



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH CERTIFICATE

TYPE OR PRINT IN PERMANENT BLACK INK

1218

LOCAL FILE NUMBER

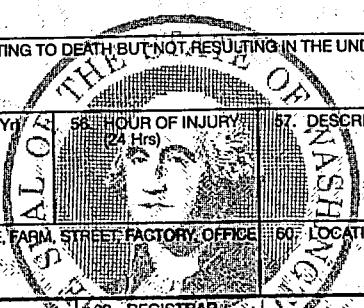


CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First Middle Last <b>RUDI OTTO ABRAHAM</b>			2. SEX (M / F) <b>M</b>		3. DEATH DATE (Mo; Day, Yr) <b>FEB 3, 2001</b>								
4. AGE LAST BIRTH-DAY (Yrs) <b>80</b>		5. UNDER 1 YEAR MOS DAYS HOURS MINS		6. UNDER 1 DAY HOURS MINS		7. BIRTHDATE (Mo, Day, Yr) <b>NOV 18, 1920</b>		8. BIRTHPLACE (City, State or Foreign Country) <b>BERLIN, GERMANY</b>		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) <b>NO</b>		13. COUNTY OF DEATH <b>KING</b>	
11. CITY, TOWN OR LOCATION OF DEATH <b>BELLEVUE</b>				12. PLACE OF DEATH — <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN 4. <input checked="" type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE <b>OVERLAKE HOSPITAL</b>						13. SMOKING IN LAST 15 YEARS? (Yes / No) <b>NO</b>			
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) <b>MARRIED</b>			15. SURVIVING SFOUSE (If wife, give maiden name) <b>ALICE A. GOERING</b>			16. SOCIAL SECURITY NO. <b>██████████ 3437</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+)					
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>PATTERN MAKER</b>			19. KIND OF BUSINESS OR INDUSTRY <b>BANK OF AMERICA</b>			20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: <b>NO</b>			21. RACE (Specify) <b>CAUCASIAN</b>				
22. RESIDENCE — NUMBER AND STREET <b>4510 SOMERSET DRIVE SE</b>			23. CITY/TOWN, OR LOCATION <b>BELLEVUE</b>		24. INSIDE CITY LIMITS? (Yes / No) <b>YES</b>		25A. COUNTY <b>KING</b>		25B. LENGTH OF RES. IN CO. <b>40 YRS</b>		26. STATE <b>WA</b>		27. ZIP CODE <b>98006</b>
28. FATHER'S NAME — FIRST, MIDDLE, LAST <b>FRANZ ABRAHAM</b>						29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME <b>ERNA PRETZEL</b>							
30. INFORMANT — NAME <b>ALICE A. ABRAHAM</b>				31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP <b>4510 SOMERSET DRIVE SE BELLEVUE WA 98006</b>									
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) <b>BURIAL</b>		33. DATE (Mo, Day, Yr) <b>02-08-2001</b>		34. CEMETERY/CREMATORY — NAME <b>SUNSET HILLS MEMORIAL PARK</b>				35. LOCATION — CITY/TOWN, STATE <b>BELLEVUE, WA</b>					
36. FUNERAL DIRECTOR SIGNATURE <i>Blaine Coffey</i>				37. NAME OF FACILITY <b>GREEN FUNERAL HOME 1215 145TH PL SE, BELLEVUE, WA 98007</b>				38. ADDRESS OF FACILITY					
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>Peter Littlewood MD</i> <b>X</b>						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 <b>X</b>							
40. DATE SIGNED (Mo, Day, Yr) <b>Feb. 5, 2001</b>			41. HOUR OF DEATH (24 Hrs) <b>2030</b>			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) <b>PETER LITTLEWOOD, MD 13451 SE 36TH STREET, BELLEVUE, WA 98006</b>											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).		<b>Cerebral Haemorrhage</b>								INTERVAL BETWEEN ONSET AND DEATH <b>24 hr</b>			
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. DUE TO, OR AS A CONSEQUENCE OF:		<b>Arterio sclerosis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>10+ ym.</b>			
		B. DUE TO, OR AS A CONSEQUENCE OF:								INTERVAL BETWEEN ONSET AND DEATH			
		C. DUE TO, OR AS A CONSEQUENCE OF:								INTERVAL BETWEEN ONSET AND DEATH			
		D. DUE TO, OR AS A CONSEQUENCE OF:								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) <b>NO</b>		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <b>NO</b>				
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 <b>0527150</b>			62. REGISTRAR SIGNATURE <i>Jan M. ...</i>			63. DATE RECEIVED (Mo, Day, Yr) <b>FEB 5 2001</b>			DOH 01-003 (5/99)				





# AFFIDAVIT FOR CORRECTION

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
<b>STATE OFFICE USE ONLY</b>			<b>STATE OFFICE USE ONLY</b>	
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with			1. STATE FILE NUMBER	for
2. NAME			3. DATE OF EVENT	4. PLACE OF EVENT (City and County)
5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution)			6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution)	
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:			THE TRUE FACT IS:	
7.			8.	
9.			10.	
11.			12.	
13.			14.	
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY				15.
PHONE NUMBER: _____				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.				
16. SIGNATURE		17. DATE	18. ADDRESS	

DCH 110-007 (Rev. 3/99)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

### Birth Certificates

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
3. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
4. Proof must be five (or more) years old or established within five years of birth.
5. Examples of documents of proof:
 

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
6. Up to age one, the parent(s) or legal guardian may change the child's surname with an affidavit for correction provided:
  - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
  - The new surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
  - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
7. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
8. This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

### Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

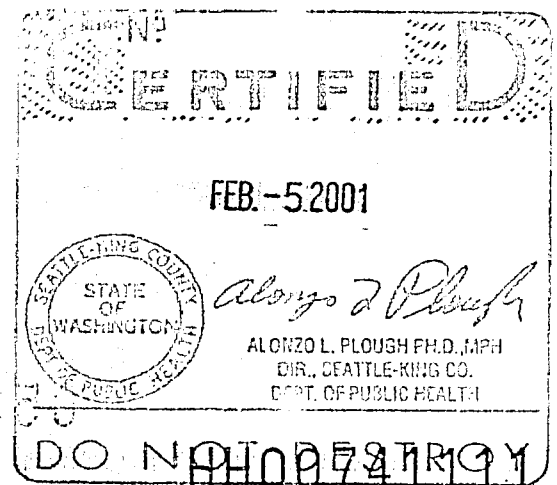
### Marriage/Dissolution (Divorce) Certificates

1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections  
 Center for Health Statistics  
 1112 Quince Street South  
 P.O. Box 9709  
 Olympia, WA 98507-9709

This is a legal document.  
 Complete in ink and do not alter.



0527150

BK 1101 PG 1934

DONORPHOTOGRAPHY

## AN ALTERNATE YEAR TIMESHARE ESTATE COMPRISED OF:

PARCEL ONE:

An undivided 1/102nd interest in and to that certain condominium as follows:

- (A) An undivided 1/38th interest as tenants-in-common, in and to Lot 34 of Tahoe Village Unit No. 3 as shown on the Eighth Amended Map, recorded as Document No. 156903 of Official Records of Douglas County, State of Nevada. Except therefrom Units 001 to 038 as shown and defined on that certain Condominium Plan recorded June 22, 1987 as Document No. 156903 of Official Records of Douglas County, State of Nevada.
- (B) Unit No. 004 as shown and defined on said Condominium Plan.

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 the modifications 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 the use and enjoyment and incidental purposes over, on and through Lots 29, 39, 40, and 41 as shown on Tahoe Village Unit No. 3 - Seventh Amended Map, recorded April 9, 1986 as Document No. 133178 of Official Records of Douglas County, State of Nevada for all those purposes provided for in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions, recorded February 14, 1984, as Document No. 96758 of Official Records of Douglas County, State of Nevada.

PARCEL FOUR:

- (A) A non-exclusive easement for roadway and public utility purposes as granted to Harich Tahoe Developments in deed 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, - and -
- (B) An easement for ingress, egress and public utility purposes, 32' wide, the centerline of which is shown and described on the Seventh Amended Map of Tahoe Village No. 3, recorded April 9, 1986, as Document No. 133178 of Official Records, Douglas County, State of Nevada.

PARCEL FIVE:

The exclusive right to use a unit of the same Unit Type as described in the Amended Declaration of Annexation of Phase Three Establishing Phase Four, recorded on June 22, 1987, as Document No. 156904 of Official Records of Douglas County, in which an interest is hereby conveyed in subparagraph (B) of Parcel One, 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 for all of the purposes provided for in the Fourth Amended and Restated Declaration of Covenants, Conditions and Restrictions of the Ridge Tahoe, recorded February 14, 1984, as Document No. 96758 of Official Records of Douglas County, during ONE alternate use week during Odd numbered years within the "Prime season", as said quoted term is defined in the Amended Declaration of Annexation of Phase Three Establishing Phase Four, and is defined in the Fourth Amended and Restated Declaration of Timeshare Covenants, Conditions and Restrictions for The Ridge Tahoe recorded February 14, 1984 as Document No. 96758 of Official Records, as amended.

The above described exclusive rights may be applied to any available unit of the same Unit Type on Lot 34 during said alternate use week within said "use season".

A Portion of APN 42-260- 04

REQUESTED BY:

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

2001 NOV -7 AM 10: 25

LINDA SLATER  
RECORDER

\$17.<sup>00</sup> PAID *A* DEPUTY

0527150

BK 1101 PG 1935