

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA

MARTINEZ, CALIFORNIA

CERTIFICATE OF DEATH

3199907006089

STATE OF CALIFORNIA
 USE BLACK INK ONLY/NO ERASURES, WHITOUTS OR ALTERATIONS
 VS-11 (REV. 7/87)

STATE FILE NUMBER LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN) OK	2. MIDDLE YE	3. LAST (FAMILY) BOLAND
	4. DATE OF BIRTH M/M/DD/CCYY 03/15/1941	5. AGE YRS 58	6. SEX F
	7. DATE OF DEATH M/M/DD/CCYY 12/15/1999	8. HOUR 1803	
	9. STATE OF BIRTH Japan	10. SOCIAL SECURITY NO. 5690	11. MILITARY SERVICE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> UNK
USUAL RESIDENCE	12. MARITAL STATUS Widowed	13. EDUCATION—YEARS COMPLETED 0	
	14. RACE Asian	15. HISPANIC—SPECIFY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	16. USUAL EMPLOYER Self Employed
	17. OCCUPATION Homemaker	18. KIND OF BUSINESS Own Home	19. YEARS IN OCCUPATION 35
	20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 3200 Rheem Avenue	21. CITY Richmond	
INFORMANT	22. COUNTY Contra Costa	23. ZIP CODE 94804	24. YRS IN COUNTY 30
	25. STATE OR FOREIGN COUNTRY CA	26. NAME, RELATIONSHIP Juanita Eleanor Boland - Daughter	
SPOUSE AND PARENT INFORMATION	27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 3200 Rheem Avenue, Richmond, CA 94804		
	28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)
	31. NAME OF FATHER—FIRST Unknown	32. MIDDLE	33. LAST Son
	34. BIRTH STATE Korea	35. NAME OF MOTHER—FIRST Unknown	36. MIDDLE
FUNERAL DIRECTOR AND LOCAL REGISTRAR	37. LAST (MAIDEN) Husoka	38. BIRTH STATE Japan	
	39. DATE M/M/DD/CCYY 12/27/1999	40. PLACE OF FINAL DISPOSITION At sea off the Coast of Marin County	
	41. TYPE OF DISPOSITION(S) CR/SEA	42. SIGNATURE OF EMBALMER Not Embalmed	
	43. LICENSE NO.	44. NAME OF FUNERAL DIRECTOR Wilson & Kratzer - Richmond	45. LICENSE NO. FD 195
PLACE OF DEATH	46. SIGNATURE OF LOCAL REGISTRAR <i>Wendell Brunner</i>	47. DATE M/M/DD/CCYY 12/17/1999 <i>RW</i>	
	101. PLACE OF DEATH DOCTORS MED. CEN., SAN PABLO CAMPUS	102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA	103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER
	104. COUNTY CONTRA COSTA	105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 2000 VALE ROAD	
	106. CITY SAN PABLO	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)	
CAUSE OF DEATH	IMMEDIATE CAUSE (A) PENDING TOXICOLOGY AND MICROSCOPIC TISSUE STUDIES		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 99-1726
	DUE TO (B)		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	DUE TO (C)		110. AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	DUE TO (D)		111. USED IN DETERMINING CAUSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
PHYSICIAN'S CERTIFICATION	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107		
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.		
	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECENT ATTENDED SINCE DECENT LAST SEEN ALIVE M/M/DD/CCYY	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NO.
	117. DATE M/M/DD/CCYY	118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP	
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 checked="" type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		
	120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	121. INJURY DATE M/M/DD/CCYY	122. HOUR
	123. PLACE OF INJURY		
	124. DESCRIBE HOW INJURY OCCURRED: (EVENTS WHICH RESULTED IN INJURY)		
STATE REGISTRAR	125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		
	126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>Phil L. White</i>	127. DATE M/M/DD/CCYY 12/16/1999	128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER PHIL L. WHITE, DEPUTY-CORONER
FAX AUTH. # 1492 1t1			CENSUS TRACT 372000

THIS INSTRUMENT IS BEING RECORDED AS AN ACCOMMODATION ONLY. NO LIABILITY EXPRESSED 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

BK0102P68365
0533409

233833

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
 COUNTY OF CONTRA COSTA } SS

DATE ISSUED MAR 15 2000

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY DEPARTMENT OF HEALTH SERVICES.

Wendell Brunner
 CONTRA COSTA COUNTY HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of Contra Costa County Health Officer.



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA
MARTINEZ, CALIFORNIA

AMENDMENT OF MEDICAL AND HEALTH DATA—DEATH

3 05 1999 176041

3199907006089

Form with multiple sections: STATE FILE NUMBER, LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER, PART I (NAME, DATE, CITY), PART II (CAUSE OF DEATH, MANNER OF DEATH, INJURY), PART III (ACUTE LOBAR PNEUMONIA), DECLARATION OF CERTIFYING PHYSICIAN OR CORONER, and SIGNATURE OF THE STATE REGISTRAR.

THIS INSTRUMENT IS BEING RECORDED AS AN ACCOMMODATION ONLY. NO LIABILITY, EXPRESSED 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

2 OF 2

BK0102PG8366
0533409

233823



CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA
COUNTY OF CONTRA COSTA } SS
DATE ISSUED MAR 15 2000

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY DEPARTMENT OF HEALTH SERVICES.
CONTRA COSTA COUNTY HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of Contra Costa County Health Officer

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

RIDGE CREST LEGAL

A Timeshare estate comprised of:

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

(a) An undivided 1/26th interest as tenants in common, in and to the Common Area of Ridge Crest condominiums as said Common Area is set forth on that condominium map recorded August 4, 1988 in Book 888 of Official Records at page 711, Douglas County, Nevada, as Document No. 183624.

(b) Unit No. 308 as shown and defined on said condominium map recorded as Document No. 183624, Official Records of Douglas County, State of Nevada.

PARCEL 2: A non-exclusive easement for ingress and egress for use and enjoyment and incidental purposes over, on and through the Common Area as set forth in said condominium map recorded as Document No. 183624, Official Records of Douglas County, State of Nevada.

PARCEL 3: An exclusive right to the use of a 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" as that term is defined in the Declaration of Timeshare Covenants, Conditions and Restrictions for The Ridge Crest recorded April 27, 1989 as Document No. 200951 of Official Records, Douglas County, State of Nevada (the "CC&R's"). The above described exclusive and non-exclusive rights may be applied to any available unit in The Ridge Crest project during said "use week" as more fully set forth in the CC&R's.

A Portion of APN 40-370- 26

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

REQUESTED BY
Stewart Title of Douglas County

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 JAN 29 AM 10: 04

LINDA SLATER
RECORDER

\$17⁰⁰ PAID K2 DEPUTY

0533409

BK0102PG8367