



**EXHIBIT "A"**

All that certain lot, piece or parcel of land situate in the County of Lincoln, State of Nevada, described as follows:

**PARCEL I:**

Commencing at the southwest corner of the NE 1/4 of the SW 1/4 of Section 5, Township 7 South, Range 61 East, M.D.B. & M., thence running due east along the south line of said NE 1/4 of SW 1/4 a distance of 910 feet, more or less, to the West line of Main Street at the northeast corner of Lot 1, Block 46, Alamo Townsite on file in the office of the County Recorder of said Lincoln County, running thence North 1°23' West along the west side of said Main Street and the projection thereof a distance of 640 feet; thence South 88° 37' West a distance of 295 feet to the true point of beginning, continuing thence South 88° 37' West a distance of 125 feet, thence South 1° 23' East a distance of 100 feet, thence North 88° 37' East a distance of 125 feet, thence North 1° 23' West, a distance of 100 feet, to the point of beginning.

**PARCEL II:**

Together with a non-exclusive easement 45 feet in width for roadway and utilities, the center line of which is described as follows:

Commencing at a point in the West line of said Main Street and the projection thereof a distance of 662.50 feet bearing 1° 23" West from said northeast corner of Lot 1, Block 46, running thence South 88°37' West a distance of 420 feet to a point of ending.



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Date

DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH - VITAL STATISTICS

**CERTIFICATE OF DEATH**

**2012011369**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

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) <b>James J VALLELY</b>		2. DATE OF DEATH (Mo/Day/Year) <b>July 20, 2012</b>		3a. COUNTY OF DEATH <b>Clark</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Boulder City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) <b>1506 San Felipe Drive</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>83</b>	
9a. STATE OF BIRTH (If not U.S.A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY? <b>United States</b>		10. EDUCATION <b>13</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE (if wife, give maiden name)		8. DATE OF BIRTH (Mo/Day/Yr) <b>July 02, 1929</b>	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Investor</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Real Estate</b>	
14a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Clark</b>		15c. CITY, TOWN OR LOCATION <b>Boulder City</b>	
15d. STREET AND NUMBER <b>1506 San Felipe Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Clifford John VALLELY</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Agnes Elizabeth DOYLE</b>		18a. INFORMANT - NAME (Type or Print) <b>Diane E GREENE</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>627 Ave. B Boulder City, Nevada 89005</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Southern Nevada Veterans Memorial Cemetery</b>		19c. LOCATION City or Town State <b>Boulder City Nevada 89005</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BART BURTON</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>40</b>		20c. NAME AND ADDRESS OF FACILITY <b>Palm Mortuary-Henderson</b> <b>800 S Boulder Hwy Henderson NV 89015</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>WARREN WHEELER M.D.</b> SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) <b>July 23, 2012</b>		21c. HOUR OF DEATH <b>11:10</b>		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) <b>Warren Wheeler M.D. 4141 Swenson Street Las Vegas, NV 89119</b>	
23b. LICENSE NUMBER <b>11795</b>		24a. REGISTRAR (Signature) <b>NINETTE HARRINGTON</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>JUL 23, 2012</b>	
24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) <b>Carcinoma larynx</b> Interval between onset and death DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: 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 qualifying in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		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:   
Date Issued: **JUL 24 2012**