

CERTIFICATE OF DEATH

STATE
FILE NO. 15

01226

1. DECEASED - FIRST NAME Minnie		MIDDLE NAME Hung Moi		LAST NAME Wong		2. SEX Female		3. DATE OF DEATH (MONTH, DAY, YEAR) February 8, 1997	
4a. RACE Chinese		4b. IS PERSON OF SPANISH ORIGIN? NO		5a. AGE - LAST BIRTHDAY (YEARS, MONTHS, DAYS) 71		5b. UNDER 1 YEAR UNDER 1 DAY NO		7a. COUNTY OF DEATH Honolulu	
7a-1. ISLAND OF DEATH Oahu		7b. CITY, TOWN OR LOCATION OF DEATH Kailua		7c. HOSPITAL OR OTHER INSTITUTION NAME IF NOT IN EITHER, GIVE STREET AND NUMBER Castle Medical Center		7d. IF HUSBAND OR WIFE, INDICATE DATE OF MARRIAGE OR DIVORCE (MONTH, DAY, YEAR) Emergency Room			
8. STATE OF BIRTH (IF NOT IN U.S.A., GIVE COUNTRY) Hawaii		9. CITIZEN OF WHAT COUNTRY U.S.A.		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Stanley Wong		12. WAS DECEASED EVER IN U.S. ARMY SERVICE (SPECIFY YES OR NO) NO	
13. SOCIAL SECURITY NUMBER -7066		14a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Secretary, Retired		14b. KIND OF BUSINESS OR INDUSTRY Airlines		14c. EDUCATION (GIVE HIGHEST COMPLETION) 12			
15a. RESIDENCE - STATE Hawaii		15b. COUNTY Honolulu		15c. CITY, TOWN, OR LOCATION Kaneohe		15d. HOME CITY LIMITS (SPECIFY YES OR NO) Yes		15e. NUMBER, STREET AND ZIP 46-122 Aeloa St., 96744	
16. FATHER - FIRST NAME Yuen		MIDDLE NAME -		17. MOTHER - FIRST NAME Ng Kam		MIDDLE NAME -		MAIDEN NAME Yee	
16a. INFORMANT - NAME Stanley Wong		16b. MAILING ADDRESS (STREET OR P.O. BOX CITY OR TOWN, STATE, ZIP) 46-122 Aeloa St., Kaneohe, HI 96744		16c. LOCATION Kaneohe		16d. STATE Hawaii			
19a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		19b. CEMETERY OR CREMATORY - NAME Hawaiian Memorial Park Cemetery		19c. FUNERAL HOME - NAME Hawaiian Memorial Park Mortuary		20a. FUNERAL DIRECTOR - SIGNATURE <i>Pauline M. Suen</i>			
19d. DATE (MONTH, DAY, YEAR) February 21, 1997		19e. PERMIT NUMBER 216		20a. FUNERAL HOME - NAME Hawaiian Memorial Park Mortuary		20b. FUNERAL DIRECTOR - SIGNATURE <i>Pauline M. Suen</i>			
21a. DATE SIGNED (MO., DAY, YR.) 2/19/97		21b. TIME OF DEATH 4:41 PM		21c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OF PRN) M		21d. DATE SIGNED (MO., DAY, YR.) 2/19/97		21e. TIME OF DEATH M	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and circumstances stated just described below (Items 9219 through 9279 where applicable) (Signature and Title) <i>Edward P. Baker, MD</i>		21b. 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 circumstances stated and described below (Items 9228 through 9279) (Signature and Title) <i>Pauline M. Suen</i>		21c. DATE SIGNED (MO., DAY, YR.) 2/19/97		21d. TIME OF DEATH 4:41 PM		21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OF PRN) M	
21d. DATE SIGNED (MO., DAY, YR.) 2/19/97		21e. TIME OF DEATH 4:41 PM		21f. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OF PRN) M		21g. PRONOUNCED DEAD (MO., DAY, YR.) M		21h. PRONOUNCED DEAD (TIME) AT	
22a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (TYPE OF PRN) Edwin Yee, M.D., 2228 Liliha St., #104, Honolulu, HI 96817		22b. DATE RECEIVED BY LOCAL REGISTRAR FEB 21 1997		22c. DATE RECEIVED BY STATE REGISTRAR FEB 21 1997		22d. APPROXIMATE INTERVAL BETWEEN DEATH AND DEATH		2 years	
22a. REGISTRAR - SIGNATURE <i>DEPUTY J. [Signature]</i>		22b. DATE RECEIVED BY LOCAL REGISTRAR FEB 21 1997		22c. DATE RECEIVED BY STATE REGISTRAR FEB 21 1997		22d. APPROXIMATE INTERVAL BETWEEN DEATH AND DEATH		2 years	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Cardiac Arrest		23a. CONDITIONS, IF ANY, WHICH PRECEDED OR WERE CONSIDERED IN DETERMINING CAUSE OF DEATH Angerative Cardiovascular pathology		23b. IF YES, WERE FINGERINGS CONSIDERED IN DETERMINING CAUSE OF DEATH NO		23c. ALTOGETHER (YES OR NO) NO			
23a. CONDITIONS, IF ANY, WHICH PRECEDED OR WERE CONSIDERED IN DETERMINING CAUSE OF DEATH Angerative Cardiovascular pathology		23b. IF YES, WERE FINGERINGS CONSIDERED IN DETERMINING CAUSE OF DEATH NO		23c. ALTOGETHER (YES OR NO) NO		23d. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART (I) Distal aortic aneurysm			
27a. ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY)		27b. DATE OF INJURY (MONTH, DAY, YEAR)		27c. TIME OF INJURY		27d. DESCRIBE HOW INJURY OCCURRED			
27a. INJURY AT WORK? (SPECIFY YES OR NO)		27b. PLACE OF INJURY - AT HOME, PARK, STREET, FACTORY, OFFICE, ETC.		27c. CITY OR TOWN, STATE		27d. DESCRIBE HOW INJURY OCCURRED			
27a. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		27b. PLACE OF INJURY - AT HOME, PARK, STREET, FACTORY, OFFICE, ETC.		27c. CITY OR TOWN, STATE		27d. DESCRIBE HOW INJURY OCCURRED			

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I CERTIFY THIS IS A TRUE COPY OR
ABSTRACT OF THE RECORD ON FILE IN
THE HAWAII STATE DEPARTMENT OF HEALTH

JUL 14 1999

Alvin T. Onaka, Ph.D.
STATE REGISTRAR



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EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 050802291

The land referred to herein is situated in the State of Nevada, County of DOUGLAS described as follows:

Lot 320, as shown on the official map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record on May 29, 1973, in the office of the County Recorder of Douglas County, Nevada as Document No. 66512.

Assessors Parcel No. 1220-21-510-071

