

CERTIFICATE OF DEATH

3-95-01

007708

STATE OF CALIFORNIA
USE BLACK INK ONLY/NO BRASSURE, WHITOUTS OR ALTERATIONS
VS-11 (REV. 7/93)

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN) Ruth		2. MIDDLE Myrtle		3. LAST (FAMILY) Helderman		
	4. DATE OF BIRTH MM/DD/CCYY 04/15/1916		5. AGE YRS. 79	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MINUTES	6. SEX F	
	7. DATE OF DEATH MM/DD/CCYY 11/07/1995		8. HOUR 1749		9. STATE OF BIRTH NC		10. SOCIAL SECURITY NO. [REDACTED] 4515
	11. MILITARY SERVICE 19__ TO 19__		12. MARITAL STATUS Married	13. EDUCATION—YEARS COMPLETED 14		14. RACE White	15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
USUAL RESIDENCE	16. USUAL EMPLOYER Self		17. OCCUPATION Homemaker		18. KIND OF BUSINESS Own Home		
	19. YEARS IN OCCUPATION 50		20. RESIDENCE—STREET AND NUMBER OR LOCATION 1534 Fordham Way				
	21. CITY Mountain View		22. COUNTY Santa Clara	23. ZIP CODE 94040	24. YRS IN COUNTY 30	25. STATE OR FOREIGN COUNTRY CA	
INFORMANT	26. NAME, RELATIONSHIP Charles F. Helderman Husband		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 1534 Fordham Way, Mountain View, CA. 94040				
SPOUSE AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE—FIRST Charles		29. MIDDLE F.		30. LAST (MAIDEN NAME) Helderman		
	31. NAME OF FATHER—FIRST Buford		32. MIDDLE —		33. LAST King	34. BIRTH STATE NC	
	35. NAME OF MOTHER—FIRST Mary		36. MIDDLE Francis		37. LAST (MAIDEN) Watts	38. BIRTH STATE NC	
DISPOSITION(S)	39. DATE MM/DD/CCYY 11/14/1995		40. PLACE OF FINAL DISPOSITION Arlington National Cemetery, Arlington, VA				
FUNERAL DIRECTOR AND LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S) Tr/Bu		42. SIGNATURE OF EMBALMER <i>Samuel Masqueda</i>		43. LICENSE NO. 7582		
	44. NAME OF FUNERAL DIRECTOR Spangler Mortuaries LA		45. LICENSE NO. F-927	46. SIGNATURE OF LOCAL REGISTRAR <i>Barbara Allen MD AW</i>	47. DATE MM/DD/CCYY 11/17/1995		
PLACE OF DEATH	101. PLACE OF DEATH Washington Hospital		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DDA	103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER	104. COUNTY Alameda		
	105. STREET ADDRESS—STREET AND NUMBER OR LOCATION 2000 Mowry Ave.				106. CITY Fremont		
CAUSE OF DEATH	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)						
	IMMEDIATE CAUSE (A) Cardiac Arrest		TIME INTERVAL BETWEEN ONSET AND DEATH 6 Days	108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER			
	DUE TO (B) Myocardial Infarction		6 Days	109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	DUE TO (C)			110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
	DUE TO (D)			111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 None							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. No							
PHYSICIAN'S CERTIFICATION	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY 11/01/1995 DECEDENT LAST SEEN ALIVE MM/DD/CCYY 11/07/1995		115. SIGNATURE AND TITLE OF CERTIFIER <i>Ash Jain</i>		116. LICENSE NO. A050605	117. DATE MM/DD/CCYY 11/09/1995	
	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP Ash Jain MD 1900 Mowry Ave. Suite #309, Fremont, CA 94538						
CORONER'S USE ONLY	119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	121. INJURY DATE MM/DD/CCYY	122. HOUR	123. PLACE OF INJURY	
	124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)						
	125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)						
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			

STATE | A | B | C | D | E | F | G | H | FAX AUTH. # | CENSUS TRACT

THIS IS TO CERTIFY THAT IF BEARING THE SEAL OF THE ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY, THIS IS A TRUE COPY OF A RECORD ON FILE IN THE VITAL REGISTRATION SECTION, ALAMEDA COUNTY PUBLIC HEALTH SERVICE, OAKLAND, CALIFORNIA.

SEAL

LOCAL REGISTRAR

0453279

BY: *Barbara Allen MD* DEPUTY

BK 1198PG0787

DATE: 11/21/1995

AFFIDAVIT TO AMEND A RECORD

3-95-01 007708

STATE FILE NUMBER

BIRTH DEATH FETAL DEATH
 NO ERASURES, WHITEOUTS, OR ALTERATIONS

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE/LOCAL REGISTRAR USE ONLY	1.	2.	3.
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PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

NAME AS IT APPEARS ON RECORD	1. NAME—FIRST (GIVEN) Ruth	2. MIDDLE Myrtle	3. LAST (FAMILY) Helderman
ADDITIONAL INFORMATION TO LOCATE RECORD	4. SEX F	5. DATE OF EVENT—MM/DD/CCYY 11/07/1995	6. CITY OF OCCURRENCE Fremont
	7. COUNTY OF OCCURRENCE Alameda		8. FATHER'S NAME AS STATED ON ORIGINAL Buford ----- King
		9. MOTHER'S NAME AS STATED ON ORIGINAL Mary Francis Watts	

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

	10. CERTIFICATE ITEM NUMBER	11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	12. INFORMATION AS IT SHOULD APPEAR
LIST ONE ITEM PER LINE	4	04/15/1916	04/05/1916

2 of 3

REASON FOR CORRECTION	13. Incorrect information
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AFFIDAVITS AND SIGNATURES: We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

TWO PERSONS MUST SIGN THIS FORM	14. SIGNATURE OF FIRST PERSON <i>M. Spence</i>	15. TITLE/RELATIONSHIP TO PERSON IN PART I Funeral Director	16. DATE SIGNED—MM/DD/CCYY 11/16/1995
	17. AGE Adult	18. ADDRESS (STREET, CITY, STATE, ZIP) 799 Castro St., Mountain View, CA 94041	
USE BLACK INK ONLY	19. SIGNATURE OF SECOND PERSON <i>C. Anderson</i>	20. TITLE/RELATIONSHIP TO PERSON IN PART I Funeral Director	21. DATE SIGNED—MM/DD/CCYY 11/16/1995
	22. AGE Adult	23. ADDRESS (STREET, CITY, STATE, ZIP) 799 Castro St., Mountain View, CA 94041	

STATE/LOCAL REGISTRAR USE ONLY	24. SIGNATURE OF STATE OR LOCAL REGISTRAR ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY	25. DATE ACCEPTED FOR REGISTRATION—MM/DD CCYY 11/17/1995
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STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES OFFICE OF STATE REGISTRAR 93 24420 VS 24 (Rev. 1/94)

THIS IS TO CERTIFY THAT IF BEARING THE SEAL OF THE ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY, THIS IS A TRUE COPY OF A RECORD ON FILE IN THE VITAL REGISTRATION SECTION, ALAMEDA COUNTY PUBLIC HEALTH SERVICE, OAKLAND, CALIFORNIA.

SEAL!

, LOCAL REGISTRAR

BY: Barbara Allen M.D. DEPUTY

DATE: 11/21/1995

0453279

BK 1198PG0788

AFFIDAVIT TO AMEND A RECORD

3-95-01 007708

STATE FILE NUMBER

BIRTH DEATH FETAL DEATH
NO ERASURES, WHITEOUTS, OR ALTERATIONS

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE/LOCAL REGISTRAR USE ONLY	1.	2.	3.
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PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

NAME AS IT APPEARS ON RECORD	1. NAME—FIRST (GIVEN) <p align="center">Ruth</p>		2. MIDDLE <p align="center">Myrtle</p>		3. LAST (FAMILY) <p align="center">Helderman</p>	
	4. SEX <p align="center">F</p>	5. DATE OF EVENT—MM/DD/CCYY <p align="center">10/07/1995</p>	6. CITY OF OCCURRENCE <p align="center">Fremont</p>		7. COUNTY OF OCCURRENCE <p align="center">Alameda</p>	
ADDITIONAL INFORMATION TO LOCATE RECORD	8. FATHER'S NAME AS STATED ON ORIGINAL <p align="center">Buford King</p>			9. MOTHER'S NAME AS STATED ON ORIGINAL <p align="center">Mary Francis Watts</p>		

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

	10. CERTIFICATE ITEM NUMBER	11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	12. INFORMATION AS IT SHOULD APPEAR
LIST ONE ITEM PER LINE	47	11/17/1995	11/13/1995

3 OF 3

REASON FOR CORRECTION	13. <u>Misstamped by Health Department</u>
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AFFIDAVITS AND SIGNATURES We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

TWO PERSONS MUST SIGN THIS FORM	14. SIGNATURE OF FIRST PERSON		15. TITLE/RELATIONSHIP TO PERSON IN PART I		16. DATE SIGNED—MM/DD/CCYY	
	▶		Deputy Registrar		11/21/1995	
USE BLACK INK ONLY	17. AGE		18. ADDRESS (STREET, CITY, STATE, ZIP)		19. SIGNATURE OF SECOND PERSON	
	Adult		499 5th Street, Oakland, CA 94607		▶	
	20. TITLE/RELATIONSHIP TO PERSON IN PART I		21. DATE SIGNED—MM/DD/CCYY			
	Deputy Registrar		11/21/1995			
	22. AGE		23. ADDRESS (STREET, CITY, STATE, ZIP)			
	Adult		499 5th Street, Oakland, CA 94607			

STATE/LOCAL REGISTRAR USE ONLY	24. SIGNATURE OF STATE OR LOCAL REGISTRAR <p align="center">ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY</p>	25. DATE ACCEPTED FOR REGISTRATION—MM/DD CCYY <p align="center">11/21/1995</p>
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SEAL

THIS IS TO CERTIFY THAT IF BEARING THE SEAL OF THE ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY, THIS IS A TRUE COPY OF A RECORD ON FILE IN THE VITAL REGISTRATION SECTION, ALAMEDA COUNTY PUBLIC HEALTH SERVICE, OAKLAND, CALIFORNIA.

LOCAL REGISTRAR
BY: Barbara Allen MD DEPUTY
DATE: 11/21/1995

0453279

BK 1198PG0789

EXHIBIT 'A-1'

A Timeshare Estate comprised of:

Parcel One:

An undivided 1/51st interest in and to that certain condominium described as follows:

- (a) An undivided 1/20th interest, as tenants-in-common, in and to Lot 32 of Tahoe Village Unit No. 3, Fifth-Amended Map, recorded October 29, 1981, as Document No. 61612 as corrected by Certificate of Amendment recorded November 23, 1981, as Document No. 62661, all of Official Records Douglas County, State of Nevada. Except therefrom units 101 to 120 Amended Map and as corrected by said Certificate of Amendment.
- (b) Unit No. 119 as shown and defined on said last mentioned map as corrected by said Certificate of Amendment.

Parcel Two:

A non-exclusive right to use the real property known as Parcel "A" on the Official Map of Tahoe Village Unit No. 3, recorded January 22, 1973, as Document No. 63805, records of said county and state, for all those purposes provided for in the Declaration of Covenants, Conditions, and Restrictions recorded January 11, 1973, as Document No. 63681, in Book 173 Page 229 of Official Records and in modification thereof recorded September 28, 1973, as Document No. 69063 in Book 973 Page 812 of Official Records and recorded July 2, 1976, as Document No. 1472 in Book 776 Page 87 of Official Records.

Parcel Three:

A non-exclusive easement for ingress and egress and recreational purposes and for use and enjoyment and incidental purposes over, on and through Lots, 29, 39, 40, and 41 as shown on said Tahoe Village Unit No. 3, Fifth-Amended Map and as corrected by said Certificate of Amendment.

Parcel Four:

- (a) A non-exclusive easement for roadway and public utility purposes as granted to Harich Tahoe Developments in deed re-recorded December 8, 1981, as Document No. 63026, being over a portion of Parcel 26-A (described in Document No. 01112, recorded June 17, 1976) in Section 30, Township 13 North, Range 19 East, M.D.M., - and -
- (b) An easement for ingress, egress and public utility purposes, 32' wide, the centerline of which is shown and described on the Fifth-Amended Map of Tahoe Village No. 3, recorded October 29, 1981, as Document No. 61612, and amended by Certificate of Amendment recorded November 23, 1981, as Document No. 62661, Official Records, Douglas County, State of Nevada.

Parcel Five:

The Exclusive right to use said UNIT and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel One and Parcels Two, Three, and Four above during ONE "use week" within the SPRING/FALL "use season", as said quoted terms are defined in the Declaration of Restrictions, recorded September 17, 1982 as Document No. 71000 of said Official Records.

The above described exclusive and non-exclusive rights may be applied to any available unit in the project, during said use week within said season.

NOTE: For use with First Phase Deeds and Deeds of Trust on Lot 32.

A portion of APN: 42-210-11

SPACE BELOW FOR RECORDER'S USE

0453279

BK 1198PG0790

EXHIBIT 'A-2'

A Timeshare Estate comprised of:

Parcel One:

An undivided 1/51st interest in and to that certain condominium described as follows:

- (a) An undivided 1/20th interest, as tenants-in-common, in and to Lot 32 of Tahoe Village Unit No. 3, Fifth-Amended Map, recorded October 29, 1981, as Document No. 61612 as corrected by Certificate of Amendment recorded November 23, 1981, as Document No. 62661, all of Official Records Douglas County, State of Nevada. Except therefrom units 101 to 120 Amended Map and as corrected by said Certificate of Amendment.
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Parcel Five:

The Exclusive right to use said UNIT and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel One and Parcels Two, Three, and Four above during ONE "use week" within the SPRING/FALL "use season", as said quoted terms are defined in the Declaration of Restrictions, recorded September 17, 1982 as Document No. 71000 of said Official Records.

The above described exclusive and non-exclusive rights may be applied to any available unit in the project, during said use week within said season.

NOTE: For use with First Phase Deeds and Deeds of Trust on Lot 32.
A portion of APN: 42-210-11

SPACE BELOW FOR RECORDER'S USE

REQUESTED BY
STEWART TITLE of DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'98 NOV -4 A9:55

LINDA SLATER
RECORDER

\$ 12.00 PAID DEPUTY

0453279

BK 1198PG0791