PTN APN 42-261-21

RECORDING REQUESTED BY

RONALD E. JOHNSTON

MAIL DEED AND TAX STATEMENTS TO

Ronald E. Johnston 106 Dolphine Avenue Half Moon Bay, CA 94019 William M. Henrich 4909 Murphy Canyon Road Suite 130 San Diego, CA 92123

QUITCLAIM DEED

A.P.N. 42-261-21 (Portion)

FOR NO CONSIDERATION,

R.P.T.T. \$ 8 C

MAUREEN K. JOHNSTON and RONALD E. JOHNSTON, Successor Trustees of the EXEMPTION TRUST OF THE JOHNSTON FAMILY TRUST OF 1989, originally created on August 14, 1989,

do hereby REMISE, RELEASE AND FOREVER QUITCLAIM to

RONALD E. JOHNSTON, a married man as his sole and separate property,

the real property in the County of Douglas, State of Nevada, described as:

A Timeshare Estate, more particularly described in Exhibit "A", which is attached hereto and made part hereof by reference.

A portion of APN 42-261-21.

Dated:

5/4/2002

MATIREEN K TOHNSTON

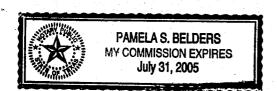
Dated:

RONALD E. JOHNSTO

0542798

on May 4 2002, before me, famelo S. Belchers a Notary Public in and for said County and State, personally appeared MAUREEN K. JOHNSTON, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal



Notary Public Belden

STATE OF CALIFORNIA

COUNTY OF San Mates

on May 1 2002, before me, Carlos Garcia, a Notary Public in and for said County and State, personally appeared RONALD E. JOHNSTON, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal

CARLOS GARCIA Z COMM. # 1320220 NOTARY PUBLIC - CALIFORNIA J SAN MATEO COUNTY My Comm. Expires SEP 08, 2005 7 Notary Public

EXHIBIT "A"

A TIMESHARE ESTATE COMPRISED OF:

PARCEL ONE:

An undivided 1/51st 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. 021 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 rerecorded 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 -

0542798

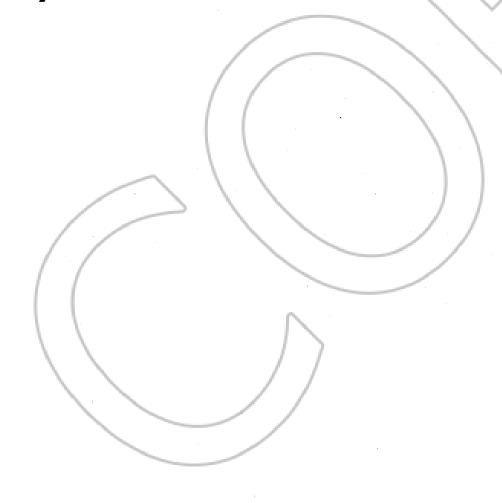
(B) An easement for ingress, egress and public utility purposes, 32' wide, the centerline of which is shown and described on the Seventh Amended Map of Tahoe Village No. 3, recorded April 9, 1986, as Document No. 133178 of Official Records, Douglas County, State of Nevada.

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 use week within the "Prime season", as said quoted term is defined in the Amended Declaration of Annexation of Phase Three Establishing Phase Four.

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

A portion of APN 42-261-21.



STATE OF CALIFORNIA CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO CERTIFICATE OF DEATH

3 200137 0 1 4 9 4 8

DEFORMANCE OF GRANT ID. DOCKET SECURITY NO. I. MILITAY SERVICE I. MI	A section of the first of the f	OHNSTON
TO CAUCASIAN 1. 1. 1. 1. 1. 1. 1. 1	75 HONTHS DAYS HOURS MINUTES F 09/26/2	2001 1200
CAUCAS IAIN TO GOUDATION TO GREEN PARTY ACCOUNTANT TO GREEN PARTY TO GREE	-5732 YES X NO UNK WIDOWED	12
ACCOUNTANT ON INSIGNAL SHEEL AND NUMBERS ON LOCATIONS 30.53 HARTMAN WAY 22. COUNTY 22. COUNTY 22. COUNTY 22. COUNTY 23. 70° CODE 23. 70° CODE 24. AND LEGO 25. MALE CHARTOCHESIS 26. MARKE RELATIONSHIP 27. CONTROLL SHEEL AND NUMBERS ON LOCATIONS 28. MARKE RELATIONSHIP 29. MALINE ADDRESS INTERT AND NUMBERS ON PAUGHTER 29. MALINE ADDRESS INTERT AND N	YES X NO UNITED	STATES NAVY
USUAL CENTRE OF CATHER-TIMES 22. COUNTY 23. 217 CODE 24. ATT IN COUNTY 25. STATE OR FOR CATHER OF	CIVIL SERVICE	
SAN DIEGO SAN DIEGO SAN DIEGO 26. MANUERE KAY JOHNSTON - DAUGHTER 27. MALUHE ADDRESS INTERT MAD HOUSES OR ROUGH HOUSEN, SEX OF THE ADDRESS INTERT MAD HOUSES OR ROUGH HOUSEN, SEX OF THE ADDRESS INTERT MAD HOUSES OR ROUGH HOUSEN, SEX OF THE ADDRESS INTERT MAD HOUSES OR ROUGH HOUSEN, SEX OF THE ADDRESS INTERT MAD HOUSES OR ROUGH HOUSEN, SEX OF THE ADDRESS INTERT MAD HOUSES OR ROUGH HOUSEN, SEX OF MATTER THE ADDRESS INTERT MAD HOUSES OR ROUGH HOUSEN, SEX OF MATTER THE ADDRESS INTERT MAD HOUSEN OR ADDRESS		
MAUREEN KAY JOHNSTON - DAUGHTER 29.99 CREEKVIEW CIRCLE, GRAPEVINE, TX 76051 28. MARKE OF PATHER-FIRST	SAN DIEGO 92117 36	CA
SPOUSE AND	N - DAUGHTER 2909 CREEKVIEW CIRCLE, GRAPEVI	1
AND TORNATION 35. NAME OF MOTHER—FIRST 36. MIDDLE 37. LAST IMARIEM 37. LAST IMARIEM 38. DATE AM IO DIC C VY 46. FLACE OF FINAL DISPOSITION 39. DATE AM IO DIC C VY 46. FLACE OF FINAL DISPOSITION 39. DATE AM IO DIC C VY 46. FLACE OF FINAL DISPOSITION 39. DATE AM IO DIC C VY 46. FLACE OF FINAL DISPOSITION 39. DATE AM IO DIC C VY 46. FLACE OF FINAL DISPOSITION 30. DATE AM IO DIC C VY 46. FLACE OF FINAL DISPOSITION 30. DATE AM IO DIC C VY 46. FLACE OF FINAL DISPOSITION 30. DATE AM IO DIC C VY 46. FLACE OF FINAL DISPOSITION 34. NAME OF FUNERAL DISECTOR 42. SIGNATURE OF EVISLANCE THE PLACE OF DEATH AND DITTOR AND DITTOR 10. FLACE OF DEATH 10. FLA		
SPOSITIONS) 25. NAME OF MICHEL STREAM OF DICKYY 40. PLACE OF PINAL DISPOSITIONS) 39. DAYE AM OF DICKYY 40. PLACE OF PINAL DISPOSITIONS) 39. DAYE AM OF DICKYY 40. PLACE OF PINAL DISPOSITIONS) 30. DAYE AM OF DICKYY 40. PLACE OF PINAL DISPOSITIONS) 42. GENATURE OF ENBAURE OF ALLESBURG, IL 61401 43. LICENSET NAME AND DICKYY 40. PLACE OF PINAL DISPOSITIONS) 44. DAY OF THE WASHINGTON AND DICKYY 40. PLACE OF PINAL DISPOSITIONS AND DICKYY 40. PLACE DICKYY 40. PL	JOSEPH / JO!MALLEY	34. GIRTH / IL
PROBETIONS O9/29/2001 ST. JOSEPH'S CATHOLIC CEMETERY - GALESBURG, IL 61401 AT. TYPE OF DISPOSITIONIS TR/BU AT. TYPE OF DISPOSITIONIS TR/BU AND CONTROL OF PUNCHAL DIRECTOR AS UCENSE NO. 42. SIGNATURE OF DISPLANCE 43. LICENSE NO. TR/BU AND CALIFORNI MORTUARY 50. 1126 50. MILE OF DISPLANCE 100. PROBLEM 100. PROBLEM	· · · · · · · · · · · · · · · · · · ·	38. віятн IL
TENTER AND THE CANCER TO DEATH WAS CAUSED BY LENTER CANCER CAUSE OF DEATH DUE TO (D) TO ALTH ON CONTRIBUTION TO DEATH BUT NOT RELATED TO CAUSE GIVEN, IN 107 NONE TOTAL ABDOMINAL HYSTERECTOMY, BILATERAL SALET TYPE OF OPERATION AND DATE. TOTAL ABDOMINAL HYSTERECTOMY, BILATERAL SALET TYPE OF OPERATION AND DATE. TOTAL ABDOMINAL HYSTERECTOMY, BILATERAL SALET TYPE OF OPERATION AND DATE. TOTAL ABDOMINAL HYSTERECTOMY, BILATERAL SALET TYPE OF OPERATION AND DATE. TOTAL ABDOMINAL HYSTERECTOMY, BILATERAL SALET TO CAUSE GIVEN, IN 107 NONE TOTAL ABDOMINAL HYSTERECTOMY, BILATERAL SALET NOTO—OPPOPER COMPANDED TO THE AUGUSTANT OF TH	그는 그는 얼마 그는 그 그는 그들은 그렇게 하는 그 살아서는 살아왔다면 하는 그를 가는 이번 맛이셨다.	i Š
AND AND AND AND AND CLAIREMONT MORTUARY FD 116 CLAIREMONT MORTUARY FD 116 CLAIREMONT MORTUARY FD 116 FD 126 FD 126	42. SIGNATURE OF EMBALMER	43, LICENSE NO.
101, FLACE OF DEATH 102, IF MOSPITAL, SPECIET ONE 103, FACUTO OTHER TIME SIGNIFICAL 104, COUNTY SAN DIE 105, STREET ADDRESS—STREET AND NUMBER OR LOCATION 106, CITY 3063 HARTMAN WAY 106, CITY 3063 HARTMAN WAY 107, DEATH WAS CAUSED BY, LENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND DI 107, DEATH WAS CAUSED BY, LENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND DI 108, DEATH 108, DE	45 LICENSE NO. 46 SIGNATURE OF LOCAL REGISTRAR	MI 09/28/200
DEATH 105. STREET ADDRESS—ISTREET AND NUMBER OF LOCATION 3063 HARTMAN WAY 107. DEATH WAS CAUSED BY LENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D. ITHE INTERVAL OWNER PER LINE FOR A, B, C,	102. IF HOSPITAL, SPECIFY ONE: 103. FACILITY OTHER THAN HOSPITAL:	SAN DIEGO
107. DEATH WAS SAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) INTERINE CANCER 108. DEATH 108. DEATH REPORTED 109. GLORY 110. AND DEATH 108. DEATH REPORTED 110. AND DEATH 110. AND DEATH 110. AND DEATH 110. AND DEATH 111. USCD IN DETERMINED 111. USCD IN DETERMINED 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 167. NONE		
CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH DUE TO (B) DUE TO (C) DUE TO (C) DUE TO (D) 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 NONE 113. WAS OPERATION PEEFFORMED FOR ANY CONDITION IN ITEM 107. OR 1127 IF VES, LIST TYPE OF OPERATION AND DATE. TOTAL ABDOMINAL HYSTERETOMY. BILATERAL SALPINGO-OOPHORECTOMY 10//1999 114. I CERTIFY THAT TO THE BEST OF MY KNOW. COED DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ON THE CAUSE STATED. TION OP/13/2001 09/20/2001 I LEESTIFY THAT IN A YOUND DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 116. WITH DATE AND PLACE STATED SHOW IN DIRECT ON THE STATED FROM THE CAUSES STATED. 117. DATE MY OP/12/2001 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIPCELESTINE ARAMBULI OP/13/2001 09/20/2000 119. MANNER OF DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 119. MANNER OF DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 119. MANNER OF DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 119. MANNER OF DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 119. MANNER OF DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 119. MANNER OF DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 119. MANNER OF DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 119. MANNER OF DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 119. MANNER OF DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 119. MANNER OF DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 119. MANNER OF DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 119. MANNER OF DEATH OCCURRED AT THE HOUR DATE AND PLACE STATED FROM THE CAUSE STATED. 119. MANNER OF DEATH OCCURRED AT THE HOUR DATE OF CONTRIBUTION OF THE CONTRIBUTION OF THE CONTRIBUTION OF T	「	108 DEATH REPORTED TO COR
DUE TO (B) CAUSE OF DEATH DUE TO (C) DUE TO (D) 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 1127 IF YES, LIST TYPE OF OPERATION AND DATE. TOTAL ARDOMINAL HYSTERECTOMY, BILATERAL SALPINGO-OOPHORECTOMY 10//1999 114. I CERTIFY THAT TO THE BEST OF MY KNOW, DATE EXCELS EATH OCCUMEND AT THE HOUR, DATE EXCELS EATH OCCUMEND AT THE HOUR, DATE IN MY DECEMBER AS SELECT. IN MY DO JOCKY MY DO		REFERRAL NUMBER
DUE TO (C) DUE TO (D) 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 1127 IF VSS, LIST TYPE OF OPERATION AND DATE. TOTAL ABDOMINAL HYSTERECTOMY, BILATERAL SALPINGO-OOPHORECTOMY 10//1999 114. I CERTIFY THAT TO THE BEST OF MY KNOWL. EGGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. PHYSICIAN'S IMPROVED SINCE DECEDIANT LAST SEEN ALIVE MY OPPOLICE OF MY KNOWL. BILATERAL SALPINGO-OOPHORECTOMY 10//1999 115. SIGNATURE AND TITLE OF CERTIFICE. OP/13/2001 09/20/2001 115. TYPE ATTENDING PHYSICIAN'S NAME. MAILING ADDRESS. ZIPCELESTINE ARAMBULATED OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. ORONER'S ORONER'S ACCIDENT INVESTIGATION DEATH DECEDIANCE OF INJURY OCCURRED INVESTIGATION OF THE CAUSES STATED. 119. MANNER OF DEATH DECEDIANCE OF INJURY OCCURRED IEVENTS WHICH RESULTED IN INJURY) 126. SIGNATURE OF CORONER OR DEPUTY CORONER 127. DATE M M / DD / C C YY 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CO. 126. SIGNATURE OF CORONER OR DEPUTY CORONER 127. DATE M M / DD / C C YY 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CO.		109, BIOPSY PERFORMED
DUE TO (D) 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 1127 IF YES, LIST TYPE OF OPERATION AND DATE. TOTAL ABDOMINAL HYSTERECTOMY, BILATERAL SALPINGO-OOPHORECTOMY 10//1999 114. ICERTIFY THAT TO THE BEST OF MY KNOWLE AND PLACE STATED ROW THE CAUSES STATED. BEACH OCCURRED AT THE MOUND HE AND PLACE STATED FROM THE CAUSES STATED. BEACH OF CONCERN TO MM / DD/C CYY O9/13/2001 O9/20/2001 10992 SAN DIEGO MISSION ROAD, SAN DIEGO, CA 92108 115. MANNER OF DEATH ORONARY ORONARY ORONARY ORONARY ORONARY 116. LICENSE NO. 117. DATE MM / DD/C CYY MM / DD/C CYY 118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIPCELESTINE ARAMBULI 120. INJURY AT WORK 121. INJURY DATE M M / DD/C CYY 122. HOUR 123. PLACE OF INJURY ORONARY ORONARY ORONARY ORONARY 121. MANNER OF DEATH ORONARY ORONARY 122. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) 124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) 126. SIGNATURE OF CORONER OR DEPUTY CORONER 127. DATE M M / DD/C CYY 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CO		110. AUTOPSY PERFORMED YES X
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 1127 IF YES, LIST TYPE OF OPERATION AND DATE. TOTAL ABDOMINAL HYSTERECTOMY, BILATERAL SALPINGO-OOPHORECTOMY 10//1999 114. LEGRIFY THAT TO THE BEST OF MY KNOW. PHYSI- CIAN'S ERTIFICA- TION 115. SIGNATURE AND TITLE OF CERTIFIES WIND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE DECEDENT ASSET SERVICE DECEDENT AND ATTENDED SINCE DECEDENT ASSET SERVICE DECEDENT AND ATTENDED SINCE DECEDENT AND ATTENDED SINCE DECEDENT AND ATTENDED SINCE DECEDENT ATTENDED SINCE DECEDENT AND ATTENDED SINCE DECEDENT AND ATTENDED SINCE DECEDENT ATTENDED SINCE DECEDENT AND ATTENDED SINCE DECEDENT ATTENDED SINCE DECEDENT ATTENDED SINC		111. USED IN DETERMINING CALL YES X
TOTAL ABDOMINAL HYSTERECTOMY, BILATERAL SALPINGO-OOPHORECTOMY 10//1999 114. I CERTIFY THAT TO THE BEST OF MY KNOWL EDGE DEATH OCCURRED AT THE HOUR, DATE MY MORE TION 115. SIGNATURE AND TITLE OF CERTIFIES. CHAN'S LERTIFICATION 116. LICENSE NO. 117. DATE MM DITCH AND PLACE STATED DECEDENT LAST SEEN ALIVE MM / DD/CCYY 118. TYPE ATTENDING FHYSICIAN'S NAME. MAILING ADDRESS. ZIPCELESTINE ARAMBULATION 118. TYPE ATTENDING FHYSICIAN'S NAME. MAILING ADDRESS. ZIPCELESTINE ARAMBULATION 119. MAY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 119. MANNER OF DEATH OCCURRED AT THE HOUR, DATE AND PLACE OF INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) 119. MANNER OF DEATH OCCURRED AT THE HOUR, DATE AND PLACE OF INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) 119. MANNER OF DEATH OCCURRED (EVENTS WHICH RESULTED IN INJURY) 119. MANNER OF DEATH OCCURRED (EVENTS WHICH RESULTED IN INJURY) 110. TYPE ATTENDING FHYSICIAN'S NAME. MAILING ADDRESS. ZIPCELESTINE ARAMBULATION 110. TYPE ATTENDING FHYSICIAN'S NAME. MAILING ADDRESS. ZIPCELESTINE ARAMBULATION 120. INJURY AT WORK 121. INJURY DATE MY / D / C / Y / 122. HOUR 123. PLACE OF INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) 121. INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) 122. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP). 123. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP).	ONTRIBUTING TO DEATH-BUT NOT RELATED TO CAUSE GIVEN IN 107	
PHYSI- CIAN'S CIAN'S ERTIFICA- TION 114. I CERTIFY THAT TO THE BEST OF MY KNOWL- EGGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. OP/13/2001 O9/20/2001 O9/20/2001 O9/20/2001 O9/20/2001 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. OR ONORR'S USE ONLY ONLY OR ORDING OCCURRED AT MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. OR ONORR'S USE ONLY OR ORDING OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. OR ONORR'S USE ONLY OR OR OR OR OR OR OR OR OR DEPUTY CORONER 124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) 125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP) 126. SIGNATURE OF CORONER OR DEPUTY CORONER 127. DATE M M / D D / C C YY 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CO	, "na ana maray mang mga katalang mga kanang ang kanang mga kanang mga kanang mga kanang mga kanang mga kanang	
CIAN'S ERTIFICATION 09/13/2001 09/20/2001 10992 SAN DIEGO MISSION ROAD, SAN DIEGO, CA 92108 1 CERTIFY THAT IN MY OFINION DATE AND PLACE STATED FROM THE CAUSES STATED. 119. MANNER OF DEATH NATURAL SUICIDE HOMICIDE ONLY 124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) 125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP) 126. SIGNATURE OF CORONER OR DEPUTY CORONER 127. DATE M M / D D/C C YY 128. TYPED NAME, MAILING ADDRESS, ZIPCELESTINE ARAMBULA 128. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIPCELESTINE ARAMBULA 129. TORONE, STATED FROM THE CAUSES STATED. 120. INJURY AT WORK 121. INJURY DATE M M / D D/C C YY 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, ZIP)	NOWL 115 SIGNATURE AND TITLE OF CERTIFIES 116. LICENSE N	DO. 117. DATE M M / D D / C
ORONER'S USE ONLY 120. INJURY AT WORK 121. INJURY DATE M M / D D / C C Y 122. HOUR 123. PLACE OF INJURY 120. INJURY AT WORK 121. INJURY DATE M M / D D / C C Y 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, ZIP) 126. SIGNATURE OF CORONER OR DEPUTY CORONER 127. DATE M M / D D / C C Y 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CO	CYY 1.18. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIPCELES	STINE ARAMBULO, M
ORONER'S USE ONLY 119. MANNER OF DEATH 124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) 124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) 125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP) 126. SIGNATURE OF CORONER OR DEPUTY CORONER 127. DATE M M / D D / C C Y Y 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CO	TH 120. INJURY AT WORK 121. INJURY DATE M M / D D / C C Y Y 122. HOUR 123	<u> </u>
ORONER'S USE ONLY 125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP) 126. SIGNATURE OF CORONER OR DEPUTY CORONER 127. DATE M M / D D / C C YY 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CO	VES NO	JURY)
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP) 126. SIGNATURE OF CORONER OR DEPUTY CORONER 127. DATE M M / D D / C C Y Y 128. TYPED NAME, TITLE OF CORONER OR DEPUTY CO	ULD NOT BE	
		7:
A B C D E F G H FAX AUTH. # 0316006 CENS	TY CORONER 127. DATE M M / D D / C C Y Y 128. TYPED NAME, TITLE OF CO	PONER OR DEPUTY CORONER
STATE 2116206 GREENWOOD MORTUARY	The second of th	CENSUS TR.

A701173

OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH .

SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

DATE ISSUED: OCTOBER 01,2001

GEORGE R. FLORES, M.D. REGISTRAR OF VITAL RECORDS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar 0542798

BK0502PG06664





IN OFFICIAL RECORDS OF DOUGLAS CO. MEYADA 2002 MAY 22 AM 9: 37 LINDA SLATER
RECORDER

PAIN & Shere 0542798

BK 0 5 0 2 PG 0 6 6 6 5