

EXHIBIT A

A.P.N.: 1320-30-110-015

All that certain real property situated in the County of Douglas, State of Nevada, described as follows:

Lot 16, Block A, as set forth on the Map of WESTWOOD PARK UNIT NO. IV, PHASE B, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 1, 1994, in Book 694, Page 27, as Document No. 338620.

Together with an undivided 1/21st interest in and to the Common Area lying within the interior lines as set forth on the Map of WESTWOOD PARK UNIT NO. IV, PHASE B, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 1, 1994, in Book 694, Page 27, as Document No. 338620. Excepting therefrom that portion of said land granted to Westwood Park Homeowner's Association shown in Documents No. 477672 through 477692. Together with all that certain real property granted to the Westwood Park Homeowners Association in Grand, Bargain and Sale Deed recorded April 11, 2000, in Book 400, Page 1715, Document No. 489707, Official Records, Douglas County, Nevada.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2015010121
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) Gerald Shannon ROUSSEAU SR		2. DATE OF DEATH (Mo/Day/Year) June 03, 2015		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and Inpatient(Specify) 1788 Mahogany Circle Home		4. SEX Male	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 84	
9a. STATE OF BIRTH (if not U.S.A.) Arkansas		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Elrta CASEY		8. DATE OF BIRTH (Mo/Day/Yr) September 29, 1930	
13. SOCIAL SECURITY NUMBER ██████████-7017		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Owner / Operator		14b. KIND OF BUSINESS OR INDUSTRY Grocery Store	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1788 Mahogany Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Louis Travis ROUSSEAU SR			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Velma MARSHALL		
18a. INFORMANT- NAME (Type or Print) Elrita ROUSSEAU		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1788 Mahogany Circle Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Anatomical Donation/Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BLAKE HOWE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 622		20c. NAME AND ADDRESS OF FACILITY Walton's Funeral Home, Reno 875 West Second St Reno NV 89503	
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) SIGNATURE AUTHENTICATED EVAN WAYNE EASLEY M.D.			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) June 10, 2015		21c. HOUR OF DEATH 08:44		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (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) Evan Wayne Easley M.D. 1520 Virginia Ranch Rd. Gardnerville, NV 89410				23b. LICENSE NUMBER 7446	
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 17, 2015		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) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Coronary Artery Disease DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Chronic Obstructive Pulmonary Disease DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) No	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
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		28h. CITY OR TOWN STATE	

STATE REGISTRAR

CERTIFIED COPY OF VITAL RECORDS

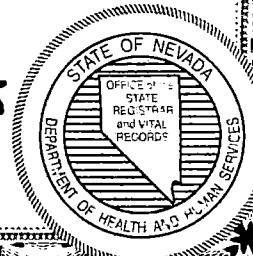
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **JUL 17 2015**

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VR6-Rev-20120523a



RudWhan
STATE REGISTRAR

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