

**EXHIBIT A
CERTIFICATE OF DEATH**

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4004598

CERTIFICATE OF DEATH

2018003211
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) Jutta Ingrid HARTUNG		2. DATE OF DEATH (Mo/Day/Year) February 14, 2018		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or 225 Mott Court		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE (Specify) White		8. DATE OF BIRTH (Mo/Day/Yr) February 15, 1933	
6. HISPANIC ORIGIN? Specify No - Non-Hispanic		7a. AGE-Last Birthday (Years) 84		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
7c. UNDER 1 DAY HOURS MINS		9a. STATE OF BIRTH (If not US/CA, name country) Germany		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Hermann HARTUNG	
13. SOCIAL SECURITY NUMBER 1661		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Secretary		14b. KIND OF BUSINESS OR INDUSTRY Entertainment	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 225 Mott Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Ludwig OBERST	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Margarete BRENDEL		18a. INFORMANT- NAME (Type or Print) Hermann HARTUNG		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 225 Mott Court Gardnerville, Nevada 89460	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremeration		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) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) REED DOFF MD SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) February 17, 2018		21c. HOUR OF DEATH 09:20	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. To 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)		22b. DATE SIGNED (Mo/Day/Yr)	
22c. HOUR OF DEATH		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) Reed Doff MD 907 Mountain Street Carson City, NV 89703		23b. LICENSE NUMBER 13920		24a. REGISTRAR (Signature) MELISSA KNIGHT SIGNATURE AUTHENTICATED	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 20, 2018		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) Terminal Complications Of Severe, Progressive Alzheimer's Pattern Dementia DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Diabetes, Hypertension, Asthma		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		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		28i. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

000707623



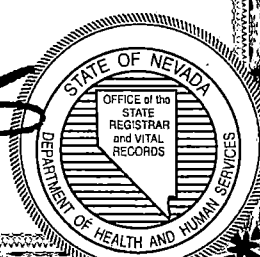
CERTIFIED COPY OF VITAL RECORDS

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: **FEB 26 2018**

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

VRS-Rev-20120523a

**EXHIBIT B
LEGAL DESCRIPTION**

A PORTION OF THE SOUTHWEST 1/4 OF THE NORTHWEST 1/4 AND THE NORTHWEST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 3, TOWNSHIP 12 NORTH, RANGE 19 EAST, M.D.B. & M. [sic], LYING WEST OF THE WEST SIDE OF FOOTHILL ROAD DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT WHICH IS THE 1/4 CORNER COMMON SECTIONS 3 AND 4, TOWNSHIP 12 NORTH, RANGE 19 EAST, THENCE SOUTH 0°09' EAST 235.00 FEET TO A POINT; THENCE SOUTH 89°48' EAST TO THE POINT OF BEGINNING; THENCE CONTINUING SOUTH 89°48' [sic] EAST 508.96 FEET TO A POINT ON THE WEST LINE OF FOOTHILL ROAD; THENCE NORTH 18°39' [sic] WEST ALONG THE WEST LINE OF FOOTHILL ROAD 235.08 FEET TO A POINT; THENCE NORTH 89°48' [sic] WEST 433.01 FEET TO A POINT; THENCE SOUTH 0°12' WEST 222.50 FEET TO THE POINT OF BEGINNING.

Per NRS 111.312, this legal description was previously recorded on October 4, 2002, as Document No. 0553945.