



**Parcel No. 1:**

**Unit 80 as shown on the Official Plat of PINEWILD UNIT NO. 2, a Condominium, filed for record in the office of the County Recorder, Douglas County, Nevada, on October 23, 1973 as Document No. 69660.**

**Parcel No. 2:**

**The exclusive right to the use and possession of those certain patio areas adjacent to said unit designated as "Restricted Common Area" on the Subdivision Map referred to in Parcel No. 1, above.**

**Parcel No. 3:**

**An undivided interest as tenants in common as such interest is set forth in Book 377, Page 417-421, of the real property described on Subdivision Map referred to in Parcel No. 1 above, defined in the Amended Declaration of Covenants, Conditions and Restrictions of PINEWILD, a Condominium project, recorded March 11, 1974 in Book 374 of Official Records at Page 193, and Supplemental to Amended Declaration of Covenants, Conditions and Restrictions PINEWILD, a Condominium project, recorded March 9, 1977 in Book 377 of Official Records at page 411, as Limited Common Area and thereby allocated to the unit described in Parcel No. 1 above, and excepting non-exclusive easements for ingress and egress, utility services, support encroachments, maintenance and repair over the Common Areas as defined and set forth in said Declaration of Covenants, Conditions and Restrictions.**


**Parcel No. 4:**

**Non-exclusive easements appurtenant to Parcel No. 1, above, for ingress and egress, utility services, support encroachments, maintenance and repair over the Common Areas defined and set forth in the Declaration of Covenants, Conditions and Restrictions of PINEWILD, more particularly described in the description of Parcel No. 3, above.**

**APN: 1318-15-111-029**

**PHYSICAL ADDRESS: 80 Pinewild, Apt. A-5, Zephyr Cove, NV**

DATED: Dec. 16, 2005

  
CHERYL ANN KNOX

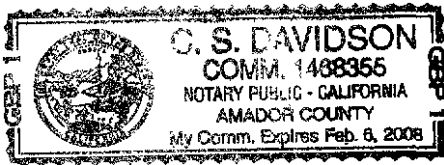
State of California

County of San Joaquin

Subscribed and sworn to (or affirmed) before me on this 16<sup>th</sup> day of December, 2005, CHERYL ANN KNOX, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(Seal)

Signature C. S. Davidson



COPY



BK- 1205  
PG- 11196

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**SAN JOAQUIN COUNTY**  
**PUBLIC HEALTH SERVICES**  
**STOCKTON, CALIFORNIA**

**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA  
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS  
VS-11 (REV 10/01)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER		
1. NAME OF DECEDENT - FIRST (Given) <b>Christian</b>		2. MIDDLE <b>Judson</b>		3. LAST (Family) <b>Knox</b>
AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)				4. DATE OF BIRTH mm/dd/yyyy <b>04/05/1944</b>
9. BIRTH STATE/FOREIGN COUNTRY <b>NH</b>		10. SOCIAL SECURITY NUMBER <b>██████-4573</b>	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS (at time of death) <b>Married</b>
13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>some college</b>		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	15. DECEDENT'S RACE - To be used in race to be listed (see worksheet on back) <b>White</b>	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, construction, employment agency, etc.)		19. YEARS IN OCCUPATION <b>28</b>
20. DECEDENT'S RESIDENCE (Street and number or location) <b>4235 Annandale</b>				
21. CITY <b>Stockton</b>		22. COUNTY/PROVINCE <b>San Joaquin</b>	23. ZIP CODE <b>95219</b>	24. YEARS IN COUNTY <b>27</b>
25. INFORMANT'S NAME, RELATIONSHIP <b>Michael Pettit-brother</b>		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) <b>633 E. Victor Road #E Lodi, CA 95240</b>		
28. NAME OF SURVIVING SPOUSE - FIRST <b>Cheryl</b>		29. MIDDLE <b>Ann</b>	30. LAST (Maiden name) <b>Jimenez</b>	
31. NAME OF FATHER - FIRST <b>Samuel</b>		32. MIDDLE <b>-</b>	33. LAST <b>Knox</b>	
34. NAME OF MOTHER - FIRST <b>Barbara</b>		35. MIDDLE <b>Lucille</b>	36. LAST <b>Gowen</b>	
37. BIRTH STATE <b>NH</b>		38. BIRTH STATE <b>Unknown</b>		39. BIRTH STATE <b>Unknown</b>
40. DISPOSITION DATE mm/dd/yyyy <b>03/04/2005</b>		41. PLACE OF FINAL DISPOSITION <b>RES: Cheryl Knox 144 Spanish Street Sutter Creek, CA 95685</b>		
42. TYPE OF DISPOSITIONS <b>CR/RES</b>		43. SIGNATURE OF EMBALMER <b>Not Embalmed</b>		44. LICENSE NUMBER
45. NAME OF FUNERAL ESTABLISHMENT <b>DEYOUING SHORELINE CHAPEL</b>		46. LICENSE NUMBER <b>FD 1479</b>	47. SIGNATURE OF DECEASED REGISTRAR <b>Karen Furst</b>	48. DATE mm/dd/yyyy <b>03/04/2005 KH</b>
49. PLACE OF DEATH <b>Residence</b>		50. IF HOSPITAL, EPIDIOBY ONE <input type="checkbox"/> IN <input type="checkbox"/> EMBO <input type="checkbox"/> BOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		51. IF OTHER THAN HOSPITAL, SPECIFY ONE
52. COUNTY <b>San Joaquin</b>		53. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) <b>4235 Annandale</b>		54. CITY <b>Stockton</b>
55. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or circulatory failure without stating the etiology. DO NOT abbreviate. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Cardiac Arrest</b>		56. TIME INJURED BEHIND <b>Mins</b>		57. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
58. CAUSE OF DEATH Secondary: List conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. <b>Cardiac Arrhythmia</b>		59. HRS <b>05R-0318</b>		60. ENDOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
61. CAUSE OF DEATH <b>Hypertension</b>		62. YRS <b>0</b>		63. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
64. CAUSE OF DEATH <b>Hyperlipidemia</b>		65. YRS <b>0</b>		66. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO
67. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (GIVEN IN 107)				
68. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, type of operation and date)				
69. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK				
70. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED Decedent's Attended Since <b>05/13/1995</b>		71. SIGNATURE AND TITLE OF CERTIFIER <b>Darius S. Noori, MD</b>		72. LICENSE NUMBER <b>A052583</b>
73. DECEASED LAST SEEN ALIVE <b>07/12/2004</b>		74. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>Darius S. Noori, MD 1231 W. Vine Street Lodi, CA 95240</b>		
75. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED		76. TYPE OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		77. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
78. MANNER OF DEATH		79. INJURY DATE mm/dd/yyyy		80. HOUR (24 Hours) <b>03/03/2005</b>
81. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)				
82. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)				
83. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)				
84. SIGNATURE OF CORONER / DEPUTY CORONER		85. DATE mm/dd/yyyy	86. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH # <b>38961</b>		CENSUS TRACT

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF SAN JOAQUIN } SS

This is a true and exact reproduction of the document officially registered and placed on file with San Joaquin County Public Health Services.

*Karen Furst, MD*  
KAREN FURST, MD, MPH  
LOCAL REGISTRAR

DATE ISSUED: **03/07/2005**

This copy not valid unless prepared on engraved border displaying date and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

