

EXHIBIT "A"

Parcel 1:

Lots 3 and 4 as shown on Parcel Map for Patricia (Blanchard) Vegas, filed in the Office of the County Recorder of Lincoln County on October 2, 1990 in Book A, Page 321 of Plats, as File No. 095123, located in a portion of the SE 1/4 NE 1/4 of Section 14, Township 1 North, Range 67 East, M.D.B.&M.

Parcel 2:

A portion of the West One-Half (W 1/2) of the Southeast Quarter (SE 1/4) of the Southeast Quarter (SE 1/4) of the Northeast Quarter (NE 1/4) of Section 14, Township 1 North, Range 67 East, MDB&M., Lincoln County, Nevada, and more particularly described as follows:

Beginning at the Southeast Corner (SE cor.) of the Southeast Quarter (SE 1/4) of the Northeast Quarter (NE 1/4) of said Section 14 and running thence South $89^{\circ} 07' 54''$ West, along the South line of said Southeast Quarter (SE 1/4) of the Northeast Quarter (NE 1/4) of Section 14 a distance of 454.79 feet to the true Point of Beginning, thence continuing on the same course a distance of 175.38 feet; thence running North $0^{\circ} 05'$ East, a distance of 364.06 feet; thence running at a right angle North $80^{\circ} 07' 54''$ East, a distance of 295 feet; thence running Southwesterly a distance of 385.33 feet more or less to the true Point of Beginning.

Also known as Parcel 3D on that Parcel Map recorded in Book A1 of Plats at Page 423 Lincoln County, Nevada, Records.

Parcel 3:

A portion of the South Half (S 1/2) of the Southeast Quarter (SE 1/4) of the Northeast Quarter (NE 1/4) of Section 14, Township 1 North, Range 67 East, M.D.B.&M., and more particularly described as follows:

Parcels 1 and 2 of that certain Parcel Map recorded May 27, 1997 in the Office of the County Recorder of Lincoln County, Nevada in Book B of Plats, Page 39 as File No. 109019, Lincoln County, Nevada Records.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4378455

2023023919
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

| | | | | | |
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| 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) David Eugene CUTCHER | | 2. DATE OF DEATH (Mo/Day/Year) October 29, 2023 | | 3a. COUNTY OF DEATH Clark | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas | | 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) Nathan Adelson Hospice-Tenaya | | 3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Hospice Facility (hfs) | |
| 4. SEX Male | | 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | |
| 7a. AGE-Last birthday (Years) 75 | | 7b. UNDER 1 YEAR MOS - DAYS | | 7c. UNDER 1 DAY HOURS - MINS | |
| 8. DATE OF BIRTH (Mo/Day/Yr) May 29, 1948 | | 9a. STATE OF BIRTH (If not US/CA, name country) Michigan | | 9b. CITIZEN OF WHAT COUNTRY UNITED STATES | |
| 10. EDUCATION 12 | | 11. MARITAL STATUS (Specify) Married | | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Gloria Jean PHILLIPS | |
| 13. SOCIAL SECURITY NUMBER | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) | | 14b. KIND OF BUSINESS OR INDUSTRY Flooring | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Clark | | 15c. CITY, TOWN OR LOCATION Las Vegas | |
| 15d. STREET AND NUMBER 6300 Lorille Lane | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | Ever in US Armed Forces? No | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) James Odell CUTCHER | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Eva CLYDESDALE | | |
| 18a. INFORMANT- NAME (Type or Print) Gloria Jean CUTCHER | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 6300 Lorille Lane Las Vegas, Nevada 89108 | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME Palm Crematory | | 19c. LOCATION City or Town State Las Vegas Nevada 89101 | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHERYL L JONES | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD986 | | 20c. NAME AND ADDRESS OF FACILITY Neptune Society 8544 W. Lake Mead Boulevard Las Vegas NV 89128 | |
| 21. 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) DIANE S DARAS APRN | | | 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) | | |
| 21b. DATE SIGNED (Mo/Day/Yr) November 02, 2023 | | 21c. HOUR OF DEATH 08:25 | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 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) Diane S Daras APRN 4141 University Center Dr Las Vegas, NV 89119 | | | | | 23b. LICENSE NUMBER APRN837580 |
| 24a. REGISTRAR (Signature) NANCY BARRY | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 03, 2023 | | 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) Non Hodgkins Lymphoma DUE TO, OR AS A CONSEQUENCE OF: (b) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (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. Colon Cancer | | | | | 26. AUTOPSY (Specify Yes or No) No |
| 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 | |

"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 authorized by the State Board of Health pursuant to NRS 440.175.

Registrar of Vital Statistics **SIGNATURE AUTHENTICATED**

DATE ISSUED: 11/7/2023

By: *Susan Barrus*

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573

