EXHIBIT

E – 112

Part 1 of 3

DIS01T000032JUL17080807

CURRENT PARCEL SUMMARY DISPLAY #1

TYPE BK PAGE PRCL UNIT TS MH TRA USE CODE: NON TAXABLE: CNCL DAT
E
000705011000000 51-06 PROP8 YR: SEC-NO LIEN:
RIGHTS CD: 1911 ACT:

---------- OWNER NAME INFORMATION ---------- -- MISCELLANEOUS --

NS	OWNER NAME	T/H	REC DATE	PERCENT		
1	HAWKINS, TERRY GENE & MARGARET	JT	10101996	1.0000	ACREAGE	18.900
					LIC TYPE	
					LIC NUM.	

DBA

------- SITUS ADDRESS -------- -------- MAILING ADDRESS --------

ST #/NAME
APT TYPE/#
CITY-STATE
ZIP CODE
DESC #1 22 6N 24E
#2
#3
#4

P.O. BOX 805

BRIDGEPORT CA
93517

O/R:	XFER	VOL	PAGE	DATE
	GD	748	125	10101996
		748	132	10101996

BPS: TYPE CLASS ACCT # ACCT LOC'S B USE CD RTN DATE AUD YR

OLD APN: - - - - - @

RECORDING REQUESTED BY

INYO-MONO TITLE COMPANY

AND WHEN RECORDED MAIL THIS DEED AND UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENT TO

Name TERRY GENE HAWKINS
Street HC 31 BOX 218
Address WILDHORSE ESTATES
City & State ELKO, NV 89801-9502
Zip

Title Order No. 104097 Escrow No. 104097

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005325

RECORDED IN MONO COUNTY CALIFORNIA
'96 OCT 10 PM 12 56
$25.00
M.S. $10.00

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Grant Deed

THE UNDERSIGNED GRANTOR(S) DECLARE(S)

DOCUMENTARY TRANSFER TAX IS $ -0- SEE CONCURRENT DEED

_____ unincorporated area ☐ City of _____

Parcel No. _____

☐ computed on full value of interest or property conveyed, or

☐ computed on full value less value of liens or encumbrances remaining at time of sale, and

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

The Heirs of Gerald Lee Wymore, deceased, being Lynette Wymore, his widow now known as Lynette Wymore Elton, John C. Wymore, his son and Julie Wymore, his daughter, all being the sole heirs of Gerald Lee Wymore.

hereby GRANT(S) to Terry Gene Hawkins and Margaret L. Hawkins, husband and wife as joint tenants

the following described real property in the

County of Mono State of California

See description attached hereto and made a part hereof.

The heirs of Gerald Lee Wymore deceased, being

Lynette Wymore Elton

Lynette Wymore Elton

John C. Wymore

John C. Wymore

Julie Wymore

Date SEPT. 21, 1996

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO } ss

On SEPT 21, 1996 before me

TO ANN REED

Lynette Wymore Elton

JO ANN REED
Commission # 1081119
Notary Public — California
San Bernardino County
My Comm. Expires Dec 25, 1999

Signature

MAIL TAX STATEMENTS TO PARTY SHOWN ON FOLLOWING LINE. IF NO PARTY SHOWN, MAIL AS DIRECTED ABOVE.

Exhibit E-112

LEGAL DESCRIPTION

PARCEL 1:

THE EAST HALF OF THE SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 22, TOWNSHIP 6 NORTH, RANGE 24 EAST M.D.B.&M., IN THE COUNTY OF MONO, STATE OF CALIFORNIA.

EXCEPTING THEREFROM ANY PORTION LYING WITHIN U.S. HIGHWAY 395 BY DEEDS RECORDED NOVEMBER 12, 1931 IN BOOK 6 PAGE 159 OF DEEDS AND JANUARY 23, 1965 IN BOOK 91 PAGE 85 OF OFFICIAL RECORDS.

PARCEL 2:

AN UNDIVIDED ONE-HALF INTEREST IN AND TO THE FOLLOWING:

A RIGHT-OF-WAY FOR ROAD PURPOSES AND INGRESS AND EGRESS TO AND FROM THE STATE HIGHWAY, TOGETHER WITH THE RIGHTS INCIDENTAL THERETO OVER AND ACROSS A STRIP OF LAND 60 FEET IN WIDTH LYING 30 FEET ON EACH SIDE OF THE FOLLOWING DESCRIBED LINE:

BEGINNING AT THE POINT OF INTERSECTION OF THE NORTH LINE OF STATE HIGHWAY 395 AND THE EAST LINE OF THE WEST HALF OF THE EAST HALF OF THE SOUTHWEST QUARTER OF SECTION TOWNSHIP, 6 NORTH, RANGE 24 EAST M.D.B.&M., THENCE NORTH ALONG SAID EAST LINE TO A POINT THAT IS 990 FEET NORTH FROM THE SOUTH LINE OF SAID SECTION 22, THENCE EAST PARALLEL TO THE SOUTH LINE OF SAID SECTION 22, 1320 FEET MORE OR LESS TO THE WEST LINE OF THE EAST HALF OF THE SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SAID SECTION 22.

(END OF REPORT)

Exhibit E-112

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CERTIFICATE OF DEATH

STATE OF CALIFORNIA

3600 87-056321

DECEDENT PERSONAL DATA

1A. NAME OF DECEDENT—FIRST	Gerald
1B. MIDDLE	Lee
1C. LAST	Wymore
2A. DATE OF DEATH (MONTH, DAY, YEAR)	May 17, 1986
2B. HOUR	1202
3. SEX	Male
4. RACE/ETHNICITY	White/American
5. SPANISH/HISPANIC NO	X
6. DATE OF BIRTH	March 27, 1946
7. AGE	40 YEARS
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)	California
9. NAME AND BIRTHPLACE OF FATHER	John E. Wymore; California
10. BIRTH NAME AND BIRTHPLACE OF MOTHER	Burmah Fern Whittenburg; Ark.
11A. CITIZEN OF WHAT COUNTRY	USA
11B. IF DECEASED WAS EVER IN MILITARY, GIVE DATES OF SERVICE	1966 TO 1969
12. SOCIAL SECURITY NUMBER	566 74 3059
13. MARITAL STATUS	married
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)	Lynette Ahr
15. PRIMARY OCCUPATION	Counselor
16. NUMBER OF YEARS THIS OCCUPATION	2
17. EMPLOYER OF SELF-EMPLOYED, SO STATE	Chino Institute for Men
18. KIND OF INDUSTRY OR BUSINESS	Calif State Prison System

USUAL RESIDENCE

19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)	1485 North Ukiah
19B.	0110
19C. CITY OR TOWN	Ontario
19D. COUNTY	San Bernardino
19E. STATE	California
20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP	Lynette J. Wymore wife
	1485 North Ukiah
	Ontario California 91764

PLACE OF DEATH

21A. PLACE OF DEATH	ONTARIO COMMUNITY HOSPITAL
21B. COUNTY	SAN BERNARDION
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION)	550 MANTEREY AVE.
21D. CITY OR TOWN	ONTARIO, CA.

CAUSE OF DEATH

IMMEDIATE CAUSE

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.

(A) CORONAY ATHEROSCLEROSIS — YEARS

DUE TO, OR AS A CONSEQUENCE OF

(B)

DUE TO, OR AS A CONSEQUENCE OF

(C)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

24. WAS DEATH REPORTED TO CORONER? yes br8651937

25. WAS BIOPSY PERFORMED? no

26. WAS AUTOPSY PERFORMED? yes

23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A: CARDIAC HYPERTORPHY

27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION: NO DATE

PHYSICIAN'S CERTIFICATION

28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)

28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE

28C. DATE SIGNED

28D. PHYSICIAN'S LICENSE NUMBER

28E. TYPE PHYSICIAN'S NAME AND ADDRESS

INJURY INFORMATION

29. SPECIFY ACCIDENT, SUICIDE, ETC.

30. PLACE OF INJURY

31. INJURY AT WORK

32A. DATE OF INJURY—MONTH, DAY, YEAR

32B. HOUR

33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

CORONER'S USE ONLY

35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION): Investigation

35B. CORONER'S SIGNATURE AND DEGREE OR TITLE: [signature] Brian McCormick Corner by

35C. DATE SIGNED: 5-20-86

36. DISPOSITION	Burial
37. DATE—MONTH, DAY, YEAR	May 21, 1986
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY	Riverside National Cemetery Riverside CAL
39. EMBALMER'S LICENSE NUMBER AND SIGNATURE	6692 Douglas C. Crawford
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	Richardson-Peterson Mortuary
40B. LICENSE NO.	6737
41. LOCAL REGISTRAR—SIGNATURE	George R. Pettersen, MD
42. DATE ACCEPTED BY LOCAL REGISTRAR	May 21, 1986

STATE REGISTRAR: A 6-15-5-22 B C D E F 4140

I hereby certify that this is a true and correct copy of a certificate on file in the San Bernardino County Health Department, if the embossed seal of the county appears over my signature.

George R. Pettersen, M.D.

George R. Pettersen, M.D., M.P.H.
Director of Public Health

Exhibit E-112