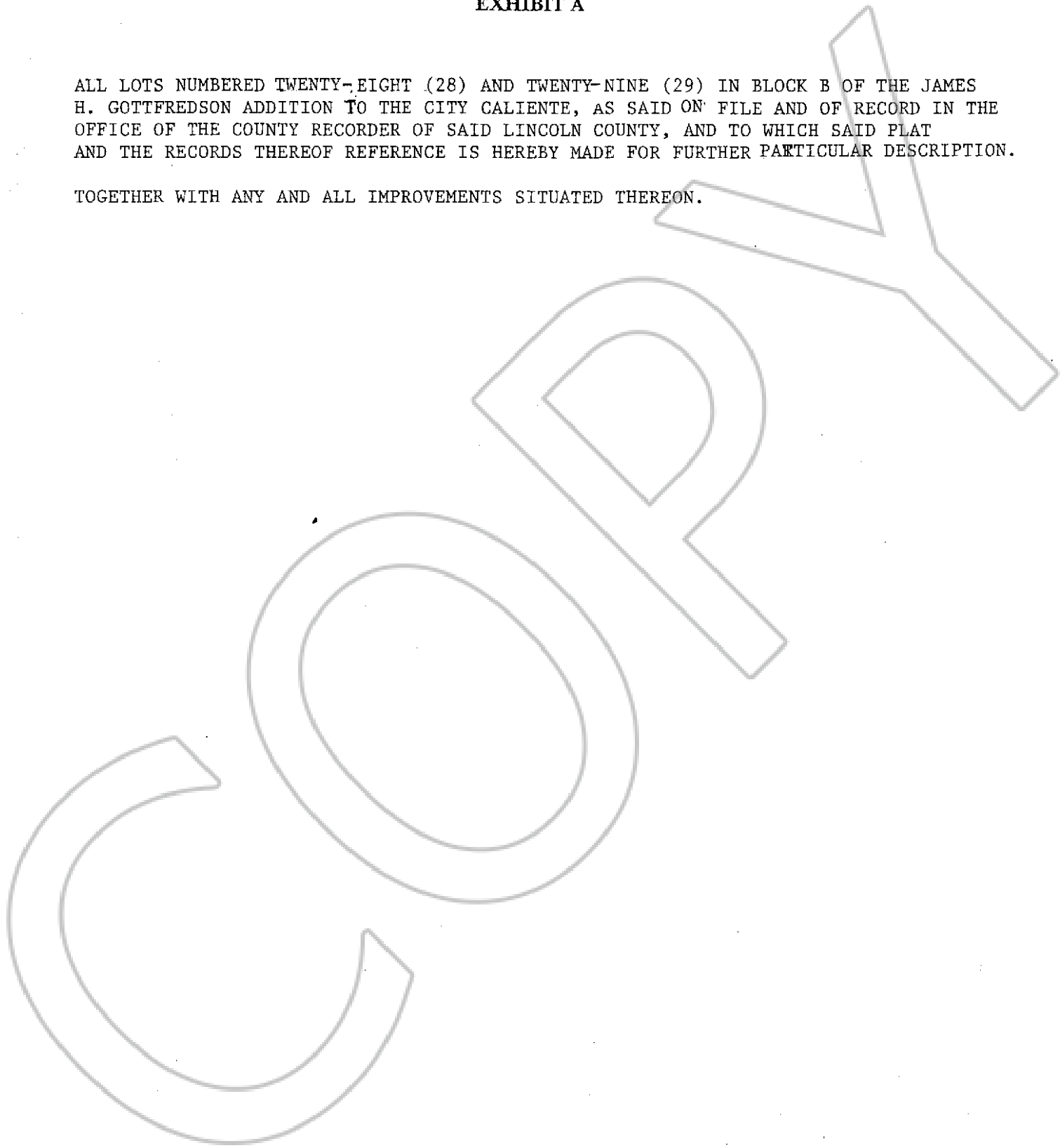


EXHIBIT A

ALL LOTS NUMBERED TWENTY-EIGHT (28) AND TWENTY-NINE (29) IN BLOCK B OF THE JAMES H. GOTTFREDSON ADDITION TO THE CITY CALIENTE, AS SAID ON FILE AND OF RECORD IN THE OFFICE OF THE COUNTY RECORDER OF SAID LINCOLN COUNTY, AND TO WHICH SAID PLAT AND THE RECORDS THEREOF REFERENCE IS HEREBY MADE FOR FURTHER PARTICULAR DESCRIPTION.

TOGETHER WITH ANY AND ALL IMPROVEMENTS SITUATED THEREON.



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

LOCAL FILE NUMBER

STATE FILE NUMBER

1. DECEASED—NAME First Middle Last Clarence Russell NEIGER		DATE OF DEATH (Month, Day, Year) 2 February 26, 2004		COUNTY OF DEATH 3a. Lincoln
3b. CITY, TOWN OR LOCATION OF DEATH Caliente		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 752 Lincoln Street		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e.
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 73	UNDER 1 YEAR MOS : DAYS 7b.
STATE OF BIRTH (If not U.S.A., name country) 9a. California		CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 14	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married
SOCIAL SECURITY NUMBER 13. [REDACTED]		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) 14a. Captain		KIND OF BUSINESS OR INDUSTRY 14b. Fire Department
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Lincoln	CITY, TOWN, OR LOCATION 15c. Caliente		STREET AND NUMBER 15d. 752 Lincoln St.
FATHER—NAME First Middle Last 16. Edwin Neiger		MOTHER—MAIDEN NAME First Middle Last 17. Gladys Hazlett		
INFORMANT—NAME (Type or Print) 18a. Norma D. Neiger		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. P.O. Box 217 Caliente, Nevada 89008		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Cremation Center of St. George		LOCATION City or Town State 19c. St. George, Utah
FUNERAL DIRECTOR'S SIGNATURE (Or Person Acting as Such) 20a. [Signature]		FUNERAL DIRECTOR LICENSE NUMBER 20b. 15	NAME AND ADDRESS OF FACILITY 20c. 730 Front Street Caliente, Nevada 89008	
To be completed by CERTIFYING PHYSICIAN 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) [Signature] DATE SIGNED (Mo., Day, Yr.) 21b. 02-26-04		To be completed by Coroner's Office 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) and manner stated. (Signature and Title) [Signature] DATE SIGNED (Mo., Day, Yr.) 22b.		
HOUR OF DEATH 21c. 1030		HOUR OF DEATH 22c.		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Shailendra Singh M.D.; P.O. Box 1010 Caliente, Nevada 89008		LICENSE NUMBER 23b. 9978		
REGISTRAR 24a. [Signature]	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. 02-26-04	DEATH DUE TO COMMUNICABLE DISEASE 24c. 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) Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: : Interval between onset and death : Immediate		: Interval between onset and death : Years		
(b) Advanced Lung and Throat Cancer DUE TO, OR AS A CONSEQUENCE OF: : Interval between onset and death		: Years		
(c)		: Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No) 26. No	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.	
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION. 28g.	STREET OR R.F.D. No.	CITY OR TOWN STATE

STATE REGISTRAR

No.239562

04702

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:

MAR 12 2004

STATE REGISTRAR

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

BOOK 194 page 259

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

