

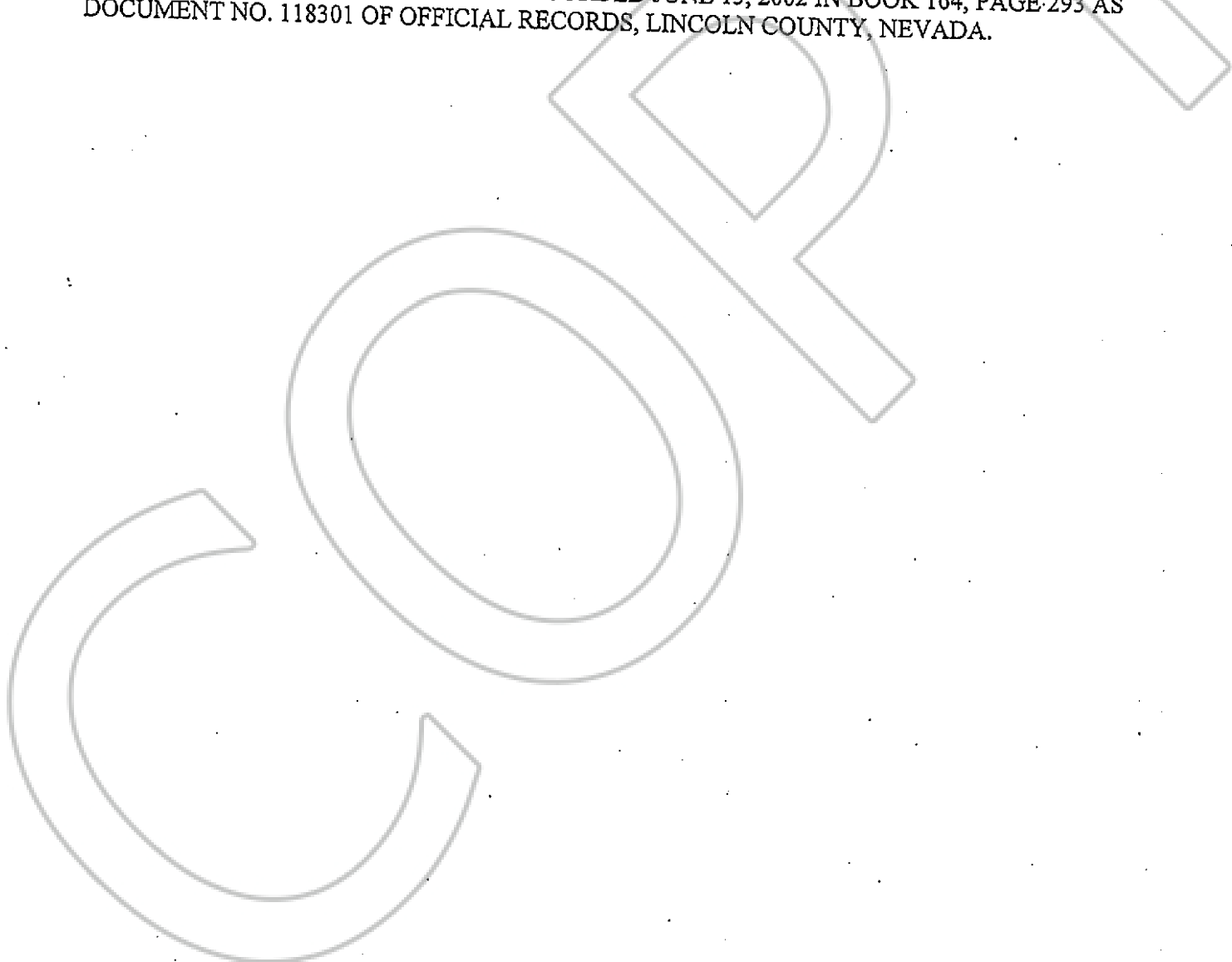


Exhibit "A"

A PORTION OF THE SOUTHWEST QUARTER (SW 1/4) OF SECTION 11, TOWNSHIP 3 SOUTH, RANGE 67 EAST, MOUNT DIABLO BASE & MERIDIAN, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

PARCEL 3 AS SHOWN ON MAP OF DIVISION INTO LARGE PARCELS FOR GARY A. CARRIGAN, RECORDED AUGUST 7, 1996 IN PLAT BOOK B, PAGE 54 AS FILE NO. 109503 AND CERTIFICATE OF AMENDMENT THERETO RECORDED FEBRUARY 22, 2000 IN PLAT BOOK B OF MAPS, PAGE 287 AS FILE NO. 114163 IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, NEVADA.

EXCEPTING THEREFROM ALL THAT REAL PROPERTY CONVEYED TO THE COUNTY OF LINCOLN BY DEED OF DEDICATION RECORDED JUNE 13, 2002 IN BOOK 164, PAGE-293 AS DOCUMENT NO. 118301 OF OFFICIAL RECORDS, LINCOLN COUNTY, NEVADA.





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STATE OF NEVADA OFFICE OF VITAL RECORDS



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

2011011454
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) Gary Arthur CARRIGAN | | 2. DATE OF DEATH (Mo/Day/Year) July 18, 2011 | | 3a. COUNTY OF DEATH Lincoln | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Caliente | | 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 4477 Mustang Ave Caliente NV 89008 | | 3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home | |
| 4. SEX Male | | 7a. AGE-Last birthday (Years) 73 | | 8. DATE OF BIRTH (Mo/Day/Yr) January 04, 1938 | |
| 5. RACE White (Specify) | | 6. Hispanic Origin? Specify No - Non-Hispanic | | 7b. UNDER 1 YEAR MOS DAYS HOURS MINS 6 14 | |
| 7c. UNDER 1 DAY HOURS MINS | | 9a. STATE OF BIRTH (if not U.S.A., name country) Nevada | | 9b. CITIZEN OF WHAT COUNTRY United States | |
| 10. EDUCATION 15 | | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | | 12. SURVIVING SPOUSE (if wife, give maiden name) | |
| 13. SOCIAL SECURITY NUMBER [REDACTED] | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Firefighter | | 14b. KIND OF BUSINESS OR INDUSTRY Clark County | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Lincoln | | 15c. CITY, TOWN OR LOCATION Caliente | |
| 15d. STREET AND NUMBER 4477 Mustang Ave Caliente NV 89008 | | 15e. INSIDE CITY LIMITS (Specify Yes or No) No | | 12. SURVIVING SPOUSE (if wife, give maiden name) | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Chester Charles CARRIGAN | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Pauline Irene LUTTIG | | |
| 18a. INFORMANT- NAME (Type or Print) Gary Chester CARRIGAN | | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1235 Mt. Hwy 56 Noxon, Montana 59853 | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME Odd Fellows | | 19c. LOCATION City or Town State Pioche Nevada 89043 | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER <i>SIGNATURE AUTHENTICATED</i> | | 20b. FUNERAL DIRECTOR LICENSE 807 | | 20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008 | |
| 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) TIM UMINA <i>SIGNATURE AUTHENTICATED</i> | | | 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) TIM UMINA <i>SIGNATURE AUTHENTICATED</i> | | |
| 21b. DATE SIGNED (Mo/Day/Yr) | | 21c. HOUR OF DEATH | | 22b. DATE SIGNED (Mo/Day/Yr) July 19, 2011 | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22c. HOUR OF DEATH 18:40 | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) July 18, 2011 | |
| 22e. PRONOUNCED DEAD AT (Hour) 18:40 | | 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner Tim Umina 1050 E SR 322 Pioche, NV 89043 | | 23b. LICENSE NUMBER P033 | |
| 24a. REGISTRAR (Signature) JENELLE ENGLISH <i>SIGNATURE AUTHENTICATED</i> | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 27, 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) Multiple Organ Failure | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | |
| (b) DUE TO, OR AS A CONSEQUENCE OF: | | | | | |
| (c) DUE TO, OR AS A CONSEQUENCE OF: | | | | | |
| (d) DUE TO, OR AS A CONSEQUENCE OF: | | | | | |
| 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

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: 07/28/2011

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

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20110104

