

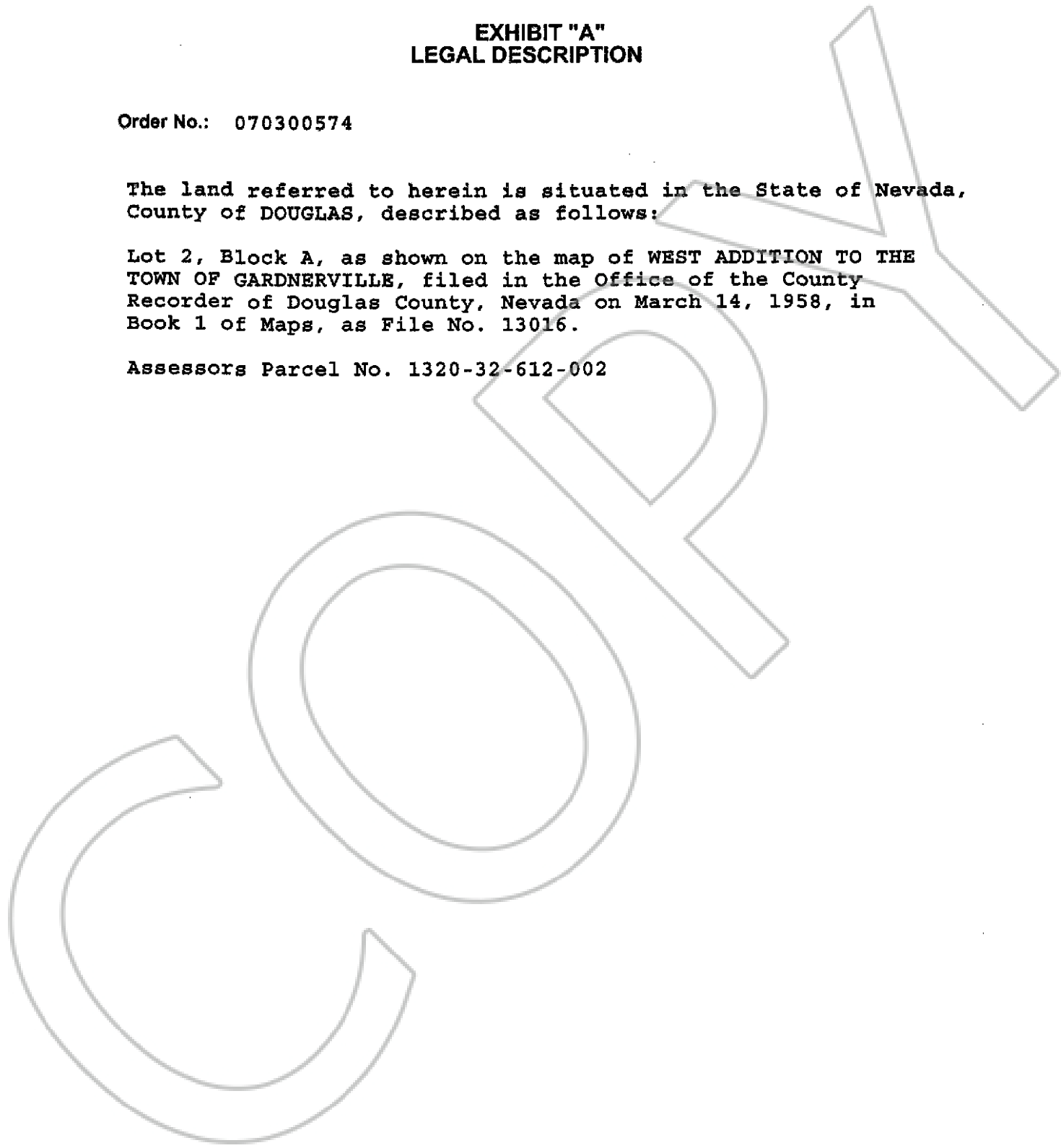
**EXHIBIT "A"
LEGAL DESCRIPTION**

Order No.: 070300574

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

Lot 2, Block A, as shown on the map of WEST ADDITION TO THE
TOWN OF GARDNERVILLE, filed in the Office of the County
Recorder of Douglas County, Nevada on March 14, 1958, in
Book 1 of Maps, as File No. 13016.

Assessors Parcel No. 1320-32-612-002



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2007000393
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME FIRST Patilla			1b. MIDDLE Gayle			1c. LAST CORBITT			2. DATE OF DEATH (Mo/Day/Year) January 26, 2007			3a. COUNTY OF DEATH Douglas					
3b. CITY, TOWN, OR LOCATION OF DEATH Minden						3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 925 Ironwood Drive						3d. If Hoop. or Inst. indicate DOA, OP, Emer. Rm. Inpatient(Specify)			4. SEX Female		
5. RACE-(e.g. White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic			7a. AGE-Last birthday (Years) 66			7b. UNDER 1 YEAR MOS. DAYS			7c. UNDER 1 DAY HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) November 07, 1940		
9a. STATE OF BIRTH (If not U.S.A. name country) Arkansas			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 13			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Phil CORBITT					
13. SOCIAL SECURITY-NUMBER [REDACTED]						14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Secretary						14b. KIND OF BUSINESS OR INDUSTRY Douglas County School District					
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Gardnerville			15d. STREET AND NUMBER 1120 Willow Street			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER - NAME (First Middle Last Suffix) Erith DIXON						17. MOTHER - NAME (First Middle Last Suffix) Elise HARE											
18a. INFORMANT - NAME (Type or Print) Phil CORBITT						18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 2672 Minden, Nevada 89423											
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation						19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory						19c. LOCATION City or Town State Carson City Nevada 89701					
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED						20b. FUNERAL DIRECTOR LICENSE 217			20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410								
TRADE CALL - NAME AND ADDRESS																	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED DELROY ANTHONY MCFARLANE M.D.						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) stated. (Signature & Title)											
21b. DATE SIGNED (Mo/Day/Yr) January 31, 2007						21c. HOUR OF DEATH 07:57			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH					
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr)						22e. PRONOUNCED DEAD AT (Hour)					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Delroy Anthony McFarlane M.D. 925 Ironwood Dr #1103 Minden, NV-89423												23b. LICENSE NUMBER 9617					
24a. REGISTRAR (Signature) SARAH KOERNER SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 02, 2007			24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))																	
PART (a) (b) (c) Cardiopulmonary Arrest Lung Cancer						Interval between onset and death											
PART - OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1																	
26. ACC, SUICIDE, HOM, UNDET, OR PENDING INVEST. (Specify)			26b. DATE OF INJURY (Mo/Day/Yr)			26c. HOUR OF INJURY			26d. DESCRIBE HOW INJURY OCCURRED								
27a. INJURY AT WORK (Specify, Yes or No)			27b. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)						27c. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE								

STATE REGISTRAR

50952

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144119 CERTIFIED COPY OF VITAL RECORDS

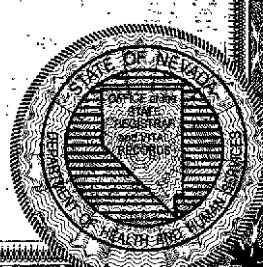
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

05/16/2007

This copy is not valid unless displayed on engraved border displaying date, seal and signature of Registrar.

PHNCO (Rev) 1/06



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE