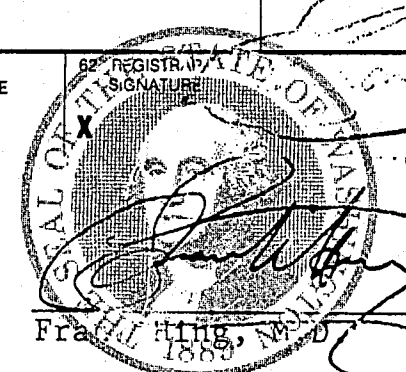


**STATE OF WASHINGTON
DEPARTMENT OF HEALTH**

1. NAME First: Mable Middle: Normand Last: WARNBERG			2. SEX (M / F) F	3. DEATH DATE (Mo. Day, Yr) February 22, 1998		
4. AGE LAST BIRTH-DAY (Yrs) 73	5. UNDER 1 YEAR MOS DAYS	6. UNDER 1 DAY HOURS MINS	7. BIRTHDATE (Mo. Day, Yr) Oct. 30, 1924	8. BIRTHPLACE (City, State or Foreign Country) Seattle, WA	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No	10. COUNTY OF DEATH Pacific
11. CITY, TOWN OR LOCATION OF DEATH Ocean Park		12. PLACE OF DEATH— <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input checked="" type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE 510 352nd Place			13. SMOKING IN LAST 15 YEARS? (Yes / No) No	
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married	15. SURVIVING SPOUSE (If wife, give maiden name) Chester Warnberg		16. SOCIAL SECURITY NO. ██████████ 4272	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)		
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Owner/Operator	19. KIND OF BUSINESS OR INDUSTRY Clothing Store		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No		21. RACE (Specify) White	
22. RESIDENCE—NUMBER AND STREET 510 352nd Place	23. CITY/TOWN, OR LOCATION Ocean Park	24. INSIDE CITY LIMITS? (Yes / No) No	25A. COUNTY Pacific	25B. LENGTH OF RES. IN CO. 26Yrs	26. STATE WA	27. ZIP CODE 98640
28. FATHER'S NAME—FIRST, MIDDLE, LAST Samuel Webby			29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Stella Aukrom			
30. INFORMANT—NAME Chester Warnberg		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP P.O. Box 601 Oysterville WA 98641				
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation	33. DATE (Mo. Day, Yr) Feb. 24, 1998	34. CEMETERY/CREMATORY—NAME Hughes-Ransom Crematory		35. LOCATION—CITY/TOWN, STATE Astoria, Oregon		
36. FUNERAL DIRECTOR SIGNATURE <i>Kenneth J. Hyton</i>		37. NAME OF FACILITY Penttila's Chapel by The Sea		38. ADDRESS OF FACILITY POB 417, Long Beach, WA 98631		
39. TO THE BEST OF MY KNOWLEDGE , DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>[Signature]</i> X			43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X			
40. DATE SIGNED (Mo., Day, Yr) 2/25/98		41. HOUR OF DEATH (24 Hrs.) 0400		44. DATE SIGNED (Mo., Day, Yr)		45. HOUR OF DEATH (24 Hrs.)
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			46. PRONOUNCED DEAD (Mo., Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs.)	
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Paul F. Voeller, M.D., 2200 Exchange, Astoria, Oregon 97103					49. ME/CORONER FILE NUMBER	
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:						
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.	A. <i>Hepatic Encephalopathy</i>		INTERVAL BETWEEN ONSET AND DEATH			
	B. <i>Primary Biliary Cirrhosis</i>		INTERVAL BETWEEN ONSET AND DEATH			
	C.		INTERVAL BETWEEN ONSET AND DEATH			
	D.		INTERVAL BETWEEN ONSET AND DEATH			
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:			52. AUTOPSY? (Yes / No) No	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No		
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo. Day, Yr)	56. HOUR OF INJURY (24 Hrs)	57. DESCRIBE HOW INJURY OCCURRED:			
58. INJURY AT WORK? (Yes / No)	59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)		60. LOCATION—STREET, OR RFD NO., CITY/TOWN, STATE			
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62. REGISTRAR SIGNATURE <i>[Signature]</i>		63. DATE RECEIVED (Mo., Day, Yr) MAR 03 1998		



PACIFIC COUNTY HEALTH DEPARTMENT

FRANK HING, M.D.

0522503 **MAR 03 1998**
Date

DOH 01-003 (8/96)

EXHIBIT "A" (50)

THIS INSTRUMENT IS BEING RECORDED AS AN ACCOMMODATION ONLY. NO LIABILITY, EXPRESS OR IMPLIED, IS ASSUMED AS TO ITS REGULARITY OR SUFFICIENCY NOR AS TO ITS AFFECT, IF ANY, UPON TITLE TO ANY REAL PROPERTY DESCRIBED THEREIN.

STEWART TITLE OF DOUGLAS COUNTY

A timeshare estate comprised of:

Parcel 1: an undivided 1/51st interest in and to the certain condominium described as follows:

(A) An undivided 1/24th interest as tenants in common, in and to the Common Area of Lot 50, Tahoe Village, Unit No. 1, as designated on the Seventh Amended Map of Tahoe Village Unit No. 1, recorded on April 14, 1982, as Document NO. 66828, Official Records of Douglas County, State of Nevada, and as said Common Area is shown on Records of Survey of Boundary Line Adjustment map recorded March 4, 1985, in Book 385, Page 160, of Official Records of Douglas County, Nevada, as Document No. 114254.

(B) Unit No. 023 as shown and defined on said Seventh Amended Map of Tahoe Village, Unit No. 1.

Parcel 2: a non-exclusive easement for ingress and egress and for use and enjoyment and incidental purposes over and on and through the Common Areas of Tahoe Village Unit No. 1, as set forth on said Ninth Amended Map of Tahoe Village, Unit No. 1, recorded on September 21, 1990, in Book 990, at Page 2906, as Document No. 235007, Official Records of Douglas County, State of Nevada.

Parcel 3: the exclusive right to use said condominium unit and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel 1, and Parcel 2 above during one "use week" within the "Swing use season" as said quoted terms are defined in the Declaration of Conditions, Covenants and Restrictions, recorded on December 21, 1984, in Book 1284, Page 1993, as Document No. 111558 of said Official Records, and Amended by instrument recorded March 13, 1985, in Book 385, Page 961, of Official Records, as Document No. 114670. The above described exclusive and non-exclusive rights may be applied to any available unit in the project during said "use week" in said above mentioned "use season".

A Portion of APN 40-300- 23 .

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

2001 SEP 10 AM 10:59

LINDA SLATER
RECORDER

\$900 PAID BL DEPUTY

0522503

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