

EXHIBIT "A"

LEGAL DESCRIPTION

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

Being a portion of the southwest quarter of the southwest quarter of section 26, Township 14 north, range 20 east, M.D.B. & M., described as follows:

Parcel 1, as set forth on parcel map for Gloria P. Lohner, filed for record in the office of the County Recorder of Douglas County, state of Nevada on April 4, 1990, in book 490, page 558, document no. 223327.

APN 21-240-35

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 1. Shirley Ann BRILL			DATE OF DEATH (Month, Day, Year) 2. February 21, 2006
CITY, TOWN OR LOCATION OF DEATH 3b. Minden			COUNTY OF DEATH 3a. Douglas
HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) 3c. 1650 Stephanie Way		If Hosp. or Inst. Indicate DOA, OP, Emer. Res. Inpatient (Specify) 3d.	SEX 4. Female
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4. White	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc. 5.	AGE—Last Birthday (Years) 6. 71	DATE OF BIRTH (Mo., Day, Yr.) 7. January 8, 1935
STATE OF BIRTH (if not U.S.A., name country) 8a. California	CITIZEN OF WHAT COUNTRY 9b. USA	Dependent's Education—Specify highest grade completed. 10. 13	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 11. Married
SOCIAL SECURITY NUMBER 12.	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Homemaker	KIND OF BUSINESS OR INDUSTRY 14b. Own Home	SURVIVING SPOUSE (if wife, give maiden name) 12. Ronald Brill
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 16a. Minden	STREET AND NUMBER 16b. 1650 Stephanie Way
FATHER—NAME First Middle Last 16. James Edwin Ramstein		MOTHER—MAIDEN NAME First Middle Last 17. Thelma Inez McConnell	
INFORMANT—NAME (Type or Print) 18a. Ronald W. Brill		MAILING ADDRESS—(Street or R.F.D. No., City or Town, State, Zip) 18b. 1650 Stephanie Way, Minden, Nevada 89423	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation	CEMETERY OR CREMATORY—NAME 19b. Walton's Sierra Crematory	LOCATION City or Town State 19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Reason for Noting as Such) 20a. <i>[Signature]</i>	FUNERAL DIRECTOR LICENSE NUMBER 20b. 09	NAME AND ADDRESS OF FACILITY 20c. Capitol City Cremation & Burial Society, 1614 N. Curry St., Carson City, NV 89703	
21a. DATE SIGNED (Mo., Day, Yr.) 2/22/06		22a. DATE SIGNED (Mo., Day, Yr.)	
21b. HOUR OF DEATH 1538		22b. HOUR OF DEATH	
21c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		22c. PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON	
23a. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER. (Type or Print) Stephen Perry, M.D., 1107 Hwy 395, Gardnerville, NV 89410		23b. LICENSE NUMBER 6526	
REGISTRAR 24a. (Signature) <i>[Signature]</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) February 24, 2006	DEATH DUE TO COMMUNICABLE DISEASE 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 (a) metastatic ovarian carcinoma with		Interval between onset and death	
PART (b) multiple brain metastases		Interval between onset and death	
PART (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No) 26. No	
ACC. SUICIDE, HON. UNDET. OR PENDING INVEST. (Specify) 27a.		DATE OF INJURY (Mo., Day, Yr.) 28a.	HOUR OF INJURY 28c. M
INJURY AT WORK (Specify Yes or No) 29a.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28b.	DESCRIBE HOW INJURY OCCURRED 28d.
		LOCATION 28g.	STREET OR R.F.D. No. CITY OR TOWN STATE

STATE REGISTRAR

No. 334510

104840

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 24 2006

STATE REGISTRAR

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