



**EXHIBIT "A"**

A TIMESHARE ESTATE COMPRISED OF AN UNDIVIDED INTEREST AS TENANTS IN COMMON IN AND TO THAT CERTAIN REAL PROPERTY AND IMPROVEMENTS AS FOLLOWS:

AN UNDIVIDED 1/2448th INTEREST IN AND TO ALL THAT REAL PROPERTY SITUATE IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, DESCRIBED AS FOLLOWS:

ADJUSTED PARCEL G AS SHOWN ON THAT RECORD OF SURVEY TO SUPPORT A BOUNDARY LINE ADJUSTMENT RECORDED ON SEPTEMBER 20, 2002 IN THE OFFICE OF THE DOUGLAS COUNTY RECORDED AS DOCUMENT NO. 0552536, ADJUSTING THAT RECORD OF SURVEY RECORDED APRIL 29, 2002 AS DOCUMENT NO. 0540898, PURSUANT TO THAT FINAL SUBDIVISION MAP LDA #98-05 FOR DAVID WALLEY'S RESORT, A COMMERCIAL SUBDIVISION, FILED FOR RECORD WITH THE DOUGLAS COUNTY RECORDER ON OCTOBER 19, 2000, IN BOOK 1000, AT PAGE 3464, AS DOCUMENT NO. 0501638, AND BY CERTIFICATE OF AMENDMENT RECORDED NOVEMBER 3, 2000, IN BOOK 1100, PAGE 467, AS DOCUMENT NO. 0502689, OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA.

TOGETHER WITH THOSE EASEMENTS APPURTENANT THERETO AND SUCH EASEMENTS AND USE RIGHTS DESCRIBED IN THE DECLARATION OF TIME SHARE COVENANTS, CONDITIONS AND RESTRICTIONS FOR DAVID WALLEY'S RESORT RECORDED SEPTEMBER 23, 1998, AS DOCUMENT NO. 0449993, AND AS AMENDED BY DOCUMENT NOS. 0466255, 0485265, 0489957, 0509920 AND 0521436, AND THAT DECLARATION OF ANNEXATION OF DAVID WALLEY'S RESORT PHASE III RECORDED ON JULY 1, 2003 IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER AS DOCUMENT NO. 0582120 AND SUBJECT TO SAID DECLARATION; WITH THE EXCLUSIVE RIGHT TO USE SAID INTEREST FOR ONE USE PERIOD WITHIN A TWO BEDROOM UNIT EVERY OTHER YEAR IN ODD-NUMBERED YEARS IN ACCORDANCE WITH SAID DECLARATION.

TOGETHER WITH A PERPETUAL NON-EXCLUSIVE EASEMENT OF USE AND ENJOYMENT IN, TO AND THROUGHOUT THE COMMON AREA AND A PERPETUAL NON-EXCLUSIVE EASEMENT FOR PARKING AND PEDESTRIAN AND VEHICULAR ACCESS, INGRESS AND EGRESS AS SET FORTH IN ACCESS EASEMENT AND ABANDONMENT DEED RECORDED SEPTEMBER 20, 2002 IN BOOK 0902, AT PAGE 06242, AS DOCUMENT NO. 0552534, OFFICIAL RECORDS, DOUGLAS COUNTY, NEVADA.

A PORTION OF APN: 1319-15-000-020

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**WASHOE COUNTY HEALTH DISTRICT**  
VITAL STATISTICS - RENO, NEVADA

**CERTIFICATE OF DEATH**

**2013008990**  
STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

DECEDENT

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>James Calvin FITZSIMMONS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>May 27, 2013</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) <b>St Mary's Regional Medical Center</b>		3e. If Hosp. or Inst: indicate DOA, OP/Emer, Rm. Inpatient (Specify) <b>Emergency Room / Outpatient</b>	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>78</b>	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		7d. UNDER 1 DAY MINS	
9a. STATE OF BIRTH (If not U.S.A. name country) <b>Washington</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>16</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (If wife, give maiden name) <b>Ruth Mary SMITH</b>			
13. SOCIAL SECURITY NUMBER <b>[REDACTED]-0167</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Sales And Marketing</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Petroleum</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Washoe</b>		15c. CITY, TOWN OR LOCATION <b>Reno</b>	
15d. STREET AND NUMBER <b>4275 Spring Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			

PARENTS

16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Ralph Andrew FITZSIMMONS</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Helen ANDERSEN</b>			
18a. INFORMANT-NAME (Type or Print) <b>Ruth FITZSIMMONS</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State; Zip) <b>4275 Spring Drive Reno, Nevada 89502</b>			

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sierra Crematory</b>		19c. LOCATION City or Town State <b>Reno Nevada 89503</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BLAKE HOWE</b> <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE <b>622</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funeral Home, Reno</b> <b>875 West Second St Reno NV 89503</b>	

TRADE CALL

TRADE CALL - NAME AND ADDRESS

CERTIFIER

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>SIGNATURE AUTHENTICATED</b> <b>TIMOTHY OSBORNE MD</b>		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>May 30, 2013</b>		21c. HOUR OF DEATH <b>02:55</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Hayatdavoudi, Saman</b>		22b. DATE SIGNED (Mo/Day/Yr)	
		22c. HOUR OF DEATH	
		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
		22e. PRONOUNCED DEAD AT (Hour)	

REGISTRAR

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>TIMOTHY OSBORNE MD 235 W 6th St. Reno, NV 89503</b>		23b. LICENSE NUMBER: <b>11873</b>	
24a. REGISTRAR (Signature): <b>BRIDGES SANDI</b> <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 03, 2013</b>	
		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

CAUSE OF DEATH

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
PART I			
(a) <b>Sepsis</b>			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) <b>Intestinal perforation</b>			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) <b>Diabetes</b>			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(d) <b>Hypertension</b>			
PART II - OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Cause otherwise unknown</b>		26. AUTOPSY (Specify Yes or No) <b>NO</b>	
		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>NO</b>	
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

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST

3715362

**000119625**

**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.

**06/04/2013**

DEPUTY REGISTRAR

*SIGNATURE AUTHENTICATED*

DATE ISSUED:  
PBSCO (REV) 12/09

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

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE