
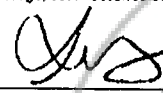


97-003293

FEB 25 1997
 KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
 Office of Vital Statistics

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME FIRST: MARTHA MIDDLE: L. LAST: GERSTNER			2. SEX FEM.	3. DATE OF DEATH (Mo., Day, Yr.) FEB. 17, 1997		
4. SOCIAL SECURITY NUMBER [REDACTED]-9625		5a. AGE—Last Birthday (Yrs.) 68	5b. UNDER 1 YEAR Months: Days:	5c. UNDER 1 DAY Hours: Minutes:	6. DATE OF BIRTH (Mo., Day, Yr.) MARCH 27, 1928	7. BIRTHPLACE (City and State or Foreign Country) TOPEKA, KS.
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)				
9b. FACILITY NAME (If not institution, give street and number) STORMONT-VAIL HOSPITAL			9c. CITY, TOWN, OR LOCATION OF DEATH TOPEKA		9d. COUNTY OF DEATH SHAWNEE	
10. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		11. SURVIVING SPOUSE (If wife, give maiden name) LAWRENCE GERSTNER		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) DANCE TEACHER		12b. KIND OF BUSINESS/INDUSTRY (Do not give name of company) DANCE STUDIO
13a. RESIDENCE—STATE KANSAS	13b. COUNTY SHAWNEE	13c. CITY, TOWN, OR LOCATION AND ZIP CODE TOPEKA 66615		13d. STREET AND NUMBER 6331 SW 11TH		13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14. ANCESTRY—(Cuban, Mexican, Puerto Rican, Vietnamese, Hmong, English, German, etc.) (Specify) ENGLISH		15. RACE—(Native American, Black, White, etc.) (Specify) WHITE		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+)		
17. FATHER'S NAME FIRST: FRANK MIDDLE: SHEPHERD LAST:			18. MOTHER'S NAME FIRST: MAUDE MIDDLE: HIGGINS MAIDEN SURNAME:			
19a. INFORMANT'S NAME (Type) LAWRENCE GERSTNER			19b. MAILING ADDRESS (Street and Number, or Rural Route, City or Town, State, Zip Code) 6331 SW. 11TH TOPEKA, KANSAS 66615			
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) PLEASANT RIDGE CEMETERY		20c. LOCATION—City or Town, State ADMIRE, KS.		
21a. FUNERAL SERVICE LICENSEE & LICENSE NO. (Signature)  #2276			21b. NAME OF EMBALMER & LICENSE NO. SCOTT B. HAYEN #3190			
22. NAME AND ADDRESS OF FIRM PENWELL-GABEL FUNERAL HOME 1321 SW. 10TH AVE. TOPEKA, KANSAS 66604						
23a. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Signature and Title) X 			24a. 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. (Signature and Title) X			
23b. DATE SIGNED (Mo., Day, Yr.) 2/19/97		23c. TIME OF DEATH A.M. P.M.		24b. DATE SIGNED (Mo., Day, Yr.)		24c. TIME OF DEATH A.M. P.M.
23d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			24d. PRONOUNCED DEAD (Mo., Day, Yr.)			24e. PRONOUNCED DEAD (Hour) A.M. P.M.
25. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, OR CORONER) (Type or Print) DR. GEORGE WRIGHT MD 901 SW. GARFIELD TOPEKA, KANSAS 66606						
26. PART I. Enter the diseases, injuries, or complications that 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. Interval Between Onset and Death						
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. <u>Pulmonary Embolus</u> DUE TO (OR AS A CONSEQUENCE OF):				
		b. <u>Atherosclerosis Coronary Vascular Disease</u> DUE TO (OR AS A CONSEQUENCE OF):				
		c. <u>Myocardial Infarction</u> DUE TO (OR AS A CONSEQUENCE OF):				
		d.				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			27a. AUTOPSY <input type="checkbox"/> Yes <input type="checkbox"/> No	27b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH <input type="checkbox"/> Yes <input type="checkbox"/> No	28. WAS CASE REFERRED TO CORONER <input type="checkbox"/> Yes <input type="checkbox"/> No	
29. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Homicide		30a. DATE OF INJURY (Mo., Day, Yr.)	30b. TIME OF INJURY A.M. P.M.	30c. INJURY AT WORK <input type="checkbox"/> Yes <input type="checkbox"/> No	30d. DESCRIBE HOW INJURY OCCURRED	
30e. PLACE OF INJURY—Own home, other residence, farm, street, factory, office building, etc. (Specify)			30f. LOCATION (Street and Number or Rural Route, City or Town, State) 0577961			

Death 4/29/2002 T430103340 01 GERSTNER 199702003293 2c

BK 0503 PG 12988



This is a true and correct copy of the official record on file in the Office of Vital Statistics, Topeka, Kansas, certified on the date stamped below.

2002 APR 30 AM 10: 22

Lorne A. Phillips, Ph.D.
State Registrar
Office of Vital Statistics
Department of Health & Environment

A01499691

It is in violation of KSA 65-2422d(g) to "prepare or issue any certificate which purports to be an original, certified copy or copy of a certificate of birth, death or fetal death, except as authorized in this act or rules and regulations adopted under this act."

CERTIFIED COPIES WILL BE PRODUCED ON MULTI-COLOR SECURITY PAPER.

COPIES

0577961

BK0503PG12989

EXHIBIT "A"
LEGAL DESCRIPTION

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 Record 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. 002-02 as shown and defined on said 7th 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 as set forth on said 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 further set forth upon Record of Survey of boundary line adjustment map recorded March 4, 1985, in Book 385, at Page 160, of Official Records of Douglas County, Nevada as Document No. 114254.

Parcel 3: the exclusive right to use said 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 "Summer 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.

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 COUNTY, NEVADA

2003 MAY 27 AM 10:21

BERNIE KRISTEN
RECORDER

PAID RQ DEPUTY

0577961

BK0503PG12990