



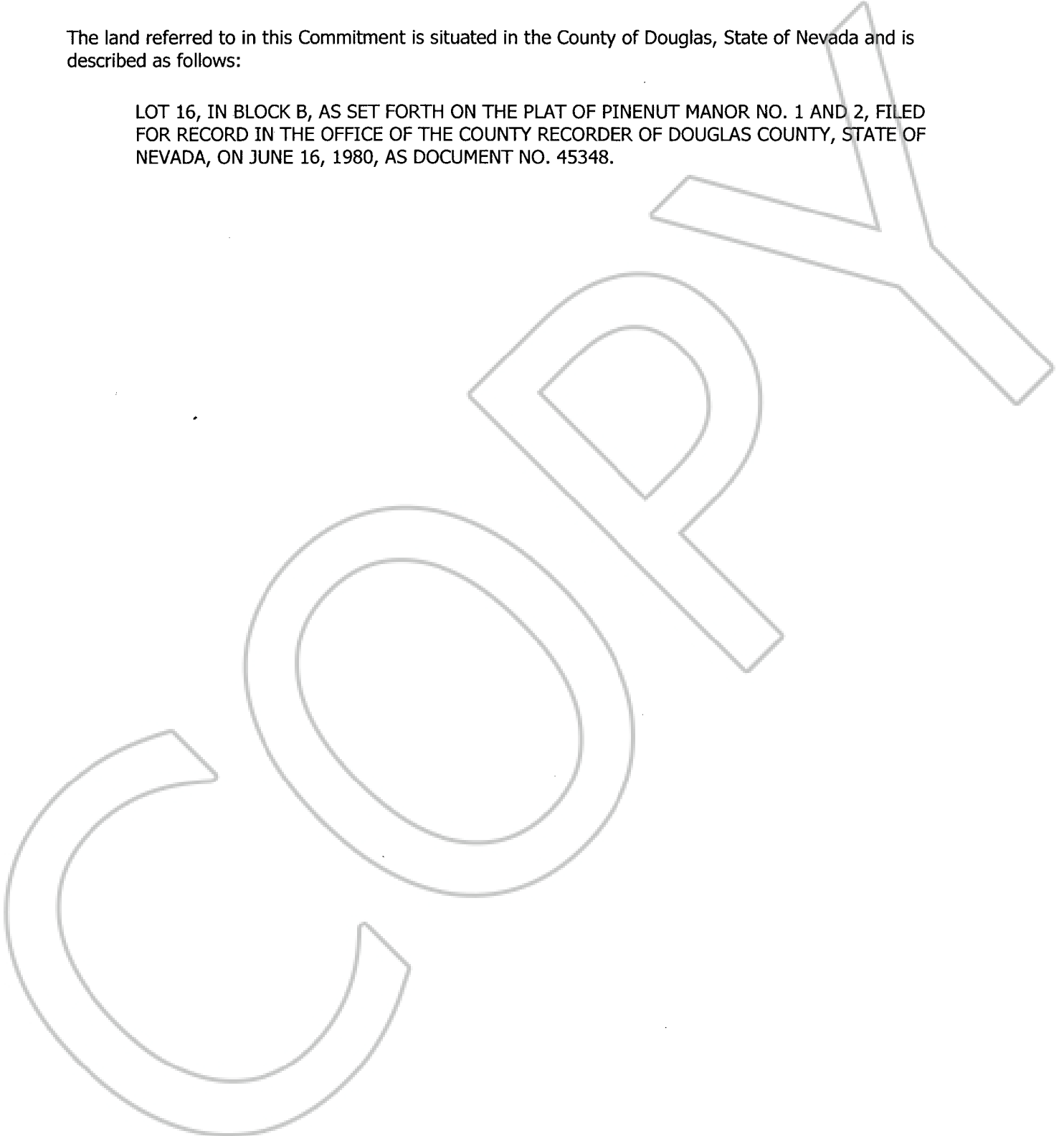




EXHIBIT "A"

The land referred to in this Commitment is situated in the County of Douglas, State of Nevada and is described as follows:

LOT 16, IN BLOCK B, AS SET FORTH ON THE PLAT OF PINENUT MANOR NO. 1 AND 2, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JUNE 16, 1980, AS DOCUMENT NO. 45348.



**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH  
VITAL STATISTICS**

**CERTIFICATE OF DEATH**

2007008990

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 Mercedes			1b. MIDDLE PELL			1c. LAST PELL			2. DATE OF DEATH (Mo/Day/Year) October 18, 2007			3a. COUNTY OF DEATH Washoe		
3b. CITY, TOWN, OR LOCATION OF DEATH Reno				3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) St Mary's Regional Medical Center				3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient				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. Non-hispanic		7a. AGE-Last birthday (Years) 72		7b. UNDER 1 YEAR MOS: _____ DAYS: _____		7c. UNDER 1 DAY HOURS: _____ MINS: _____		8. DATE OF BIRTH (Mo/Day/Yr) April 19, 1935				
9a. STATE OF BIRTH (If not U.S.A., name country) California			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) Lawrence PELL			
13. SOCIAL SECURITY NUMBER [REDACTED] 2726				14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life; Even If Retired) Homemaker				14b. KIND OF BUSINESS OR INDUSTRY Own Home						
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1053 Tenabo Lane			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER - NAME (First Middle - Last - Suffix) Pedro PARTAL						17. MOTHER - NAME (First Middle - Last - Suffix) Catalina GOMEZ								
18a. INFORMANT: NAME (Type or Print) Lawrence PELL				18b. MAILING ADDRESS (Street or R.F.D. No.; City or Town, State, Zip) 1053 Tenabo Lane Gardnerville, Nevada 89410										
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 (Of Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE [REDACTED] 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) <b>ATHAN ROUMANAS 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) October 24, 2007				21c. HOUR OF DEATH 15:20				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) Nevada Heart Surgeons Reno, NV 89503										23b. LICENSE NUMBER 9348				
24a. REGISTRAR (Signature) <b>LAURA DANIELS</b> SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 29, 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>Atrioventricular disruption</b>						Interval between onset and death								
DUE TO, OR AS A CONSEQUENCE OF: Status post redo, mitral valve replacement, aortic valve replacement, coronary artery bypass grafting x1						Interval between onset and death								
PART (b) <b>Mitral valve mass, mitro regurge, aortic stenosis</b>						Interval between onset and death								
PART (c) <b>OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I</b> Coronary artery device; coronary artery bypass grafting, hypertension, mitro regurge						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



BK-1110  
PG-1880

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CERTIFIED COPY OF VITAL RECORDS

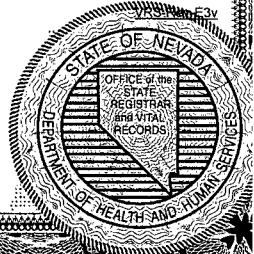
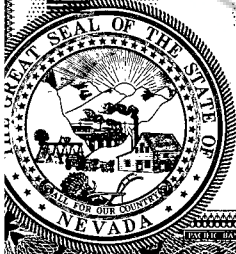
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

SEP 10 2010

STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE