



Lincoln County

EXHIBIT "A"

- Parcel 1:** All of Lots numbered 13 and 14 in Block numbered 20, together with all improvements thereon, as said Lots and Block are delineated on the official plat of said Town; said Lots being formerly assessed to the Lagoon Company which has specifically reserved all mining rights and minerals therein and thereunder at a depth of more than thirty (30) feet below the surface of said lots.
- Parcel 2:** All of Lots numbered nine (9), ten (10), eleven (11) and the Southeast one-half (SE $\frac{1}{2}$) of Lot numbered twelve (12) in Block numbered twenty (20) in the Town of Pioche, County of Lincoln, State of Nevada, together with any and all improvements thereon consisting of a four-room dwelling house and including any and all personal property situated therein as of the date hereof; as said Lots and Block are delineated and described on the official Plat of said Town of Pioche now on file and of record in the office of the County Recorder of Lincoln County, to which said Plat and the records on file reference is hereby made for a more full and complete description thereof.
- Parcel 3:** All the right, title and interest of Grantor in and to the north-west one-half of Lot numbered twelve (12) in Block numbered twenty (20), being conveyed is a strip of land running the entire length of said lot and being 12 $\frac{1}{2}$ feet wide situated on the N.W. or lower said of said, lot as said lot and block appear on the official plat of the unincorporated Town of Pioche, on file in the office of the County Recorder of Lincoln County, Nevada, together with any and all improvements situate thereon.



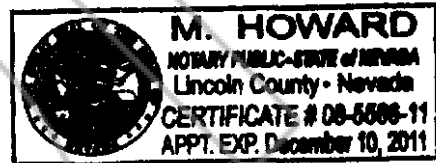
- 4. LAWRENCE ALA & EDNA ALA ("the decedent") was one of the Grantees, named in said Deed, and is the decedent in the attached certified Death Certificate. The date and place of the decedent's death are set forth in the certified death certificate that is attached hereto and incorporated herein by this reference.
- 5. The decedent was my PARENTS.
- 6. This affidavit is made for the purpose of terminating the joint tenancy between myself and the aforementioned decedent in the within described property, said title now vesting in me, LAWRENCE JOHNNY ALA, as sole owner.

DATED this the 19 day of Sept, 2011.

Johnny Ala
 Affiant
LAWRENCE JOHNNY ALA

SUBSCRIBED AND SWORN to before me on
 this 19 day of September, 2011 by
LAWRENCE JOHNNY ALA

M. Howard
 Notary Public





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CERTIFICATION OF VITAL RECORD

"VERIFICATION BOX" (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT, COLOR WILL CHANGE TO BLUE AND THEN RETURN.)

STATE OF ARIZONA

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

State File NO. 102-2010-046165

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) LAWRENCE ALA			2. AKA'S (IF ANY)			3. DATE OF DEATH DECEMBER 28, 2010								
4. SEX MALE	5. SOCIAL SECURITY NUMBER	6. DATE OF BIRTH 07-04-1920	7. AGE 90	8. MONTHS		9. DAYS		10. HOURS		11. MINUTES				
12. PLACE OF DEATH - HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL			13. PLACE OF DEATH - OTHER THAN HOSPITAL: <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER											
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY): 1153 S FRANKLIN AVE					15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH: YUMA 85364			16. COUNTY OF DEATH: YUMA						
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): OPHIR, UTAH			18. MARITAL STATUS AT TIME OF DEATH: MARRIED		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE): EDNA LUCILLE LEMON									
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: 1153 S FRANKLIN AVE,			21. CITY AND COUNTY: YUMA, YUMA		22. STATE: ARIZONA		23. ZIP CODE: 85364		24. EVER IN THE ARMED FORCES: YES					
25. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN			26. DECEDENT'S RACE(S): <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE				27. IF AMERICAN INDIAN OR ALASKA NATIVE SPECIFY UP TO 4 TRIBES PRIMARY OR ENROLLED TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE:							
28. OCCUPATION: MINER			29. FATHER'S NAME (FIRST, MIDDLE, LAST): JOSEPH ALA											
30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE): INEZ PHILIPP			31. INFORMANT'S NAME: LAWRENCE JOHNNY ALA											
32. INFORMANT'S RELATIONSHIP: SON			33. INFORMANT'S MAILING ADDRESS: 1555 EAGLE ST, SANTA MARIA, CALIFORNIA 93454											
34. NAME AND ADDRESS OF FUNERAL FACILITY: JOHNSON MORTUARY AND DESERT LAWN MEMORIAL PARK, 1153 S FRANKLIN AVENUE YUMA, AZ			35. FUNERAL DIRECTOR: CHARLES P REEL JR., FUNERAL DIRECTOR			36. LICENSE NUMBER: F0358								
37. METHOD(S) OF DISPOSITION: REMOVAL/BURIAL		38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: ODD FELLOWS CEMETERY, PICCHE, NEVADA			39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY: NONE									
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I														
IMMEDIATE CAUSE OF DEATH		40. A RESPIRATORY ARREST				41. APPROXIMATE INTERVAL: UNKNOWN								
DUE TO OR AS A CONSEQUENCE OF:		42. B RENAL FAILURE				43. APPROXIMATE INTERVAL: UNKNOWN								
DUE TO OR AS A CONSEQUENCE OF:		44. C CORONARY ARTERY DISEASE				45. APPROXIMATE INTERVAL: UNKNOWN								
DUE TO OR AS A CONSEQUENCE OF:		46. D				47. APPROXIMATE INTERVAL:								
CAUSE OF DEATH PART II														
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE(S) GIVEN ABOVE.				49. INJURY? NO		50. INJURY AT WORK? NO		51. MANNER OF DEATH: NATURAL DEATH		52. TIME OF DEATH: 9:05 AM				
				53. WAS AN AUTOPSY PERFORMED? NO		54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?								
NAME AND MANNER OF DEATH CERTIFICATION														
55. NAME OF PERSON COMPLETING CAUSE OF DEATH: RUBEN CORIANO, M.D.			56. DATE CERTIFIED: 12-29-2010			57. CERTIFIER'S ADDRESS: 682 S 4TH AVE YUMA, AZ 85364-3015			58. NAME OF REGISTRAR: ANA P TRIGUEROS			59. DATE REGISTERED: 01-03-2011		

Date Issued: 01-04-2011

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

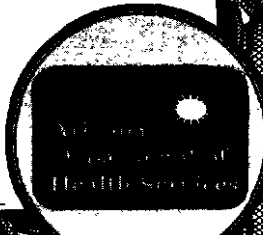
Patricia Adams

PATRICIA ADAMS
ASSISTANT STATE REGISTRAR

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR FRASURE VOIDS THIS DOCUMENT

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STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH - VITAL STATISTICS

CERTIFICATE OF DEATH

2011013848 STATE FILE NUMBER

1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Edna Lucille ALA		2. DATE OF DEATH (Mo/Day/Year) September 03, 2011		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) Nathan Adelson Hospice		3e. If Hosp or Inst. indicate DOA,OP/Emer. Rm inpatient(Specify) Inpatient	
4. SEX Female		6. RACE White (Specify)		8. Hispanic Origin? Specify No-Non-Hispanic	
7a. AGE-Last birthday (Years) 88		7b. UNDER 1 YEAR MONTHS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 29, 1923		9a. STATE OF BIRTH (If not U.S.A., name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 10		11. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE California		15b. COUNTY Santa Barbara		15c. CITY, TOWN OR LOCATION Santa Maria	
15d. STREET AND NUMBER 1555 Eagle Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Clarence LEMMON			17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Clatie ALLEN		
18a. INFORMANT - NAME (Type or Print) Lawrence Johnny ALA		18b. MAILING ADDRESS - (Street or R.F.D. No, City or Town, State, Zip) 1555 Eagle Street Santa Maria, California 93454			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Odd Fellows Cemetery		19c. LOCATION City or Town State Pioche Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BART BURTON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 50		20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Henderson 800 S Boulder Hwy Henderson NV 89015	
21. TRADE CALL - NAME AND ADDRESS Southern Nevada Mortuary P.O. Box 747 California NV 89008					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) WARREN WHEELER M.D. 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) September 07, 2011		21c. HOUR OF DEATH 22:30		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. 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) Warren Wheeler M.D. 4141 Swenson Street Las Vegas, NV 89119				23b. LICENSE NUMBER 11795	
24a. REGISTRAR (Signature) NINETTE HARRINGTON SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 07, 2011		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) Septicemia				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF Ischemic colitis				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF				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 Arteriosclerotic cardiovascular disease				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

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT

Lawrence K. Sands, D.O., M.P.H. Registrar of Vital Statistics

By: [Signature]

Date Issued: SEP 12 2011