

EXHIBIT "A"

LEGAL DESCRIPTION

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

Lot 601, as shown on the map of GARDNERVILLE RANCHOS UNIT
NO. 7, filed for record in the office of the County
Recorder of Douglas County, Nevada, on March 27, 1974, as
Document No. 72456.



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. Linda Kay ANDERSON		DATE OF DEATH (Month, Day, Year) 2. September 29, 2006	COUNTY OF DEATH 3a. Carson City
CITY, TOWN OR LOCATION OF DEATH 3b. Carson City		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Carson Tahoe Regional Healthcare	If Hosp. or inst. indicate DOA, OP/emer. Rm. Inpatient (Specify) 3a. Inpatient
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	SEX 4. Female
STATE OF BIRTH (If not U.S.A., name country) 9a. Idaho		CITIZEN OF WHAT COUNTRY 9b. U.S.A.	DATE OF BIRTH (Mo., Day, Yr.) October 18, 1941
SOCIAL SECURITY NUMBER 13. ████████-7716		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Homemaker	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas	DATE OF BIRTH (Mo., Day, Yr.) 12. John A. Anderson
FATHER—NAME First Middle Last 16. Jack A. Carson		CITY, TOWN, OR LOCATION 15c. Gardnerville	KIND OF BUSINESS OR INDUSTRY 14b. Own Home
MOTHER—MAIDEN NAME First Middle Last 17. Myrtle H. Bergh		STREET AND NUMBER 15d. 803 Hornet Dr.	SURVIVING SPOUSE (If wife, give maiden name) 12. John A. Anderson
INFORMANT—NAME (Type or Print) 18a. John A. Anderson - Husband		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 803 Hornet Drive, Gardnerville, NV 89560	INSIDE CITY LIMITS (Specify Yes or No) 15e. yes
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. FitzHenry's Crematory	LOCATION City or Town State 19c. Carson City, Nevada
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 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. (Signature and Title) <i>John P. Kelly, MD</i> DATE SIGNED (Mo., Day, Yr.) 21b. 10/3/06		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. (Signature and Title) _____ DATE SIGNED (Mo., Day, Yr.) 22b. _____	
21c. HOUR OF DEATH 21d. 2315		22c. HOUR OF DEATH 22d. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. John Kelly, M.D., 2874 N. Carson St. #210, Carson City, NV 89706		LICENSE NUMBER 23b. 6376	
REGISTRAR 24a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. October 4, 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).)			
PART I (a) Lung Cancer		Interval between onset and death 6 months	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b)		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		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) 26. No	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No
ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M	DESCRIBE HOW INJURY OCCURRED 28d.
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE 28g.	

STATE REGISTRAR

No. 345049

138498 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: OCT 04 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



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