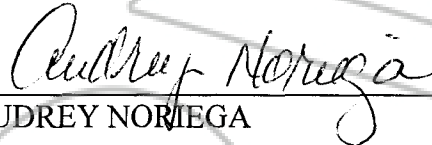


**NE4SE4 Section/Lot 31 Town/Block 29
Range 49**

4. At the time of death of EULALIO G. NORIEGA, title to the real property described in paragraph three (3) above continued to be held by AUDREY NORIEGA AND EULALIO G. NORIEGA as Joint Tenants with Right of Survivorship. As a result of the death of EULALIO G. NORIEGA, and the joint tenancy form of title, the real property described in paragraph three (3) above is now owned by AUDREY NORIEGA.


AUDREY NORIEGA

STATE OF NEVADA

)

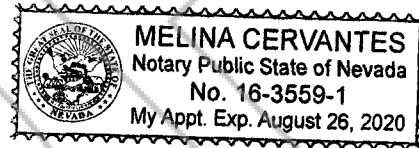
)ss.

COUNTY OF CLARK

)

On the 28th day of April, 2017, personally appeared before me, a Notary Public in and for said County and State, AUDREY NORIEGA, personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that she executed the instrument.


NOTARY PUBLIC



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EXHIBIT A

COPY



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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. 3910635

2016015047

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
DEATHCONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

| | | | | | |
|--|--|--|--|--|---|
| 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Eulalio George NORIEGA JR | | 2. DATE OF DEATH (Mo/Day/Yr) August 19, 2016 | | 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 and Inpatient (Specify) 1751 Fairhaven Street Home | | 4. SEX Male | |
| 5. RACE (Specify) White, American Indian, | | 6. Hispanic Origin? Specify No - Non-Hispanic | | 7a. AGE-Last birthday (Years) 73 | |
| 7b. UNDER 1 YEAR MOS DAYS | | 7c. UNDER 1 DAY HOURS MINS | | 8. DATE OF BIRTH (Mo/Day/Yr) April 02, 1943 | |
| 9a. STATE OF BIRTH (If not US/CA, name country) Arizona | | 9b. CITIZEN OF WHAT COUNTRY United States | | 10. EDUCATION 15 | |
| 11. MARITAL STATUS (Specify) Married | | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Audrey Ann SCHWEITZER | | | |
| 13. SOCIAL SECURITY NUMBER [REDACTED] | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Jet Air Craft Crew Chief | | 14b. KIND OF BUSINESS OR INDUSTRY United States Air Force | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Clark | | 15c. CITY, TOWN OR LOCATION Las Vegas | |
| 15d. STREET AND NUMBER 1751 Fairhaven Street | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Eulalio G NORIEGA | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Concepción Teresa OCHOA | | | |
| 18a. INFORMANT - NAME (Type or Print) Audrey Ann NORIEGA | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1751 Fairhaven Street Las Vegas, Nevada 89108 | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME Funeral Smith | | 19c. LOCATION City or Town State Henderson Nevada 89011 | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TYSON SMITH SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE NUMBER 707 | | 20c. NAME AND ADDRESS OF FACILITY Boulder City Family Mortuary 833 Nevada Hwy #1 Boulder City NV 89005 | |
| 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) SIGNATURE AUTHENTICATED JONATHAN W VON KOENIG DO | | | 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) August 23, 2016 | | | 21c. HOUR OF DEATH 16:00 | | |
| 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) Jonathan W Von Koenig DO 4141 Swenson Street Las Vegas, NV 89119 | | | | 23b. LICENSE NUMBER DO1963 | |
| 24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED | | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 23, 2016 | | 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) Metastatic Bronchogenic Carcinoma 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 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 | |

LOCAL REGISTRAR

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"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 state Board of Health pursuant to NRS 440.175.

VRS-Rev-20120523a



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DATE ISSUED: AUG 25 2016

This copy not valid unless prepared on watermarked security paper 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

Registrar of Vital Statistics

By:

