EXHIBIT A

| This is to certify that: | |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------|
| 1. I, the undersigned, am Secretary of | CANAL INSURANCE COMPANY |
| being the same corporation which contemporaneou | sly with the execution hereof, executed and delivered to |
| J. S. GLEASON, JR. | , Administrator of Veterans' Affairs, a deed dated |
| day of, 19_62 | <u>2</u> . |
| 2 | , who executed said deed on behalf of said |
| corporation, as President and as | thereof, were at the time they |
| executed the same the duly elected, qualified, and acti | ng President and |
| of said corporation, having been so elected at a meet | ing of the Board of Directors of said corporation held on the |
| day of | , 19 |
| 3. Said officers who executed said deed were duly | authorized to execute it on behalf of said corporation by |
| virtue of { the bylaws of the corporation a resolution of the Board of Directors} | lly adopted on the day of, |
| 19 | |
| 4. I have custody of, have examined said records a | and know the above to be true. |
| • | |
| [CORPORATE SEAL] | · • |
| <u></u> | Secretary. |

NOTE TO RECORDER.—The following notes are not part of this instrument and should not be recorded.

Note 1.—(a) Delete paragraph [.] before signing if inapplicable.

(b) Delete words in parentheses (*) unless evidence afforded by Exhibit A has been recorded previously. If previously recorded in county where herein-described land is situated, fill blanks at (*) and strike out underscored words preceding (*) and all of Exhibit A.

(c) Draw line through inapplicable statement (7. *) of Exhibit A.

Note 2.—Print, typewrite, or stamp names of persons executing this instrument, also names of witnesses and notary public immediately underneath such signatures.