



EXHIBIT "A"

All of Lot Numbered One (1) in Block Numbered Nine (9) and all that portion of lots numbered Eleven (11) and Twelve (12) in block numbered Nine (9), immediately adjoining the rear of lots numbered One (1) and Two (2) in said block, and running thence Easterly a distance of 25 feet, being a rectangular tract 25 feet in depth and about 50 feet in width on the westerly side or rear of said lots numbered Eleven (11) and Twelve (12) as the said lots and Block are delineated on the official plat of said town of Pioche, now on file in the County Recorder's office of said Lincoln County, and to which plat and the records thereof reference is hereby made for further particular description.

Together with any and all improvements and buildings situated thereon.

Together with all tenements, hereditaments and appurtenances thereunto belonging or anywise appertaining, and the reversions, reminders, rents, issues and profits thereof.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

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

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USE OF
DEATH

DECEASED—NAME 1. John Jacob FRANKS			DATE OF DEATH (Month, Day, Year) 2. January 28, 1991		COUNTY OF DEATH 3a. Clark
CITY, TOWN, OR LOCATION OF DEATH 3b. Las Vegas		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. University Medical Center		If Hosp. or Inst. indicate DOA, OP/Emer. Inpatient (Specify) 3e. Inpatient	SEX 4. Male
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. 69	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :
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. 15	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	SURVIVING SPOUSE (If wife, give maiden name) 12. Pat Sullivan
SOCIAL SECURITY NUMBER 13. [REDACTED]		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Owner/Operator		KIND OF BUSINESS OR INDUSTRY 14b. Mining	
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Lincoln	CITY, TOWN, OR LOCATION 15c. Pioche	STREET AND NUMBER 15d. Main & Hoffman	INSIDE CITY LIMITS (Specify Yes or No) 15e. YES
FATHER—NAME 16. George W. Franks			MOTHER—MAIDEN NAME 17. Lena Johnson		
INFORMANT—NAME (Type or Print) 18a. Jim Crockett			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 700 South 3rd, Las Vegas, Nevada 89101		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—NAME 19b. Masonic Cemetery		LOCATION City or Town State 19c. Pioche Nevada	
FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 28	NAME AND ADDRESS OF FACILITY 20c. DAVIS FUNERAL HOME 25 2127 W. Charleston Blvd., Las Vegas, Nevada 89102		
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) <i>[Signature]</i>		HOUR OF DEATH 21c.		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) <i>[Signature]</i>	
DATE SIGNED (Mo., Day, Yr.) 21b.		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		DATE SIGNED (Mo., Day, Yr.) 22b. 1-30-91	
21c.		21d.		PRONOUNCED DEAD (Mo., Day, Yr.) 22c. 9:15 A.M.	
21d.		21d.		PRONOUNCED DEAD (Hour) 22d. 9:15 A.M.	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. G. Sheldon Green, M.D.—Chief Med Exam., 1704 Pinto, Las Vegas, NV			LICENSE NUMBER 23b. 3004		
REGISTRAR 24a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) JAN 30 1991		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) Acute myocardial infarct		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART I (b)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART I (c)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II Multiple non-lethal trauma		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No) 26. Yes	
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. Accident		DATE OF INJURY (Mo., Day, Yr.) 28b. Jan 26 1991	HOUR OF INJURY 28c. 12:03 P.M.	DESCRIBE HOW INJURY OCCURRED 28d. MVA/driver. Two car collision.	
INJURY AT WORK (Specify Yes or No) 28e. No		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f. street		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE 28g. Tropicana & Rainbow, Las Vegas, NV	

STATE REGISTRAR

CERTIFIED COPY OF VITAL RECORDS

No. 023774

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: APR 30 2013

STATE REGISTRAR

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

