

STATE OF NEW JERSEY

B0000230804

REG-18
AUG 03

NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES
CERTIFICATE OF DEATH

STATE FILE NUMBER

Time of Death 03:30 PM
Date of Death 9-15-04
Name of Decedent as Known by Physician CHEN, TEHONG

1a. Legal Name of Decedent (First, Middle, Last) TEHONG T. CHEN
1b. Also Known As (AKA), If Any (First, Middle, Last) TOM CHEN
2. Sex M 3. Social Security Number 5188
4a. Age-Last Birthday 68 Years 4b. Under 1 Year Months Days 4c. Under 1 Day Hours Minutes 5. Date of Birth (Mo/Dy/Yr) 5-3-1936 6. Birthplace (City & State/Foreign Country) INDIA
7a. Residence-State NJ 7b. County BERGEN 7c. Municipality/City MONTVALE
7d. Street and Number 5 SMOKE RISE COURT 7e. Apt. No. 7f. Zip Code 07645 7g. Inside City Limits? Yes No
8a. Ever in US Armed Forces? Yes No Unk 9. Marital Status at Time of Death Divorced Never Married Widowed Unknown 10. Surviving Spouse Name (If wife, name prior to first marriage) DEB P. MCCANN
c. War Service Dates (From/To) 2-31-68 to 7-31-70 11. Father's Name (First, Middle, Last) ASAN CHEN 12. Mother's Name Prior to First Marriage (First, Middle, Last) MANITA (UNK. LOWN)
13a. Name of Informant DEB P. CHEN 13b. Relationship to Decedent WIFE
13c. Mailing Address (Street and Number, City, State, Zip Code) 5 SMOKE RISE COURT MONTVALE NJ 07645
14. Method of Disposition Burial Donation Cremation Entombment Removal from State Other (Specify) 15. Place of Disposition (Name of cemetery, crematory, other place) BROOKSIDE CEMETERY
16. Location-City, Town and State EUGLEWOOD NJ
17. Name and Complete Address of Funeral Facility BARRETT FUNERAL HOME 148 DEAN DAUNE TENAFLY NJ 07670
18. Signature of Funeral Director John J. Barrett 19. NJ License Number 2964
20. Decedent Education Highest degree or level of school completed at time of death. Grade 8 or less Grade 9-12; no diploma High school graduate or GED Some college credit, no degree Associate degree (AA, AS) Bachelor's degree (BA, AB, BS) Master's degree (MA, MS, MEd, MSW) Doctorate (PhD, EdD) or Professional degree (MD, DDS, JD)
21. Decedent of Hispanic Origin? Check one or more boxes that best describe if decedent is Spanish/Hispanic/Latino. Check "No" box if decedent is not Spanish/Hispanic/Latino. No, Not Spanish/Hispanic/Latino Yes, Mexican, Mexican American, Chicano Yes, Puerto Rican Yes, Cuban Yes, Other Spanish/Hispanic/Latino (Specify):
22. Decedent Race - Check one or more boxes to indicate what race the decedent considered himself/herself to be. White Black or African American American Indian or Alaska Native (Specify or principal tribe) Asian Indian Filipino Korean Chinese Japanese Vietnamese Other Asian (Specify) Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander (Specify) Other (Specify)
23. Occupation of Decedent (Type of work done most of life, even if retired) PHYSICIAN / ANESTHESIOLOGIST 24. Kind of Business/Industry MEDICINE
25. Name and Address of Last Employer GARDEN STATE ORTHOPEDICS ASSOCIATES FAIR LAWN NJ
26. Date Pronounced Dead (Mo/Day/Yr) 9-15-04 27. Time Pronounced Dead 03:30 AM PM
28. Signature of Person Pronouncing Death (if other than Certifier) 29. License Number 30. Date Signed (Mo/Day/Yr)
31. Date of Death (Mo/Day/Yr) 9-15-04 32. Time of Death 03:30 AM PM 33. Was Medical Examiner Contacted? Yes No
34. PLACE OF DEATH (Check only one) If Death Occurred in a Hospital: Hospital Emergency Room or Outpatient If Death Occurred Somewhere Other Than a Hospital: Hospice Facility Decedent's Home Nursing Home/Long Term Care Facility Other (Specify):
35a. Facility Name (if not institution, give street and number) HACKENSACK M.D. CTR. 35b. Municipality HACKENSACK 35c. County BERGEN
CAUSE OF DEATH
36a. PART I IMMEDIATE CAUSE - final disease or condition resulting in death. Subsequently list conditions, if any, leading to the cause listed on Line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.
Immediate Cause - (Enter chain of events (diseases, injuries, or complications) that directly caused death. DO NOT enter terminal events such as cardiac arrest, or ventricular fibrillation without showing etiology. DO NOT ABBREVIATE. Enter only one cause per line. Add additional lines if necessary.
a. Respiration Failure
Due to (or as a consequence of):
b. Pseudomonas pneumonia
Due to (or as a consequence of):
c. Hypotension Failure
Due to (or as a consequence of):
d. Stroke
36b. PART II - Enter other significant conditions contributing to death but not resulting in underlying cause given in PART I. NA
37. Was an Autopsy Performed? Yes No
38. Were Autopsy Findings Available to Complete Cause of Death? Yes No NA
39. Date of Injury (Mo/Day/Yr) NA 40. Time of Injury AM PM NA 41. Place of Injury (e.g., home, construction site, restaurant) NA 42. Injury at Work? Yes No NA
43a. Location of Injury (Number and Street, Zip Code) NA 43b. Municipality NA 43c. County NJ 43d. State NA
44. Describing How Injury Occurred NA 45. If Transportation Injury: Driver/Operator Passenger Pedestrian Other (specify): NA
46. Manner of Death Natural Accident Investigation Pending Suicide Could not be determined Homicide 47. Did Decedent Have Diabetes? Yes No Unknown 48. Did Tobacco Use Contribute to Death? Yes Probably No Unknown 49. If Female: Not pregnant within past year Pregnant at time of death Not pregnant, but pregnant within 42 days of death Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past year
50. Certifier (Check only one): Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. Pronouncing and Certifying Physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Medical Examiner-On the basis of examination/investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.
51. Name, Address and Zip Code of Certifier DEBORAH A. HUNTER, MD 30 PROSPECT AVE, 3 ST - 10WN HACKENSACK, NJ 07601
52. Signature of Certifier 53. License Number NTA 68517 54. Date Certified (Mo/Day/Yr) 09/15/04
55. Signature of Local Registrar John E. Mayo 56. District No. 6261 57. Date Received 9/17/04 Local File Number

FOR STATE USE ONLY
Place of Accident

Cross Class

Received for Limb Only

Record Contains Amendment

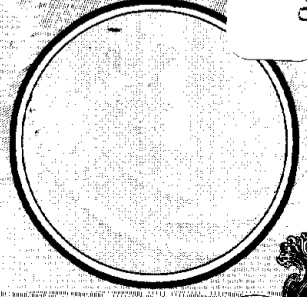
H5118

September 17, 2004
Issued by
Borough of Tenafly-Health Department
Grace E. Mays, Registrar

This is to certify that the above is correctly copied from a record on file in my office.
Certified copy not valid unless the raised Great Seal of the State of New Jersey or the seal of the issuing municipality or county, is affixed hereon.

Joseph A. Komosinski
Joseph A. Komosinski, State Registrar
Bureau of Vital Statistics

SEAL



REG-42B
JAN 04

THIS DOCUMENT HAS MULTIPLE SECURITY FEATURES TO DETER FRAUD; VOID IF ALTERED

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PG- 7191
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CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

The Commonwealth of Massachusetts DEPARTMENT OF PUBLIC HEALTH REGISTRY OF VITAL RECORDS AND STATISTICS

245760

DO NOT WRITE ON REVERSE SIDE FOR USE BY PHYSICIANS AND MEDICAL EXAMINERS



The Commonwealth of Massachusetts STANDARD CERTIFICATE OF DEATH REGISTRY OF VITAL RECORDS AND STATISTICS

86 041678 REGISTERED NUMBER STATE USE ONLY

DECEDENT

INFORMANT

DISPOSITION

CERTIFIER

Signature of Death on File

ONLY

Main form containing decedent information (Name: Rira Gaunt, Date of Death: August 23, 2001), informant (Dea Chen), disposition (Hackensack Cemetery), and certifier (Dr. Eric Wagner) details.

AUGUST 22, 2005

Stanley E. Ryerson Registrar of Vital Records and Statistics

I, the undersigned, hereby certify that I am the Registrar of Vital Records and Statistics; that as such I have custody of the records of birth, marriage, and death required by law to be kept in my office; and I do hereby certify that the above is a true copy from said records.

IT IS ILLEGAL TO ALTER OR REPRODUCE THIS DOCUMENT IN ANY MANNER

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

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EXHIBIT "A"

(37)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/106th interest in and to Lot 37 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 039 through 080 (inclusive) and Units 141 through 204 (inclusive) as shown on that certain Condominium Plan recorded July 14, 1988, as Document No. 182057; and (B) Unit No. 066 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 Five recorded August 18, 1988, as Document No. 184461, as amended, 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 Lot 37 only, for one week each year in the Prime "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-644-031

