



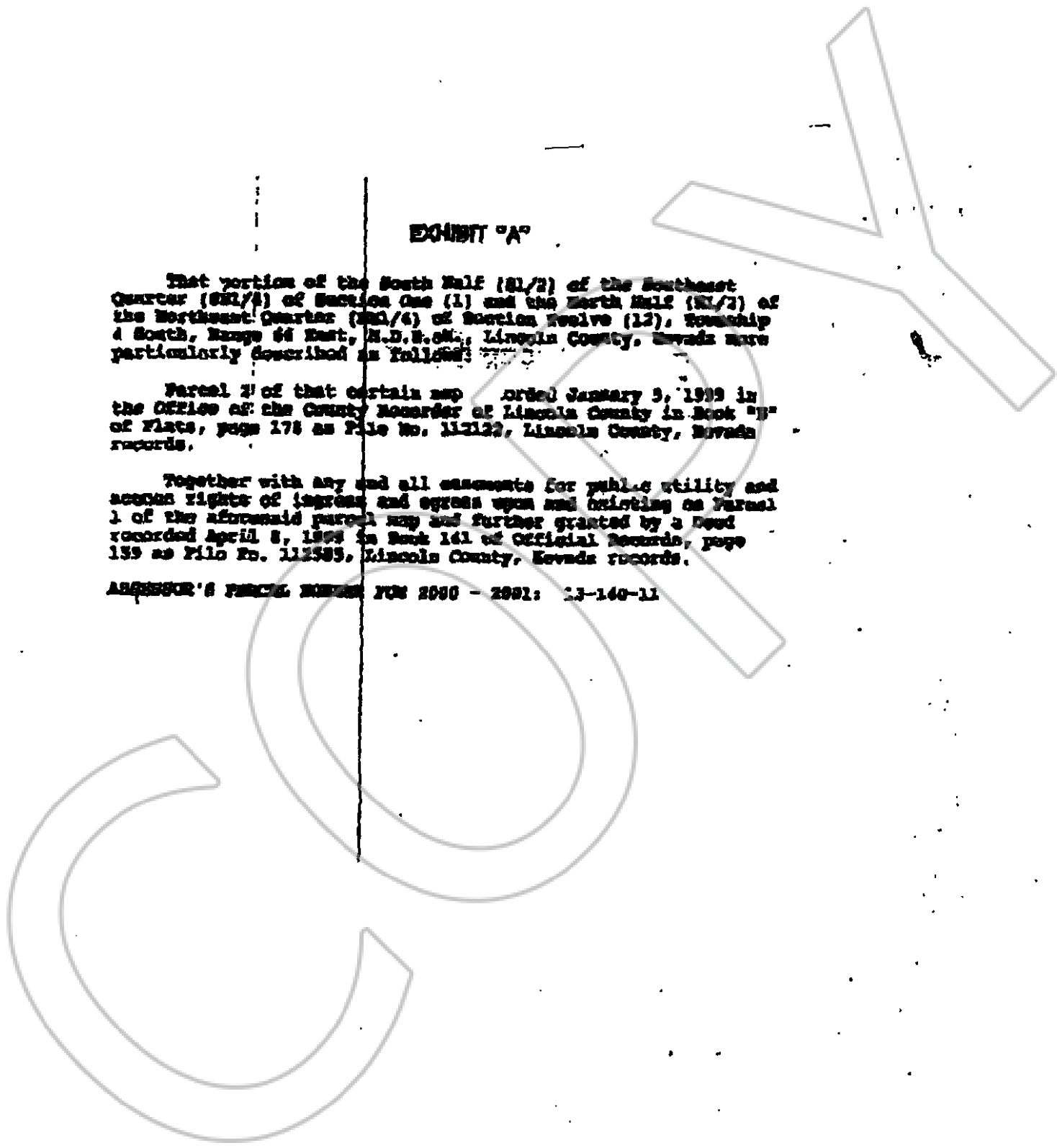
EXHIBIT "A"

That portion of the South Half (SH/2) of the Southeast Quarter (SE1/4) of Section One (1) and the North Half (NH/2) of the Northeast Quarter (NE1/4) of Section Twelve (12), Township 4 South, Range 64 East, N.D.S.M., Lincoln County, Nevada more particularly described as follows:

Parcel 2 of that certain map ordered January 5, 1999 in the Office of the County Recorder of Lincoln County in Book "B" of Plans, page 178 as File No. 112122, Lincoln County, Nevada records.

Together with any and all easements for public utility and access rights of ingress and egress upon and overlying on Parcel 1 of the abovesaid parcel map and further granted by a Deed recorded April 8, 1998 in Book 141 of Official Records, page 159 as File No. 112583, Lincoln County, Nevada records.

ASSessor's PARCEL NUMBER FOR 2000 - 2001: 13-140-11



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
CERTIFICATE OF DEATH

2011013209
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) Charlie Richard LEE		2. DATE OF DEATH (Mo/Day/Year) August 24, 2011		3a. COUNTY OF DEATH White Pine	
3b. CITY, TOWN, OR LOCATION OF DEATH Preston		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) RV Park at Lanes Truck Stop, Highway 318		3e. If Hosp. or inst. indicate DOA,OP, Emer. Rm. (inpatient)(Specify) Camp Trailer	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 67	
9a. STATE OF BIRTH (If not U.S.A., name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Lavette Marie ROWE		8. DATE OF BIRTH (Mo/Day/Yr) January 17, 1944	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Owner		14b. KIND OF BUSINESS OR INDUSTRY Contract Trucking	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Caliente	
15d. STREET AND NUMBER 715 Cliffhouse Drive, Highway 93 South		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Charlie LEE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Elsie SCHAUER		
18a. INFORMANT- NAME (Type or Print) Lavette M LEE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 336 Caliente, Nevada 89008			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME The Gardens		19c. LOCATION - City or Town State Fallon Nevada 89406	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICHARD J SHIELDS <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 12		20c. NAME AND ADDRESS OF FACILITY Mt. Vista Chapel PO BOX 151707 Ely NV 89315	
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]			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) LUKE SHADY <i>SIGNATURE AUTHENTICATED</i>		
21b. DATE SIGNED (Mo/Day/Yr) August 26, 2011		21c. HOUR OF DEATH 19:06		22b. DATE SIGNED (Mo/Day/Yr) August 26, 2011	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 19:06		22d. PRONOUNCED DEAD (Mo/Day/Yr) August 24, 2011	
22e. PRONOUNCED DEAD AT (Hour) 19:06		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner Luke Shady 1785 Great Basin Blvd Ely, NV 89301			
23b. LICENSE NUMBER 218		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH <i>SIGNATURE AUTHENTICATED</i>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 29, 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				Interval between onset and death	
(a) Acute Coronary Disease				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Heart Disease, Diabetes and High Blood Pressure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
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

401342

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: 09/02/2011

Rand White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

