

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

CITY AND COUNTY OF
SAN FRANCISCO

CERTIFICATE OF DEATH

3 2000 38 002562

STATE FILE NUMBER		USE BLACK INK ONLY, NO ERASURES, WHITEOUTS OR ALTERATIONS				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) CHARLES		2. MIDDLE GEORGE		3. LAST (FAMILY) MERCKEL JR.			
4. DATE OF BIRTH M/M/DD/C CYY 08/21/1911		5. AGE YRS. 88		6. SEX M		7. DATE OF DEATH M/M/DD/C CYY 05/19/2000	
8. HOUR 0735		9. STATE OF BIRTH Michigan		10. SOCIAL SECURITY NO. 6273		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS Married		13. EDUCATION—YEARS COMPLETED 23		14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. USUAL EMPLOYER U. S. Government		17. OCCUPATION Medical Doctor		18. KIND OF BUSINESS Internal Medicine		19. YEARS IN OCCUPATION 43	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 256 Eden Roc Drive		21. CITY Sausalito		22. COUNTY Marin		23. ZIP CODE 94965	
24. YRS IN COUNTY 4		25. STATE OR FOREIGN COUNTRY California		26. MARRIAGE RECORD 1 OF 2		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 256 Eden Roc Drive, Sausalito, CA 94965	
28. NAME, RELATIONSHIP Lillian C. Merkel - wife		29. NAME OF SURVIVING SPOUSE—FIRST Lillian		30. MIDDLE -		31. LAST (MAIDEN NAME) Carranza	
32. NAME OF FATHER—FIRST Charles		33. MIDDLE George		34. LAST Merckel Sr.		35. BIRTH STATE Michigan	
36. NAME OF MOTHER—FIRST Mathilda		37. MIDDLE -		38. LAST (MAIDEN) Rhode		39. BIRTH STATE Michigan	
40. DATE M/M/DD/C CYY 05/22/2000		41. PLACE OF FINAL DISPOSITION At Sea, off the coast of San Francisco county, California					
42. TYPE OF DISPOSITION(S) CR/SEA		43. SIGNATURE OF EMBALMER Not Embalmed				44. LICENSE NO. -	
45. NAME OF FUNERAL DIRECTOR Sartori Funeral Services		46. LICENSE NO. FD-1522		47. SIGNATURE OF LOCAL REGISTRAR <i>Mitchell Katz</i>		48. DATE M/M/DD/C CYY 05/22/2000	
49. PLACE OF DEATH VA MEDICAL CENTER		50. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		51. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		52. COUNTY SAN FRANCISCO	
53. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 4150 CLEMENT STREET		54. CITY SAN FRANCISCO		55. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) Pneumonia			
56. TIME INTERVAL BETWEEN ONSET AND DEATH 2 wks.		57. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		58. REFERRAL NUMBER			
59. DUE TO (B) Vascular dementia		60. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		61. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
62. DUE TO (C)		63. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		64. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107			
65. DUE TO (D)		66. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.					
67. PHYSICIAN'S CERTIFICATION 114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE M/M/DD/C CYY 05/03/2000		115. SIGNATURE AND TITLE OF CERTIFIER <i>Kathryn Borgenicht</i> Kathryn Borgenicht MD		116. LICENSE NO. G39580		117. DATE M/M/DD/C CYY 05/19/2000	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Kathryn Borgenicht MD 4150 Clement Street San Francisco, CA 94121		119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input 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/C CYY	
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/DD/C CYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A B C D E F G H		FAX AUTH. #		CENSUS TRACT	

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DATE ISSUED **MAY 31 2000**

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the City and County Health Officer.

Mitchell Katz
Mitchell Katz, M.D.
Health Officer and Local Registrar



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. 123 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 Swing "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-723-003

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