

15

Exhibit "A"

REQUESTED BY
George Keele
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

WHEN RECORDED MAIL TO:
GEORGE M. KEELE, ESQ.
1692 COUNTY ROAD, #A
MINDEN, NEVADA 89423

2004 MAR 25 PM 12:55

WERNER CHRISTEN
RECORDER

APN: 1320-30-113-014

\$ 15.00 PAID Be DEPUTY

R.P.T.T. #6

GRANT, BARGAIN AND SALE DEED

THIS INDENTURE WITNESSETH: That **MARY J. SWERDFEGER**, a widow, in consideration of \$10.00 plus, the receipt of which is hereby acknowledged, hereinafter referred to as GRANTOR, does hereby Grant, Bargain, Sell and Convey to **MARY JEAN SWERDFEGER, Trustee of The MARY JEAN SWERDFEGER TRUST** dated March 25, 2004, and to the heirs and assigns of such GRANTEE forever, all that real property situated in the County of Douglas, State of Nevada, commonly known as 1784 Shamrock Circle, Minden, Nevada, and more particularly described as follows:

Unit 14, as set forth on map of WESTWOOD PARK UNIT 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on November 25, 1987, in Book 1187, Page 3848, as Document No. 167352 and by Certificate of Amendment recorded May 5, 1988, in Book 588, Page 536, as Document No. 177431 of Official Records of Douglas County, Nevada.

TOGETHER WITH an undivided 1/25th interest in and to the common area lying within the interior lines as set forth on map of WESTWOOD PARK UNIT 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on November 25, 1987, in Book 1187, Page 3848, as Document No. 167352.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

Witness my hand this 25 day of March, 2004.

Mary J. Swerdfeger
MARY J. SWERDFEGER

0608322

BK 0304 PG 12049

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3927057

CERTIFICATE OF DEATH

2016021410

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): Mary Jean SWERDFEGER		2. DATE OF DEATH (Mo/Day/Year) November 23, 2016		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street an Brookdale Assisted Living		3e.If Hosp. or Inst. Indicate DOA,OP/Emr. Rm. Inpatient(Specify) Assisted Living Facility	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify: No - Non-Hispanic	
7a. AGE-Last birthday (Years) 92		7b. UNDER 1 YEAR (MOS DAYS) 0 0 0		7c. UNDER 1 DAY (HOURS MINS) 0 0 0	
8. DATE OF BIRTH (Mo/Day/Yr) December 13, 1923		9a. STATE OF BIRTH (If not US/CA, name country): California		9b. CITIZEN OF WHAT COUNTRY: United States	
10. EDUCATION 14		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER 7172		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Accountant / Bookkeeper		14b. KIND OF BUSINESS OR INDUSTRY Chevron	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER Brookdale Assisted Living		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Carl F ZENGEL			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Catherine MCGUIRE		
18a. INFORMANT - NAME (Type or Print) Gretchen STEVENS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1775 Shamrock Circle Minden, Nevada 89423			
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 (Or Person Acting as Such) MONICA GIESE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 880		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 969 West Moana Lane Reno NV 89509	
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 NITA SCHWARTZ 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) November 29, 2016		21c. HOUR OF DEATH 09:25		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)		22f. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703				23b. LICENSE NUMBER 9114	
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 29, 2016		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) Coronary Atherosclerosis				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(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)				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. CITY OR TOWN STATE	

STATE REGISTRAR

000652953



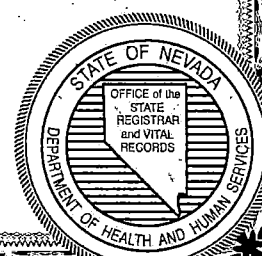
CERTIFIED COPY OF VITAL RECORDS

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: **12/12/2016**

Cody D. Hines
SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523#