



**EXHIBIT "A"**  
**LEGAL DESCRIPTION**

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

BEGINNING AT A POINT WHICH IS THE SOUTHWEST CORNER OF LOT 24 OF ARTEMISIA SUBDIVISION AS FILED IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER OFFICE ON AUGUST 10, 1959, AS FILE NO. 14758; THENCE SOUTH 89°58' WEST A DISTANCE OF 148 FEET TO A POINT; THENCE NORTH 0°09'10" EAST A DISTANCE OF 321.25 FEET TO A POINT; THENCE NORTH 89°58' EAST A DISTANCE OF 148 FEET MORE OR LESS TO A POINT WHICH IS THE NORTHWEST CORNER OF SAID LOT 24; THENCE SOUTHERLY ALONG THE WEST LINE OF SAID LOT 24, 321.25 FEET TO THE POINT OF BEGINNING.

BEING A PORTION OF THE SOUTHWEST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 34, TOWNSHIP 14 NORTH, RANGE 20 EAST, M.D.B.&M.

EXCEPTING THEREFROM ALL THAT PORTION LYING WITHIN KAYNE AVENUE, AS SHOWN ON THE RE-SUBDIVISION OF ARTEMISIA SUBDIVISION FILED IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER ON APRIL 23, 1962, AS FILE NO. 19909.

"IN COMPLIANCE WITH NEVADA REVISED STATUTE 111.312, THE HEREIN ABOVE LEGAL DESCRIPTION WAS TAKEN FROM INSTRUMENT RECORDED SEPTEMBER 20, BOOK 0901, PAGE 4622, AS FILE NO. 0523114, RECORDED IN THE OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA."

ASSESSOR'S PARCEL NO. 1420-34-401-002



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SHASTA  
REDDING, CALIFORNIA

CERTIFICATE OF DEATH

3 2005 45001882

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITOUTS OR ALTERATIONS VS-11 (REV 1/03)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>William</b>		2. MIDDLE <b>Baird</b>		3. LAST (Family) <b>Rouff</b>	
AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)				4. DATE OF BIRTH mm/dd/yyyy <b>07/12/1933</b>	5. AGE Yrs. <b>72</b>
9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10. SOCIAL SECURITY NUMBER [REDACTED]		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS (at Time of Death) <b>Widowed</b>
13. EDUCATION - Highest Level/Degree (See worksheet on back) <b>HS Graduate</b>		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>White</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>Installer</b>			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>Communications</b>		19. YEARS IN OCCUPATION <b>35</b>
20. DECEDENT'S RESIDENCE (Street and number or location) <b>23012 Ash Creek Rd. #14</b>					
21. CITY <b>Anderson</b>		22. COUNTY/PROVINCE <b>Shasta</b>		23. ZIP CODE <b>96007</b>	24. YEARS IN COUNTY <b>26</b>
25. STATE/FOREIGN COUNTRY <b>CA</b>		26. INFORMANT'S NAME, RELATIONSHIP <b>Georgianna Perry, Daughter</b>			
27. INFORMANT'S MAILING ADDRESS (Street and number or route number, city or town, state, ZIP) <b>P.O. Box 1335 Minden, NV 89423-1335</b>					
28. NAME OF SURVIVING SPOUSE - FIRST <b>Wiley</b>		29. MIDDLE <b>B.</b>		30. LAST (Maiden Name) <b>Beck</b>	
31. NAME OF FATHER - FIRST <b>Dorothy</b>		32. MIDDLE <b>-</b>		33. LAST <b>Beck</b>	
34. BIRTH STATE <b>WI</b>		35. NAME OF MOTHER - FIRST <b>-</b>		36. MIDDLE <b>-</b>	
37. LAST (Maiden) <b>-</b>		38. BIRTH STATE <b>WI</b>			
39. DISPOSITION DATE mm/dd/yyyy <b>12/05/2005</b>		40. PLACE OF FINAL DISPOSITION <b>RES: James Rouff 6000 10th St. #11, Sheridan, CA 95681</b>			
41. TYPE OF DISPOSITION(S) <b>CR/RES</b>		42. SIGNATURE OF EMBALMER <b>Not Embalmed</b>		43. LICENSE NUMBER <b>-</b>	
44. NAME OF FUNERAL ESTABLISHMENT <b>Anderson's Chapel</b>		45. LICENSE NUMBER <b>FD-864</b>		46. SIGNATURE OF LOCAL REGISTRAR AND/OR CLERK <i>[Signature]</i>	
47. DATE mm/dd/yyyy <b>12/02/2005</b>					
101. PLACE OF DEATH <b>Decedent's Residence</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
104. COUNTY <b>Shasta</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) <b>23012 Ash Creek Rd. #14</b>		106. CITY <b>Anderson</b>	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator liberation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (A) <b>Probable Cardiac Arrest</b> Secondary, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) <b>Probable Cardiac Arrhythmia</b> (C) <b>Myocardial Ischemia</b> (D) <b>Coronary Artery Disease</b>		Time Interval Between Death and Death (AT) mins <b>105-1265</b>		108. DEATH REPORTED TO CORONER? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
		(BT) mins		109. BOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		(CT) years		110. AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		(DT) years		111. USED IN DETERMINING CAUSE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>Arterial Hypertension, Chronic Kidney Failure</b>					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>Coronary Artery Bypass Grafting 1993, Pacemaker Placement 2001</b>					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since mm/dd/yyyy <b>11/18/1988</b>		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NUMBER <b>G35036</b>	
117. DATE mm/dd/yyyy <b>11/22/2005</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>Norman Arai M.D., 2161 Ferry St., Anderson, CA 96007</b>			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input 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. INJURED AT WORK? YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hour)					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A		B	
C		D		E	
FAX AUTH. #		CENSUS TRACT			

BK- 0507  
PG- 4121  
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This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE SHASTA COUNTY ASSESSOR-RECORDER.

*[Signature]*  
CRIS ANDREWS  
SHASTA COUNTY ASSESSOR-RECORDER

JUL 27 2006  
DATE ISSUED

\*000130538\*

This copy not valid unless prepared on engraved border displaying date, seal and signature of Assessor-Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

