

EXHIBIT A

Resubdivision of Lot 3, Block 2, Condit's Parkside Addition all Lot 3F in the City of Gary, as shown in Plat Book 31, Page 10, in Lake County, Indiana.

Key #: 25-42-329-1

More commonly known as 7030 E. 1st Avenue, Gary, IN 46403



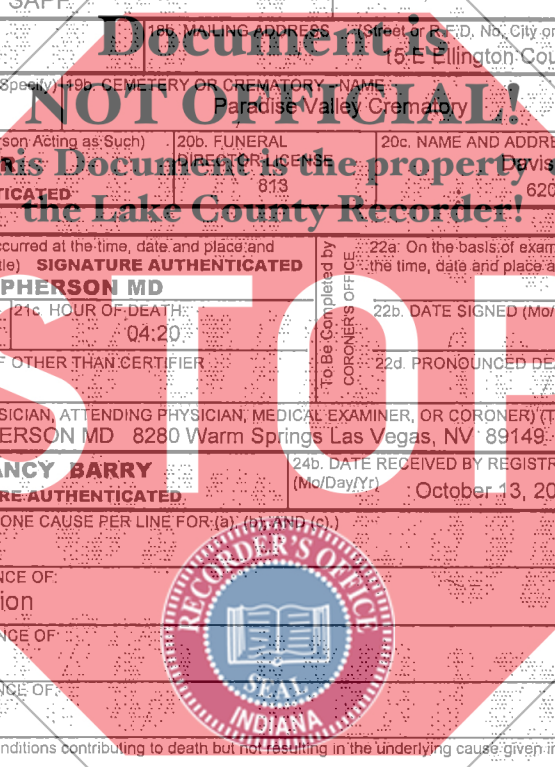
STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH - VITAL STATISTICS

CERTIFICATE OF DEATH

2014016590
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST, SUFFIX) Marietta BARDLEY			2. DATE OF DEATH (Mo/Day/Year) September 27, 2014		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 number) St Rose Dominican Hospital San Martin		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. (Inpatient)(Specify) Intensive Care Unit (ICU)		4. SEX Female
DECEDENT	5. RACE Black		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 74	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) September 19, 1940
	9a. STATE OF BIRTH (If not U.S.A. name country) Indiana		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 12	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Otis BARDLEY
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Administrative Assistant		14b. KIND OF BUSINESS OR INDUSTRY Steel / Oil		Ever in US Armed Forces? No
	15a. RESIDENCE - STATE Nevada	15b. COUNTY Clark	15c. CITY, TOWN OR LOCATION Henderson		15d. STREET AND NUMBER 2502 Via Di Autostrada		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) Cleveland SAPP			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Jessie WOODEN			
	18a. INFORMANT-NAME (Type or Print) A Vincent CLAYTON			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 15 E Ellington Court Elgin, Illinois 60177			
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Paradise Valley Crematory		19c. LOCATION: City or Town State Las Vegas Nevada 89119		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) R TODD NOECK		20b. FUNERAL DIRECTOR LICENSE NO. 813	20c. NAME AND ADDRESS OF FACILITY Paradise Valley Funeral Home and Memorial Park 6200 S Eastern Las Vegas NV 89119			
TRADE CALL	TRADE CALL - NAME AND ADDRESS						
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) CHARLES MCPHERSON MD			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)			
	To Be Completed by CERTIFYING PHYSICIAN	21b. DATE SIGNED (Mo/Day/Yr) October 13, 2014	21c. HOUR OF DEATH 04:20	To Be Completed by CORONER'S OFFICE	22b. DATE SIGNED (Mo/Day/Yr)	22c. HOUR OF DEATH	22d. PRONOUNCED DEAD (Mo/Day/Yr)
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) CHARLES MCPHERSON MD 8280 Warm Springs Las Vegas, NV 89149			23b. LICENSE NUMBER 5810			
	24a. REGISTRAR (Signature) NANCY BARRY			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 13, 2014	24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					Interval between onset and death	
	PART I	(a) Cardiogenic shock	DUE TO, OR AS A CONSEQUENCE OF:	(b) Type I aortic dissection	DUE TO, OR AS A CONSEQUENCE OF:	(c) 	Interval between onset and death
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	(a)	(b)	(c)	(d)	Interval between onset and death	Interval between onset and death	Interval between onset and death
	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.					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				
28a. 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

"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.

B000097239
DATE ISSUED: **OCT 16 2014**

Registrar of Vital Statistics
By: *[Signature]*

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



VRS-Rev-20120523a

Certification and Notice of Declaration of Trust

I, Otis L. Bardley, state and declare that I, as Creator, established a revocable living trust known as The Bardley Family Trust, dated AUG 24 2015, and appointed Otis L. Bardley and my successors, as Trustee(s) of such Trust. The identifying number for the Trust is the Social Security Number of the Creator.

The following provisions are found in the Trust Agreement and may be relied upon as a correct abbreviated statement of the operation of the trust during the lifetime of Creator by anyone dealing with any Trustee or Successor Trustee to the Trust.

1. Property may be added to the trust. Creator retains the beneficial interest in all trust property during his/her lifetime. Title to property of the Trust shall be taken as Otis L. Bardley, Trustee of The Bardley Family Trust, dated AUG 24 2015.
2. The Creator may amend or revoke the trust.
3. If Creator desires to serve as Trustee for any reason, he or she may name a successor Trustee to serve in his or her place.
4. The Creator during his or her lifetime, shall have the right to discharge the Trustee, or any successor Trustee, of any Trust hereunder, and to appoint a Trustee in its place.
5. The order of Successor Trustees is as follows:
 Janice Bardley-Washington
 Stephanie Bardley
 The Successor Trustees that are listed above are Alternate Trustees and shall serve in succession in the order listed above after each predecessor becoming unable or unwilling to serve.
6. The Trustee is given broad powers, including the power, subject to the Trustee's fiduciary obligations, to have all the unrestricted rights, power and privileges which an absolute owner of the same property would have. A copy of the Article which contains the powers of the Trustee is available upon request.
7. Said trust is in full force and effect, and has not been revoked or amended to make any representation contained in this certification incorrect.
8. This trust was created under the laws of the State of Nevada.
9. The Trustee has the right to transact business for the trust over his or her sole signature and/or to hold property in his or her sole name as Trustee of the trust.



The Creator hereby states that the assertions of any Trustee hereinabove designated that (1) he or she is acting alone or with another qualified Trustee, or (2) that he or she is acting with full delegated powers of a Co-trustee shall be sufficient on its face, and no person designated above shall be put to further inquiry into the right of such Co-trustee to act.

IN WITNESS WHEREOF, I, the undersigned Creator, this _____ day of AUG 24 2015, 20____, hereby certify under penalty of perjury, the foregoing statements to be true and correct.

Document is NOT OFFICIAL
This Document is the property of the Lake County Recorder!

Otis L. Bardley
Otis L. Bardley
Creator

STATE OF NEVADA)

County of Clark)

ss.

ACKNOWLEDGMENT

AUG 24 2015

On this _____ day of _____, 20____, before me, the undersigned Notary Public personally appeared Otis L. Bardley to me known to be the individual(s) in and who executed the foregoing instrument, and acknowledged that he/she/they executed the same as his/her/their free act and deed.

