

HAMILTON COUNTY

CERTIFICATE OF DEATH

State No.

1. DECEASED—NAME (First, Middle, Last) David Sherman Roudebush		2. SEX Male	3a. TIME OF DEATH 12:13 pm	3b. DATE OF DEATH (Month, Day, Yr.) December 6, 1989	
4. SOCIAL SECURITY NUMBER ██████-3316	5a. AGE—Last Birthday (Years) 68	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) March 2, 1921	
7. BIRTHPLACE (City and State or Foreign Country) Hamilton County, Indiana		8a. WAS DECEDENT A U.S. VETERAN? No			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) Riverview Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Noblesville	9d. COUNTY OF DEATH Hamilton		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Rosalyn Shanks	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Farmer		12b. KIND OF BUSINESS/INDUSTRY Agriculture	
13a. RESIDENCE—STATE Florida	13b. COUNTY Lee	13c. CITY, TOWN, OR LOCATION Cape Coral		13d. STREET AND NUMBER 1148 Lucerne Avenue	
13e. ZIP CODE 33904	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	16. RACE—American Indian, Black, White, etc. (Specify) White	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)		18. FATHER'S NAME (First, Middle, Last) Charles S. Roudebush			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Nellie E. Bennett		20a. INFORMANT'S NAME (Type/Print) Rosalyn Roudebush			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1148 Lucerne Ave. Cape Coral Fla. 33904		20c. Relationship Wife			
21a. 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)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) December 9, 1989 Crowland Cemetery		21c. LOCATION—City or Town, State Noblesville, Indiana	
22a. EMBALMER'S NAME Tom Randall		22b. EMBALMER'S LICENSE NO. FD01022465		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>John Randall</i>		24b. LICENSE NUMBER (of Licensee) FD01008130		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Randall & Roberts FDH3005215 1150 Logan St. Noblesville, IN 46060	
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. <input checked="" type="checkbox"/> congestive heart failure			
		b. Valvular heart disease			
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		c. _____			
		d. _____			
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.					
SEAL		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) N/A	28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER 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) as stated. <input type="checkbox"/> 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.					
29b. SIGNATURE AND TITLE OF CERTIFIER <i>W.P. Pearson</i>		29c. MEDICAL LICENSE NO. *01025309*	29d. DATE SIGNED (Month, Day, Year) *12/7/89*		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) 493 Westfield Rd. Noblesville, In. 46060					
31. HEALTH OFFICER'S SIGNATURE <i>Charles Ferris, M.D.</i>			32. DATE FILED (Month, Day, Year) DEC 07 1989		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
		34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 0591843	
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. BK0903PG17029			

This photocopy is a true copy of the record on file with the Hamilton County Health Department.
 Date **DEC 07 1989**
 Hamilton County Health Officer *Charles Ferris, M.D.*

EXHIBIT "A"

(33)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/20th interest in and to Lot 33 as shown on Tahoe Village Unit No. 3 - 13th Amended Map, recorded December 31, 1991, as Document No. 268097, re-recorded as Document No. 269053, Official Records of Douglas County, State of Nevada, excepting therefrom Units 121 through 140 (inclusive) as shown on that certain Condominium Plan recorded August 20, 1982, as Document No. 70305; and (B) Unit No. 122 as shown and defined on said Condominium Plan; together with those easements appurtenant thereto and such easements described in the Fourth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for The Ridge Tahoe recorded February 14, 1984, as Document No. 096758, as amended, and in the Declaration of Annexation of The Ridge Tahoe Phase III recorded February 21, 1984, as Document No. 097150, as amended by document recorded October 15, 1990, as Document No. 236691, and as described in the Recitation of Easements Affecting the Ridge Tahoe recorded February 24, 1992, as Document No. 271619, and subject to said Declarations; with the exclusive right to use said interest in Lots 31, 32 or 33 only, for one week each year in the Summer "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-723- 002

0591843

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