



Lot 21, in Block A, as shown on the Official Map of SILVERADO HEIGHTS SUBDIVISION, filed for record in the Office of the County Recorder of Douglas County, Nevada, on September 18, 1978, in Book 978, Page 1176, as Document No. 25326 and Certificate of Amendment of the final plat of said subdivision, recorded August 23, 1979, in Book 879 of Official Records, at Page 1725, as Document No. 35885, and Certificate of Amendment of the final plat of said subdivision recorded October 12, 1979, in Book 1079, at Page 1039, as Document No. 37638, Official Records, Douglas County, Nevada.

EXHIBIT "A"

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

2010009708

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) <b>Betty Fay STELLWAY</b>		2. DATE OF DEATH (Mo/Day/Year) <b>June 21, 2010</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) <b>Evergreen-Gardnerville Health &amp; Rehab Center</b>		3d. If Hosp. or Inst. Indicate DOA,OP/Emer Rm. Inpatient(Specify) <b>Inpatient</b>	
5. RACE. White (Specify)		8. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>80</b>	
9a. STATE OF BIRTH (If not U.S.A. name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
13. SOCIAL SECURITY NUMBER <b>0423</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Secretary</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
16. FATHER - NAME (First Middle Last Suffix) <b>Lee H WALTON</b>		17. MOTHER - NAME (First Middle Last Suffix) <b>DeEtta BARTON</b>		12. SURVIVING SPOUSE OR DOMESTIC PARTNER <b>Ever in US Armed Forces? No</b>	
18a. INFORMANT-NAME (Type or Print) <b>Valerie FREGA</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1139 Wisteria Drive Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Minden Nevada 89423</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</b>	
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) <b>KAREN SUE MCDERMOTT M.D.</b> 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) <b>June 28, 2010</b>		21c. HOUR OF DEATH <b>00:45</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>McDermott, Karen Sue</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Karen Sue McDermott M.D. 1625 E Prater Way #108 Sparks, NV 89434</b>		23b. LICENSE NUMBER <b>6450</b>	
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 06, 2010</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) <b>Lung Cancer</b> Interval between onset and death:					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) 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) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death:					
PART II					
26. ACC, SUICIDE, HDM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28a. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28d. DESCRIBE HOW INJURY OCCURRED	
28g. LOCATION STREET OR R.F.D. No		CITY OR TOWN		STATE	
26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>			

STATE REGISTRAR



BK- 0810 PG- 6230

0769363 Page: 3 Of 3 08/27/2010

VRS-Rev-20080602

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: 07/06/2010

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

R. D. White STATE REGISTRAR SIGNATURE AUTHENTICATED

