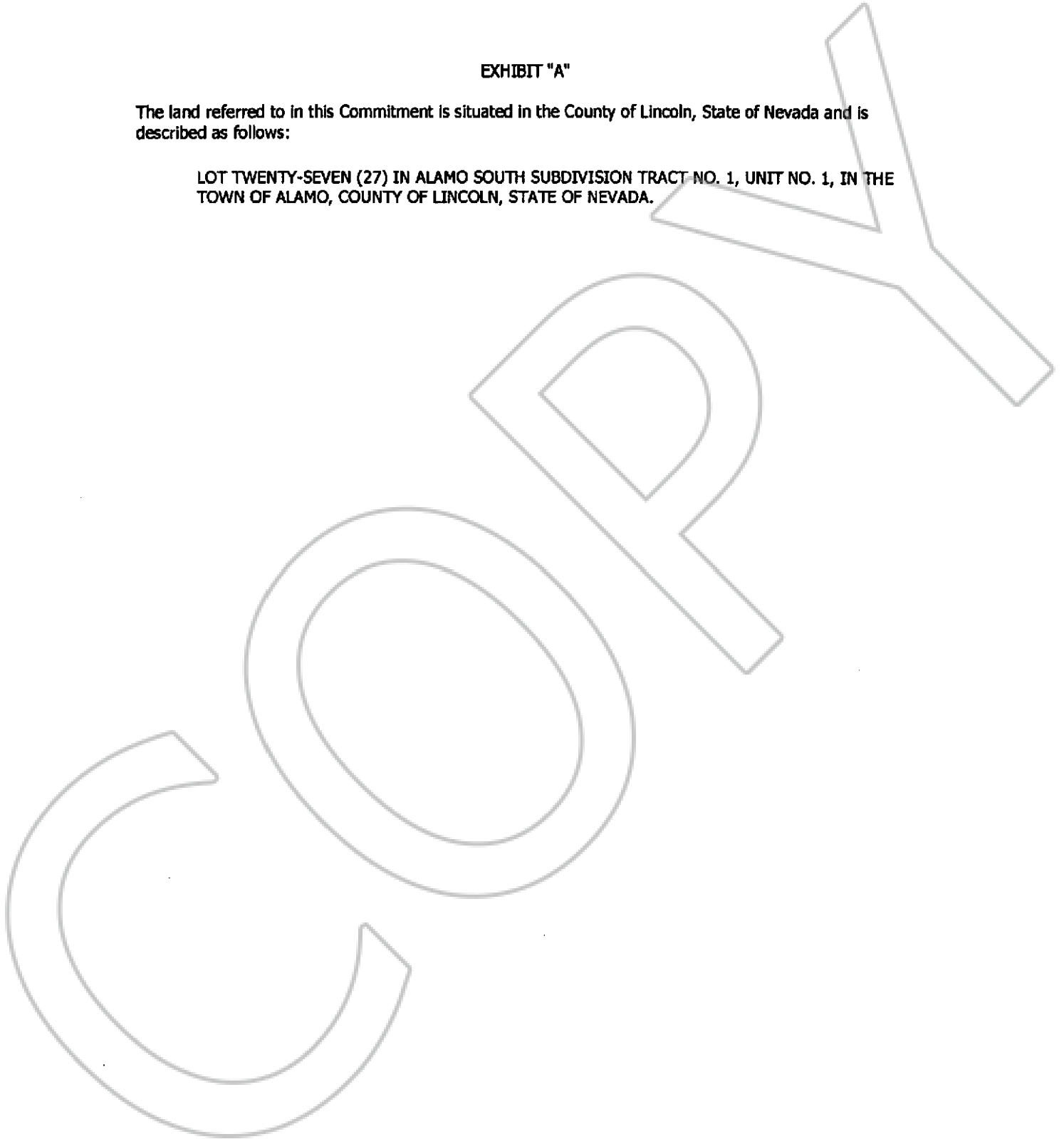




EXHIBIT "A"

The land referred to in this Commitment is situated in the County of Lincoln, State of Nevada and is described as follows:

LOT TWENTY-SEVEN (27) IN ALAMO SOUTH SUBDIVISION TRACT NO. 1, UNIT NO. 1, IN THE TOWN OF ALAMO, COUNTY OF LINCOLN, STATE OF NEVADA.





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Page: 3 of 3DEPARTMENT OF HUMAN RESOURCES
SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last 1. Darlene Anna FIDLER		DATE OF DEATH (Month, Day, Year) 2. August 4, 2005	
CITY, TOWN OR LOCATION OF DEATH 3b. Las Vegas		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Sunrise Hospital And Medical Center	
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		SEX 3a. Clark 4. Female	
STATE OF BIRTH (If not U.S.A., name country) 6a. Kansas		DATE OF BIRTH (Mo., Day, Yr.) 8. March 21, 1932	
SOCIAL SECURITY NUMBER 13. [REDACTED]		KIND OF BUSINESS OR INDUSTRY 14b. Healthcare	
RESIDENCE—STATE 15a. Nevada		INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes	
FATHER—NAME First Middle Last 16. Floyd Perfect		MOTHER—MAIDEN NAME First Middle Last 17. Eva Popelton	
INFORMANT—NAME (Type or Print) 18a. Donald Fidler		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 27 Danielle St., Alamo, NV 89001	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—NAME 19b. Veterans Memorial Cemetery	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]		NAME AND ADDRESS OF FACILITY 20c. 833 Nevada Way, Ste. #1, Boulder City, NV 89005	
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. 8/8/05		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. [REDACTED]	
21c. HOUR OF DEATH 21c. 1910		22c. PRONOUNCED DEAD (Mo., Day, Yr.) 22c. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Karl Fazekas MD, 3163 S. Eastern Ave., Las Vegas, NV 89109		LICENSE NUMBER 23b. 5298	
REGISTRAR 24a. [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. AUG 08 2005	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Respiratory failure, COPD, aspiration (b) Volvulus stomach, hiatal hernia, sp. repair (c) Malnutrition, Esophagostomal fistula		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. Cardiomegaly, malnutrition		AUTOPSY (Specify Yes or No) 26. No	
ACC., SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.	
INJURY AT WORK (Specify Yes or No) 28e.		HOUR OF INJURY 28c. M	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		DESCRIBE HOW INJURY OCCURRED 28d.	
LOCATION 28g.		STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

No. 281070

"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 Clark County 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 CLARK
COUNTY HEALTH DISTRICT

DONALD S. KWALICK, MD, M.P.H.
Registrar of Vital Statistics

By:

Date Issued:

AUG 08 2005

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 3902
Las Vegas, Nevada 89127
702-383-1223
Tax ID# 88-0151573