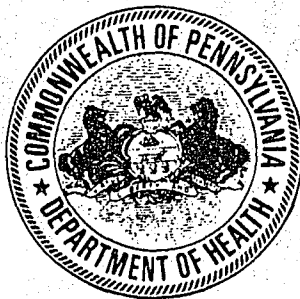


This is to certify that the information here given is correctly copied from an original certificate of death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Fee for this certificate, \$2.00



Frank W. Treon

Local Registrar

4406353

No.

JUL 07 1997

Date

H105.143 Rev. 2/87

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS
CERTIFICATE OF DEATH

1. NAME OF DECEDENT (First, Middle, Last) JOSEPH T. WALACAVAGE		2. SEX Male	3. SOCIAL SECURITY NUMBER [REDACTED] - 6956	4. DATE OF DEATH (Month, Day, Year) July 2, 1997
5. AGE (Last Birthday) 67 Yrs.	6. DATE OF BIRTH (Month, Day, Year) MAR 12 1930	7. BIRTHPLACE (City and State or Foreign Country) Minersville PA	8. PLACE OF DEATH (Check only one — see instructions on other side) HOSPITAL: Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) <input type="checkbox"/>	
9. COUNTY OF DEATH Schuylkill	10. CITY, BORO, TWP OF DEATH Pottsville	11. FACILITY NAME (If not institution, give street and number) Pottsville Hospital & Warne Clinic	12. WAS DECEDENT OF HISPANIC ORIGIN? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If yes, specify Cuban, Mexican, Puerto Rican, etc.	13. RACE - American Indian, Black, White, etc. (Specify) White
14. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life; do not use retired.) Anthracite Miner	15. KIND OF BUSINESS/INDUSTRY Anthracite Mines	16. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)	18. MARITAL STATUS - Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced (Specify)
19. DECEDENT'S MAILING ADDRESS (Street, City/Town, State, Zip Code) R.D. #1 Box 1632 Pottsville PA 17901		20. DECEDENT'S ACTUAL RESIDENCE (See instructions on other side) 17a. State Pennsylvania 17b. County Schuylkill	21. Did decedent live in a township? 17c. <input checked="" type="checkbox"/> Yes, decedent lived in Branch twp 17d. <input type="checkbox"/> No, decedent lived within actual limits of _____ city/boro.	22. SURVIVING SPOUSE (If wife, give maiden name) Joesphine Land
23. FATHER'S NAME (First, Middle, Last) Edmund L. Walacavage		24. MOTHER'S NAME (First, Middle, Maiden Surname) Eva Lesky		
25. INFORMANT'S NAME (Type/Print) Joesphine Walacavage		26. INFORMANT'S MAILING ADDRESS (Street, City/Town, State, Zip Code) R.D. #1 Box 1632 Pottsville PA 17901		
27. METHOD OF DISPOSITION Donation <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) <input type="checkbox"/>		28. DATE OF DISPOSITION (Month, Day, Year) JUL 05 1997	29. PLACE OF DISPOSITION - Name of Cemetery, Crematory or Other Place St Francis Cemetery	30. LOCATION - City/Town, State, Zip Code Branch Twp Sch Cty PA 17954
31. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		32. LICENSE NUMBER FD-012478-L	33. NAME AND ADDRESS OF FACILITY Dutcavich Funeral Home Minersville PA 17954	
34. Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death.		35. To the best of my knowledge, death occurred at the time, date and place stated. (Signature and Title) ME SOTAKUOMNA	36. LICENSE NUMBER	37. DATE SIGNED (Month, Day, Year)
38. Items 24-26 must be completed by person who pronounces death.		39. TIME OF DEATH 11:05 a.m.	40. DATE PRONOUNCED DEAD (Month, Day, Year) JUL 02 1997	41. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
42. 27. PART I: Enter the diseases, injuries or complications which caused the 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → MESOTHELIOMA		43. PART II: Other significant conditions contributing to death, but not resulting in the underlying cause given in PART I. CONCOMITANT HEART DISEASE		
44. Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		45. WAS AN AUTOPSY PERFORMED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
46. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Yes <input type="checkbox"/> No <input type="checkbox"/>		47. MANNER OF DEATH Natural <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/>		
48. DATE OF INJURY (Month, Day, Year)		49. TIME OF INJURY	50. INJURY AT WORK? Yes <input type="checkbox"/> No <input type="checkbox"/>	51. DESCRIBE HOW INJURY OCCURRED.
52. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		53. LOCATION (Street, City/Town, State)		
54. CERTIFIER (Check only one) *CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated.....		55. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		
56. *PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying to cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.....		57. LICENSE NUMBER 05-0008-L	58. DATE SIGNED (Month, Day, Year) 7/4/97	
59. *MEDICAL EXAMINER/CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.....		60. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 27) Type or Print Dr. James Fitzpatrick		
61. REGISTRAR'S SIGNATURE AND NUMBER 0546272		62. DATE FILED (Month, Day, Year) JULY 5, 1997		
63. <i>Frank W Treon</i>		64. BK0702PG00711		

EXHIBIT "A"

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 31 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 81 to 100 Amended Map and as corrected by said Certificate of Amendment.
- (b) Unit No. 081 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.

SPACE BELOW FOR RECORDER'S USE

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

REQUESTED BY
Stewart Title of Douglas County

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 JUL -2 AM 10: 20

LINDA SLATER
RECORDER

0546272

\$16⁰⁰ PAID K2 DEPUTY