

DOUGLAS COUNTY

EXHIBIT "A"

LEGAL DESCRIPTION

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

A parcel of land lying wholly within the South 1/2 of Sec. 27, T14N, R18E, M.D.M., and being further described as follows:

Commencing on the Easterly right of way line of U.S. Hwy. 50 at the extreme Northwesterly corner of Cave Rock Estates Unit No. 1 as recorded in the Official Records of Douglas Co., Nevada; S 89°46'34" E 61.18' to the TRU; POINT OF BEGINNING; thence S 88°57'36" E 565.59' to the Northwest corner of Lot 67 as delineated on the Official Map of Cave Rock Estates Unit No. 2; thence along the West lot line of said Lot 67 S 01°17'10" E 166.58' to the Northerly corner of Lot 46 of aforementioned Cave Rock Estates Unit No. 1; thence along the subdivision boundary the follownig courses' S 03°50'00" E 149.33'; S 32°33'00" E 124.56'; S 60°27'00" W 524.81; N 20°53'30" W 436.76' to the beginning of a tagent curve to the right with a central angle of 20°39'30" and a radius of 525.00'; thence along said curve an arc distance of 189.30; thence tangent to said curve N 00°14'00" E 92.72' to the point of beginning.

Assessment Parcel No. 03-100-11-2.

Legal description was previously recorded on document number 100589, book 584, page 768.

6-22-83
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REQUESTED BY
DOUGLAS COUNTY TITLE

IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

#6.000
1984 MAY -9 PM 12:20

SUZANNE BEAUDREAU
RECORDER

Betty Henderson
Dep.

100589

BOOK 584 PAGE 768



BK- 1008
PG- 1580

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — VITAL STATISTICS

CERTIFICATE OF DEATH

2008011719

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,MIDDLE, LAST,SUFFIX) Frederic Stephan APCAR			2. DATE OF DEATH (Mo/Day/Year) August 02, 2008		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Sunrise Hospital Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient		4. SEX Male
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 93	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) September 16, 1914
9a. STATE OF BIRTH (If not U.S.A., name country) Russia		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 12	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Olga HANTIGOVA
13. SOCIAL SECURITY NUMBER 6296		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Show Producer		14b. KIND OF BUSINESS OR INDUSTRY Entertainment		15. Ever in US Armed Forces? No
15a. RESIDENCE - STATE Nevada	15b. COUNTY Clark	15c. CITY, TOWN OR LOCATION Las Vegas		15d. STREET AND NUMBER 1499 Cayuga Parkway		15e. INSIDE CITY LIMITS (Specify Yes or No) No
16. FATHER - NAME (First Middle Last Suffix) Nicolaj APCAR			17. MOTHER - NAME (First Middle Last Suffix) Elisabeth NERSES			
18a. INFORMANT- NAME (Type or Print) Olga APCAR			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1499 Cayuga Parkway Las Vegas, Nevada 89169			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Palm Valley View Cemetery		19c. LOCATION City or Town State Las Vegas Nevada 89123		
20a. FUNERAL DIRECTOR -SIGNATURE (Of Person Acting as Such) BART BURTON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 50	20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Eastern 7600 S Eastern Las Vegas NV 89123			
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) ALEXANDER FOAD AKHAVAN M.D. SIGNATURE AUTHENTICATED			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) August 05, 2008		21c. HOUR OF DEATH 11:00		22b. DATE SIGNED (Mo/Day/Yr)		
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) Alexander Foad Akhavan M.D. 5945 South Rainbow Blvd. Las Vegas, NV 89142					23b. LICENSE NUMBER 11478	
24a. REGISTRAR (Signature) NINETTE HARRINGTON SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 05, 2008		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).)					Interval between onset and death	
PART I						
(a) Myocardial infarction						
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(b) Coronary artery disease						
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(c)						
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(d)						
PART II					26. AUTOPSY (Specify Yes or No) No	
					27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo/Day/Yr)	28c. HOUR OF INJURY	28d. DESCRIBE HOW INJURY OCCURRED			
28e. INJURY AT WORK (Specify Yes or No)	28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE			

STATE REGISTRAR



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PG- 1581

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"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT

Lawrence K. Sands, D.O., M.P.H.
Registrar of Vital Statistics
By: *PK*
Date Issued: **OCT 07 2008**