4

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Karen Lund Hardy
P.O. Box 21351
Carson City, NV 89721

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Karen L. Hardy ☐ Agent ☐ Addressee

B. Received by (Printed Name) Karen L. Hardy C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

CARSON CITY NV OCT 2012 USPS 89706

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service l) 7007 2680 0002 8822 9885

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7007 2680 0002 8822 9885

U.S. Postal Service™
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For delivery information visit our website at www.usps.com®
OFFICIAL USE

CARSON CITY NV 89721

Postage	$ $9.70	0529
Certified Fee	$2.95	05 1
Return Receipt Fee (Endorsement Required)	$2.35	
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $15.00	10/01/2012

EL PRADO NM OCT 2012 USPS-87529 Postmark Here

Sent To Karen Lund Hardy
Street, Apt. No.; or PO Box No. Carson City
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

DOC # 497551
10/09/2012 03:59 PM
Official Record
Requested By
JOHN SCHLEGELMILCH LTD
Lyon County - NV
Mary C. Milligan - Recorder
Page 1 of 3 Fee: $16.00
Recorded By: AT RPTT:
0497551

APN # 12-011-15

RPTT Exempt #7

WHEN RECORDED MAIL TO:
Law Offices of John P. Schlegelmilch, Ltd.
30 Broadway Ave.
Yerington, NV 89447

Grantee and Mail Tax Bill To:
DAVID E. HARDY and KAREN L. HARDY
Trustees of the DAVID AND KAREN HARDY FAMILY TRUST
P. O. Box 21351
Carson City, Nevada 89721

QUITCLAIM DEED

THIS INDENTURE, made this 5th day of October, 2012, by and between KAREN LUND HARDY, a married woman as her sole and separate property, hereinafter called Parties of the First Part and DAVID E. HARDY and KAREN L. HARDY, Trustees of the DAVID AND KAREN HARDY FAMILY TRUST dated October 5, 2012, hereinafter called the Party of the Second Part.

WITNESSETH:

That the said Parties of the First Part hereby convey to the Party of the Second Part, its heirs, successors, and assigns, all of the right, title, and interest in and to all that real property situate in the County of Lyon, State of Nevada, and more particularly described as follows:

All that certain real property situate in the NW 1/4 of Section 35, Township 13 North, Range 25East, M.D.M., in Lyon County, Nevada, and more particularly describes as follows:

Beginning at the Northeast corner of Parcel 2 of recorded Parcel Map No. 126507, Lyon County records, from which point the North 1/4 Section corner of Section 35 bears North 0° 41' 48" East 30.00 feet; Thence along the 1/4 Section line South 0° 41' 48" West 2606.48 feet to the center 1/4 Section corner; Thence North 89° 12' 23"

West 1317.71 feet to the Southwest corner of Parcel 2; Thence North 0° 40' 23" East 1317.90 feet to an iron pin with cap marked RLS 4045 at the Southeast corner of Parcel 1 of the above cited parcel map; Thence along the South line of Parcel 1 North 89° 13' 16" West 1288.25 feet to the East line of State Route 208; Thence along said line North 0° 38' 58" East 477.55 feet to a 5/8" iron pin with cap marked RLS 4045; Thence South 89° 21' 02" East 276.88 feet to a 5/8" iron pin with cap marked RLS 4045; Thence North 0° 32' 05" East 164.51 feet to a 5/8" iron pin with cap marked RLS 4045; Thence South 89° 47' 41" West 5.00 feet to a 5/8" iron pin with cap marked RLS 4045; Thence North 0° 12' 19" West 645.14 feet to the South line of Cremetti Lane. Thence along said line South 89° 14' 08" East 2345.63 feet to the point of beginning.

This description previously appeared in Doc. No. 196707, Official Records of Lyon County, filed August 27, 1996.

TOGETHER WITH all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

TO HAVE AND TO HOLD all and singular the said premises, together with the appurtenances, unto the Parties of the Second Part and to their assigns forever.

IN WITNESS WHEREOF, the Grantor has hereunto set her hand the day and year first above written.

Karen Lund Hardy
KAREN LUND HARDY

ACKNOWLEDGMENT

STATE OF NEVADA)
:ss
COUNTY OF LYON)

On this 5th day of October, 2012, before me, the undersigned, a Notary Public, personally appeared KAREN LUND HARDY, known to me to be the persons described herein and who

executed the above foregoing instrument, and they acknowledged to me that they executed the same freely and voluntarily, and for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year herein above written.

Kathy J. Hall
NOTARY PUBLIC (SEAL)

KATHY J. HALL
Notary Public - State of Nevada
Appointment Recorded in Lyon County
No: 93-2753-12 - Expires October 22, 2012

30

7011 1150 0002 4769 6246

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OFFICIAL USE

WELLINGTON NV 89444

Postage	$ $9.70	0529
Certified Fee	$2.95	05
Return Receipt Fee (Endorsement Required)	$2.35	Postmark Here
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $15.00	08/29/2012

Sent To Patricia Hensin

Street, Apt. No.; or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

WHEN RECORDED MAIL TO:
KURT W. HERVIN
11 NORTON LANE
SMITH, NEVADA 89430

Order No. TSL-17132
Escrow No. M73877CH
R.P.T.T. 278.20
XX Based on full value
Based on full value
less liens

INDIVIDUAL GRANT DEED

THIS INDENTURE WITNESSETH:

That for a valuable consideration, receipt of which is hereby acknowledged

CHARLES R. BARRETT and MICHELLE R. BARRETT, Husband and Wife

(GRANTOR),
does hereby grant, bargain, sell, and convey to KURT W. HERVIN and REIKO HERVIN, Husband and Wife and PATRICIA L. HERVIN, An Unmarried Woman
All as Joint Tenants

(GRANTEE),
all that real property in the County of LYON , State of Nevada, being Assessor's Parcel Number 10-331-19 , specifically described as:

All that certain real property being a portion of the NW 1/4 of the SE 1/4 of Section 27, Township 11 North, Range 23 East, M.D.B.&M., Lyon County, Nevada, described as follows:

Parcel 1 as shown on the Parcel Map for Lilbourn L. & Margaret E. Goree and Charles R. & Michelle R. Barrett recorded in the Official Records of Lyon County, Nevada, on June 23, 1992 as Document No. 152844.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

Dated January 7, 1997

Charles R Barrett
CHARLES R. BARRETT

Michelle R. Barrett
MICHELLE R. BARRETT

STATE OF NEVADA)
)SS.
County of Douglas)

This instrument was acknowledged before me on January 21, 1997
by CHARLES R. BARRETT AND
MICHELLE R. BARRETT

MAIL TAX STATEMENT TO:
SAME AS ABOVE

Charlene L Hanover
Notary Public

CHARLENE L. HANOVER
Notary Public - State of Nevada
Appointment Recorded in Douglas County
MY APPOINTMENT EXPIRES JAN. 27, 1999

FOR RECORDER'S USE

201751
OFFICIAL RECORDS
LYON COUNTY, NEV.
RECORD REQUESTED BY
Title Service & Escrow
97 JAN 23 AM 8:59
[illegible]
COUNTY RECORDER
FEE 7.00 DEP KH

fdd3

EXHIBIT A-47

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2007011672
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1a. DECEASED-NAME FIRST	1b. MIDDLE	1c. LAST	2. DATE OF DEATH (Mo/Day/Year)	3a. COUNTY OF DEATH
Patricia	Lou	HERVIN	December 14, 2007	Carson City

3b. CITY, TOWN, OR LOCATION OF DEATH	3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number)	3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)	4. SEX
Carson City	Carson Tahoe Regional Medical Center	Inpatient	Female

5. RACE-(e.g., White, Black, American Indian) (Specify)	6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc.	7a. AGE-Last birthday (Years)	7b. UNDER 1 YEAR MOS / DAYS	7c. UNDER 1 DAY HOURS / MINS	8. DATE OF BIRTH (Mo/Day/Yr)
White	No Non-hispanic	81			September 28, 1926

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

9a. STATE OF BIRTH (If not U.S.A., name country)	9b. CITIZEN OF WHAT COUNTRY	10. EDUCATION	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	12. SURVIVING SPOUSE (if wife, give maiden name)
Oregon	United States	15	Widowed	

13. SOCIAL SECURITY NUMBER	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)	14b. KIND OF BUSINESS OR INDUSTRY
537-22-8979	Homemaker	Own Home

15a. RESIDENCE - STATE	15b. COUNTY	15c. CITY, TOWN OR LOCATION	15d. STREET AND NUMBER	15e. INSIDE CITY LIMITS (Specify Yes or No)
Nevada	Lyon	Wellington	11 Norton Lane	Yes

PARENTS

16. FATHER - NAME (First Middle Last Suffix)	17. MOTHER - NAME (First Middle Last Suffix)
Harold GOODRICK	Artis DAVIS

18a. INFORMANT- NAME (Type or Print)	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)
Kurt HERVIN	11 Norton Lane Wellington, Nevada 89444

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	19b. CEMETERY OR CREMATORY - NAME	19c. LOCATION City or Town State
Cremation	Walton's Sierra Crematory	Carson City Nevada 89706

20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)	20b. FUNERAL DIRECTOR LICENSE	20c. NAME AND ADDRESS OF FACILITY
RICK NOEL SIGNATURE AUTHENTICATED	620	Walton's Chapel of the Valley 1281 N Roop Carson City NV 89706

TRADE CALL

TRADE CALL - NAME AND ADDRESS

CERTIFIER

To Be Completed by CERTIFYING PHYSICIAN

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
JOSE ALFREDO AGUIRRE MD

21b. DATE SIGNED (Mo/Day/Yr)	21c. HOUR OF DEATH
December 18, 2007	15:58

21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To Be Completed by CORONER'S OFFICE

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)

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)	23b. LICENSE NUMBER
Jose Alfredo Aguirre MD 1600 Medical Parkway Carson City, NV 89703	11479

REGISTRAR

24a. REGISTRAR (Signature)	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)	24c. DEATH DUE TO COMMUNICABLE DISEASE
SARAH KOERNER SIGNATURE AUTHENTICATED	December 18, 2007	YES ☐ NO ☒

CAUSE OF DEATH

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

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I

(a) Cardiac Arrest — Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF:

(b) Acute Coronary Syndrome — Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF:

(c) — 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.
Acute Renal Failure, Chronic Obstructive Pulmonary Disease, Dementia

26. AUTOPSY (Specify Yes or No)	27. WAS CASE REFERRED TO CORONER (Specify Yes or No)
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

534116

VRS-Rev-E3v

464967

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: JAN 02 2013

STATE REGISTRAR

EXHIBIT A-47

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

THE GREAT SEAL OF THE STATE OF NEVADA — ALL FOR OUR COUNTRY

STATE OF NEVADA — OFFICE of the STATE REGISTRAR and VITAL RECORDS — DEPARTMENT OF HEALTH AND HUMAN SERVICES

PACIFIC BANCNOTE

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jon W. Hopkins
19000 Golden Meadows Dr.
Volcano, CA 95689

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) JOAN A. [illegible] C. Date of Delivery 09-14-12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 1150 0002 4769 6253

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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VOLCANO CA 95689

Postage	$ $9.70	0529
Certified Fee	$2.95	05
Return Receipt Fee (Endorsement Required)	$2.35	Postmark Here
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $15.00	08/29/2012

Sent To Jon W. Hopkins
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7011 1150 0002 4769 6253

31

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Lisa M. Hopkins
19000 Golden Meadows Dr.
Volcano, CA 95689

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☒ Agent ☐ Addressee

B. Received by (Printed Name) JOANN A. [illegible]
C. Date of Delivery 09-14-12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 1150 0002 4769 6260

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 1150 0002 4769 6260

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OFFICIAL USE

VOLCANO CA 95689

Postage	$ $9.70	0529
Certified Fee	$2.95	05
Return Receipt Fee (Endorsement Required)	$2.35	Postmark Here
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $15.00	08/29/2012

EL PRADO NM AUG 29 2012 USPS 87529

Sent To Lisa M. Hopkins
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

EXHIBIT A-49

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Richard C. Huntsberger
P.O. Box 250
Smith, NV 89430

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☒ Addressee

B. Received by (Printed Name) C. Date of Delivery 9-1-12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 1150 0002 4769 6277

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 1150 0002 4769 6277

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SMITH NV 89430

Postage	$ $9.70	0529
Certified Fee	$2.95	05
Return Receipt Fee (Endorsement Required)	$2.35	Postmark Here
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $15.00	08/29/2012

Sent To Richard C. Huntsberger
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

EXHIBIT A-50

48

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Coale Robert Johnson
74 Rockaway Avenue
San Francisco, CA 94127

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 1150 0002 4769 6284

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7011 1150 0002 4769 6284

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SAN FRANCISCO CA 94127

Postage	$ $9.70	0529
Certified Fee	$2.95	05
Return Receipt Fee (Endorsement Required)	$2.35	Postmark Here
Restricted Delivery Fee (Endorsement Required)	$0.00	
Total Postage & Fees	$ $15.00	08/29/2012

Sent To: Coale Robert Johnson
Street, Apt. No.; or PO Box No. 74 Rockaway Ave
City, State, ZIP+4 San Francisco 94127

PS Form 3800, August 2006 See Reverse for Instructions

7011 1150 0002 4768 6193

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For delivery information visit our website at www.usps.com®

OFFICIAL USE

LONE PINE CA 93545

Postage	$	$9.70
Certified Fee		$2.95
Return Receipt Fee (Endorsement Required)		$2.35
Restricted Delivery Fee (Endorsement Required)		$0.00
Total Postage & Fees	$	$15.00

0529
07
Postmark Here
01/04/2013

USPS-87 ELDORADO NM 2013 JAN

Sent To Coale Robert Johnson
Street, Apt. No.; or PO Box No. P.O. Box 753
City, State, ZIP+4 Lone Pine, CA 93545

PS Form 3800, August 2006 See Reverse for Instructions

Track & Confirm

GET EMAIL UPDATES PRINT DETAILS

YOUR LABEL NUMBER	SERVICE	STATUS OF YOUR ITEM	DATE & TIME	LOCATION	FEATURES
70111150000247686193	Priority Mail®	Delivered	January 08, 2013, 11:29 am	LONE PINE, CA 93545	**Expected Delivery By:** January 7, 2013 Certified Mail™ Return Receipt
		Notice Left	January 08, 2013, 8:43 am	LONE PINE, CA 93545	
		Arrival at Unit	January 08, 2013, 7:52 am	LONE PINE, CA 93545	
		Depart USPS Sort Facility	January 07, 2013	SANTA CLARITA, CA 91383	
		Processed through USPS Sort Facility	January 06, 2013, 5:32 pm	SANTA CLARITA, CA 91383	
		Dispatched to Sort Facility	January 04, 2013, 4:54 pm	EL PRADO, NM 87529	
		Acceptance	January 04, 2013, 2:10 pm	EL PRADO, NM 87529	

Check on Another Item

What's your label (or receipt) number?

Find

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EXHIBIT A-51