | | | |
| RESIDENCE—STATE | | CITY, TOWN, OR LOCATION | | STREET AND NUMBER | | INSIDE CITY LIMITS (Specify Yes or No) | |
| 15a. Nevada | | 15b. Douglas | | 15c. Gardnerville | | 15d. 1488 Grendon Way | |
| 15e. Yes | | FATHER—NAME | | MOTHER—MAIDEN NAME | | | |
| 16. Henry Steverding | | 17. Neah Taylor | | | | | |
| INFORMANT—NAME (Type or Print) | | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) | | | | | |
| 18a. Nancy Lantz — Daughter | | 18b. 1488 Grendon Way, Gardnerville, Nevada 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. 217 | | 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. | | 21b. DATE SIGNED (Mo., Day, Yr.) | | 21c. HOUR OF DEATH | | 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | |
| 21a. [Signature] | | 21b. 9/5/2006 | | 21c. 1016 | | 21d. | |
| 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. | | 22b. DATE SIGNED (Mo., Day, Yr.) | | 22c. HOUR OF DEATH | | 22d. PRONOUNCED DEAD (Mo., Day, Yr.) | |
| 22a. [Signature] | | 22b. | | 22c. | | 22d. AT | |
| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) | | LICENSE NUMBER | | | | | |
| 23a. Stephen Hewitt M.D., 1090 3rd-St.#1, South Lake Tahoe, CA 96150 | | 23b. 1107 | | | | | |
| REGISTRAR | | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) | | DEATH DUE TO COMMUNICABLE DISEASE | | | |
| 24a. [Signature] | | 24b. September 8, 2006 | | 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) | | | | Interval between onset and death | | | |
| PART I (a) Normal pressure Hydrocephalus | | | | Interval between onset and death | | | |
| (b) Debility | | | | Interval between onset and death | | | |
| (c) | | | | Interval between onset and death | | | |
| PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. | | AUTOPSY (Specify Yes or No) | | WAS CASE REFERRED TO CORONER (Specify Yes or No) | | | |
| 26. No | | 27. No | | | | | |
| ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) | | DATE OF INJURY (Mo., Day, Yr.) | | HOUR OF INJURY | | DESCRIBE HOW INJURY OCCURRED | |
| 28a. | | 28b. | | 28c. M | | 28d. | |
| 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. | | 28f. | | 28g. | | | |

STATE REGISTRAR

No. 341427

129475 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: SEP - 8 2006

This copy is not valid unless

[Signature]

STATE REGISTRAR

BK- 1106
PG- 9248
0689529 Page: 3 Of 3 11/28/2006

