

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Humboldt

On 19 May 2016 before me, Easton Connell, Notary Public
(insert name and title of the officer)

personally appeared Whende Boroughs
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Easton Connell (Seal)

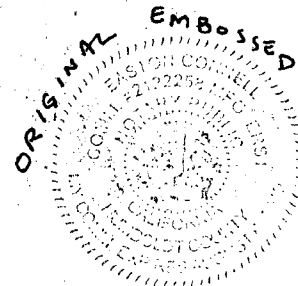
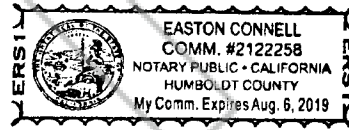


EXHIBIT "A"

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

LOTS D, E AND F OF SUBDIVISION NO. 1, CAVEROCK COVE, LTD. TRACT, ACCORDING TO THE OFFICIAL MAP THEREOF APPROVED BY THE BOARD OF COUNTY COMMISSIONERS OF DOUGLAS COUNTY, NEVADA, ON AUGUST 5, 1936, AND FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON THE 26 TH DAY OF SEPTEMBER, 1936.

TOGETHER WITH ALL THAT LAND LYING WESTERLY OF THE ABOVE DESCRIBED MEANDER LINE TO THE LOW WATER LINE AT ELEVATION 6,223.0 FEET, LAKE TAHOE DATUM, IN ACCORDANCE WITH NRS 321.595.

EXCEPTING THEREFROM THAT PORTION OF SAID LAND CONVEYED TO THE STATE OF NEVADA BY DEED DATED JANUARY 14, 1952, AND RECORDED JANUARY 18, 1952 IN BOOK A-1 DEEDS, PAGE 79, DOUGLAS COUNTY, NEVADA RECORDS.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2008013141
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

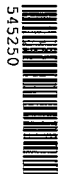
REGISTRAR

CAUSE OF
DEATH

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Thomas MCLAREN		2. DATE OF DEATH (Mo/Day/Year) April 27, 2008		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Zephyr Cove		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1270 Hidden Woods Drive		3e.If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify)	
4. SEX Male		5. RACE White		6. Hispanic Origin? Specify (No - Non-Hispanic)	
7a. AGE-Last birthday (Years) 48		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 25, 1959		9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER [REDACTED] 8665		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Self Employed		14b. KIND OF BUSINESS OR INDUSTRY Real Estate Investments	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Zephyr Cove	
15d. STREET AND NUMBER 1270 Hidden Woods Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Thomas Dick MCLAREN	
17. MOTHER - NAME (First Middle Last Suffix) Beverly COBB		18a. INFORMANT- NAME (Type or Print) Shirley McLaren NICHOLAS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1020 Union St # 29 San Francisco, California 94133	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Douglas County Mortuary 1478 4th Street Minden NV 89423	
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) RON VALDESPINO 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) August 26, 2008		21c. HOUR OF DEATH 10:05		22b. DATE SIGNED (Mo/Day/Yr) August 26, 2008	
22c. HOUR OF DEATH 10:05		22d. PRONOUNCED DEAD (Mo/Day/Yr) April 27, 2008		22e. PRONOUNCED DEAD AT (Hour) 10:05	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Ron Valdespino P.O. Box 218 Minden, NV 89423			
23b. LICENSE NUMBER		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 03, 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) Cocaine Intoxication Interval between onset and death					
(b) DUE TO, OR AS A CONSEQUENCE OF: Cardiomegaly Interval between onset and death					
(c) DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerotic Cardiovascular Disease Interval between onset and death					
(d) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
PART II					
26. AUTOPSY (Specify Yes or No) Yes		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) ACCIDENT		28b. DATE OF INJURY (Mo/Day/Yr) April 27, 2008		28c. HOUR OF INJURY 1005	
28d. DESCRIBE HOW INJURY OCCURRED Accidentally ingested too much					
28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Home		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 1270 Hidden Woods Drive Zephyr Cove Nevada	

STATE REGISTRAR



VRS-Rev-2008T

235459

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:

09/11/2008

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

PR/CO (Rev) 11/06

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

