

EXHIBIT "A"

PARCEL 1

Lot 7, in Block B, as shown on the map of MENELEY ADDITION TO THE TOWN OF GARDNERVILLE, filed in the office of the County Recorder of Douglas County, State of Nevada, on June 9, 1947, in Book 1 of Maps, as Document No. 4930.

APN: 1320-32-613-027

PARCEL 2

A portion of the Southeast ¼ of the Northeast ¼, Section 32, Township 13 North, Range 20 East, M.D.B. & M., in Douglas County, Nevada, more particularly described as follows, to wit.

BEGINNING at the Northeast corner of Lot 7, Block B, MENELEY ADDITION TO THE TOWN OF GARDNERVILLE, Nevada;

Thence from a tangent which bears North 67°39'17" West, curving to the left along the Northeasterly boundary of said Lot 7, with a radius of 620 feet through an angle of 6°28'08" an arc distance of 70.00 feet to a point;

Thence North 15°52'35" East, a distance of 30.00 feet to a point;

Thence from a tangent which bears South 74°07'25" East, curving to the right along a line 30.00 feet Northeasterly of and parallel with the Northeasterly boundary of said Lot 7 with a radius of 650.00 feet through an angle of 6°28'08" an arc distance of 73.39 feet to a point;

Thence South 22°20'43" West, a distance of 30.00 feet to the Northeast corner of said Lot 7, the **POINT OF BEGINNING**.

APN: 1320-32-601-009

This description was previously recorded on June 27, 1988, in Book 688, Page 3960, as Document No. 180955, Official Records of Douglas County, Nevada.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2008007348
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) Dean Edward SEEMAN		2 DATE OF DEATH (Mo/Day/Year) May 11, 2008		3a COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Carson Tahoe Regional 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) 076		7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS	
8 DATE OF BIRTH (Mo/Day/Yr) October 01, 1931		9a. STATE OF BIRTH (if not U.S.A., name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		12. SURVIVING SPOUSE (if wife, give maiden name)	
13 SOCIAL SECURITY NUMBER ██████-7683		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Rancher		14b KIND OF BUSINESS OR INDUSTRY Ranching	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d STREET AND NUMBER 1650 Buckeye Road		15e INSIDE CITY LIMITS (Specify Yes or No) No		16 FATHER - NAME (First Middle Last Suffix) Henry SEEMAN	
17 MOTHER - NAME (First Middle Last Suffix) Edith BULL		18a INFORMANT- NAME (Type or Print) Robin CRAIG		18b MAILING ADDRESS (Street or R.F.D.No, City or Town, State, Zip) 1812 Mountain St., Carson City, Nevada 89703	
18a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		18b CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		18c LOCATION City or Town State Carson City Nevada 89706	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL		20b FUNERAL DIRECTOR LICENSE 620		20c NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703	
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) JOHN ZIPPERER MD			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) May 12, 2008		21c HOUR OF DEATH 14:05		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) John Zipperer MD 801 East Williams Avenue Fallon, NV 89406				23b LICENSE NUMBER 11421	
24a REGISTRAR (Signature) CHRISTINA GRIFFITH		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 13, 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).)					
PART I (a) Pneumonia				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF Chronic Obstructive Pulmonary Disease				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF				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 Diastolic Heart Dysfunction, Hypertension				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

547038

0751287 Page: 3 Of 3 09/25/2009

BK- 0909
PG- 5502

VRS-Rev-2008T

212217 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: **MAY 15 2008**

Rid White
STATE REGISTRAR

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

PHCO (Rev) 11/06

