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

VOL 0748 PAGE 125

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

104097T

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, 1966 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

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

0748 3600

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 (SPECIFY): White/American; 5. SPANISH/HISPANIC: No X; 6. DATE OF BIRTH: March 27, 1946; 7. AGE: 40 YEARS; 8. IF UNDER 1 YEAR: MONTHS, DAYS, HOURS; 9. IF UNDER 1 DAY: HOURS, MINUTES

8. BIRTHPLACE (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 DECEDENT HAS EVER BEEN IN MILITARY SERVICE, 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 MAIDEN NAME): Lynette Ahr

15. PRIMARY OCCUPATION: Counselor; 16. NUMBER OF YEARS THIS OCCUPATION: 2; 17. EMPLOYER OR SELF-EMPLOYED (SPECIFY): 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. APT. NO.: 0110; 19C. CITY OR TOWN: Ontario

19D. COUNTY: San Bernardino; 19E. STATE: California; 20. NAME AND ADDRESS OF INFORMANT — RELATIONSHIP: Lynette J. Wymore — wife

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.; 1485 North Ukiah; Ontario California 91764

CAUSE OF DEATH

22. 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

23. WAS DEATH REPORTED TO CORONER? yes Dr8651937
25. WAS INQUEST PERFORMED? NO
26. WAS AUTOPSY PERFORMED? YES

24. OTHER SIGNIFICANT CONDITIONS — CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN: CARDIAC HYPERTORPHY
27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 24? NO; TYPE OF OPERATION; 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 NO. DA. YR.); LAST SAW DECEDENT ALIVE (ENTER NO. 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) — 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 (WHERE HELD UNDER INQUEST/INVESTIGATION): Investigation
35B. CORONER — SIGNATURE AND DEGREE OR TITLE: Deputy Coroner by
35C. DATE SIGNED: 5-20-86

36. DISPOSITION: Burial; 37. DATE — MONTH, DAY, YEAR: May 21, 1986; 38. PLACE 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.: 5737; 41. LOCAL REGISTRAR — SIGNATURE: George R. Pettersen, MD; 42. DATE ACCEPTED BY LOCAL REGISTRAR: May 21, 1986

STATE REGISTRAR

A: 5-5-5-32; B: ; C: ; D: ; E: ; F: 4140

VS-11 (11-85)

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