

**Exhibit A
LEGAL DESCRIPTION**

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

All those certain tracts of lands located, situated and being in the Northeast 1/4 of the Northeast 1/4 of Section 9, and the Northwest 1/4 of the Northwest of Section 10, Township 13 North, Range 19 East, M.D.B.&M., in Douglas County, State of Nevada, and more particularly described as follows, to-wit:

From the section corner common to Sections 3, 4, 9 and 10 of said Township and Range; thence East along the North line of Section 10 a distance of 639.47 feet to a point on the Westerly right of way line of the County Road; thence South $23^{\circ}39'40''$ West along the right of way line 1075.00 feet to the true point of beginning at the Northeasterly corner of the parcel; thence South $23^{\circ}39'40''$ West along said right of way line 300.00 feet to the Southeasterly corner of the parcel; thence North $66^{\circ}20'20''$ West 764.00 feet to the Southwesterly corner of the parcel; thence North $52^{\circ}19'40''$ East 341.90 feet to the Northwesterly corner of the parcel; thence South $66^{\circ}20'20''$ East 800 feet to the point of beginning.

"In Compliance with Nevada Revised Statute 111.312, the herein above legal description was taken from instrument recorded August 3, 1990, Book 890, Page 568, as file No. 231705, recorded in the official records of Douglas County State of Nevada."

A.P.N. 1319-09-501-002

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2008019118
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) Natale Albert CAPALBO		2. DATE OF DEATH (Mo/Day/Year) December 24, 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) 82		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) November 26, 1926		9a. STATE OF BIRTH (If not U.S.A., name country) Rhode Island		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Margaret M HOCHGURTEL	
13. SOCIAL SECURITY NUMBER 5597		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Owner/operator		14b. KIND OF BUSINESS OR INDUSTRY Music Store	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Genoa	
15d. STREET AND NUMBER 2350 Main St		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Michael CAPALBO	
17. MOTHER - NAME (First Middle Last Suffix) Mary ALGIERE		18a. INFORMANT- NAME (Type or Print) Margaret M CAPALBO		18b. MAILING ADDRESS (Street or R.F.D.No, City or Town, State, Zip) P.O.Box 456 Genoa, Nevada 89411	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Moltville Cemetery		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 820		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Roop Carson City, NV, 89708	
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) JOSE ALFREDO AGUIRRE MD 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) December 30, 2008			21c. HOUR OF DEATH 05:22		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Maiya, Vijay			22b. DATE SIGNED (Mo/Day/Yr)		
			22c. HOUR OF DEATH		
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Maiya, Vijay			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) Jose Alfredo Aguirre MD 1600 Medical Parkway Carson City, NV, 89703					23b. LICENSE NUMBER 11479
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 31, 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					Interval between onset and death
(a) Cardiogenic shock DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(b) Acute myocardial infarction DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(c) Presumed coronary artery disease DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(d)					Interval between onset and death
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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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:

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

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

