



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

**COUNTY OF SAN DIEGO**

**CERTIFICATE OF DEATH**

3200637005786

STATE FILE NUMBER		USE BACK INK ONLY - NO ERASURES, WHITEDOUTS OR ALTERATIONS (SEE INSTRUCTIONS)		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT - FIRST (Given)		2 MIDDLE		3 LAST (Family)	
MARIE		ANTOINETTE		FOREMAN	
4 DATE OF BIRTH mm/dd/yyyy		5 AGE Yrs.		6 SEX	
03/28/1947		59		F	
9 BIRTH STATE/FOREIGN COUNTRY		10 SOCIAL SECURITY NUMBER		11 EVER IN U.S. ARMED FORCES?	
FL		[REDACTED] 151		[X] YES [ ] NO [ ] UNK	
12 MARITAL STATUS (at Time of Death)		13 DATE OF DEATH mm/dd/yyyy		14 HOUR (24 Hours)	
MARRIED		04/10/2006		0830	
15 EDUCATION - Highest Level/Degree (See worksheet on back)		16/17 WAS DECEDENT HISPANIC/A THO/SPANISH? If Yes, see worksheet on back		18 DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
SOME COLLEGE [ ] YES [X] NO		[X] NO		WHITE	
17 USUAL OCCUPATION - Type of work (Form of title, DO NOT USE RETIRED)		18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19 YEARS IN OCCUPATION	
CABINET ESTIMATOR		HOME IMPROVEMENT STORE		6	
20 DECEDENT'S RESIDENCE (Street and number or location)					
1489 HANSLOPE WAY					
21 CITY		22 COUNTY/PROVINCE		23 ZIP CODE	
GARDNERVILLE		DOUGLAS		89410	
24 YEARS IN COUNTY		25 STATE/FOREIGN COUNTRY			
5		NV			
26 INFORMANT'S NAME, RELATIONSHIP			27 INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state, ZIP)		
WILLIAM FOREMAN, HUSBAND			1489 HANSLOPE WAY, GARDNERVILLE, NV 89410		
28 NAME OF SURVIVING SPOUSE - FIRST		29 MIDDLE		30 LAST (Maiden Name)	
WILLIAM		GENE		FOREMAN	
31 NAME OF FATHER - FIRST		32 MIDDLE		33 LAST	
RICHARD		EDWARD		JOLIE	
34 BIRTH STATE		35 NAME OF MOTHER - FIRST		36 MIDDLE	
MA		ELEANOR		FRANCES	
37 LAST (Maiden Name)		38 BIRTH STATE		39 BIRTH STATE	
MC CABE		MA		MA	
39 DISPOSITION DATE mm/yyyy		40 PLACE OF FINAL DISPOSITION (Street and number, or rural route number, city or town, state, ZIP)			
04/13/2006		75-100-RES-WILLIAM FOREMAN HUSBAND 1489 HANSLOPE WAY, GARDNERVILLE, NV 89410			
41 TYPE OF DISPOSITION(S)		42 SIGNATURE OF EMBALLER		43 LICENSE NUMBER	
CR/TR/RES		NOT EMBALMED			
44 NAME OF FUNERAL ESTABLISHMENT		45 LICENSE NUMBER		46 SIGNATURE OF LOCAL REGISTRAR	
PARIS-FREDERICK MORTUARY		FD795		NANCY L BOWEN, MD	
47 DATE mm/dd/yyyy		48 SIGNATURE OF LOCAL REGISTRAR			
04/13/2006		NANCY L BOWEN, MD			
101 PLACE OF DEATH					
GROSSMONT HOSPITAL					
102 COUNTY		103 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		104 CITY	
SAN DIEGO		5555 GROSSMONT CENTER DR		LA MESA	
105 CAUSE OF DEATH (Final disease or condition resulting in death)					
NON SMALL CELL LUNG CARCINOMA					
106 DEATH REPORTED TO CORONER?		107 DEATH REPORTED TO CORONER?			
[ ] YES [X] NO		[ ] YES [X] NO			
108 AUTOPSY PERFORMED?		109 AUTOPSY PERFORMED?			
[ ] YES [X] NO		[ ] YES [X] NO			
110 USED IN DETERMINING CAUSE?		111 USED IN DETERMINING CAUSE?			
[ ] YES [X] NO		[ ] YES [X] NO			
112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 101					
HYPERTENSION, DM, CAD, HISTORY OF DVT/PULMONARY EMBOLISM					
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN THIS DEATH? (If Yes, specify type of operation)					
NO					
114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED		115 SIGNATURE AND TITLE OF SIGNIFIER		116 LICENSE NUMBER	
[ ] YES [X] NO		DAVID JAMES BODKIN M.D.		G62107	
117 DATE mm/dd/yyyy		118 TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119 DATE mm/dd/yyyy	
06/21/2005		5555 GROSSMONT CENTER DRIVE, LA MESA, CA 91942		04/12/2006	
119 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED					
MANNER OF DEATH [ ] Natural [ ] Accidental [ ] Homicide [ ] Suicide [ ] Pending Investigation [ ] Could Not Be Determined [ ] YES [ ] NO [ ] UNK					
120 INJURED AT WORK? [ ] YES [ ] NO [ ] UNK					
121 INJURY DATE mm/dd/yyyy					
122 HOUR (24 Hours)					
123 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125 LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
126 SIGNATURE OF CORONER/DEPUTY CORONER		127 DATE mm/dd/yyyy		128 TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH. #	
				CENSUS TRACT	

BK- 0406  
PG- 9241  
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County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

DATE ISSUED: April 18, 2006

*Nancy L. Bowen MD*  
NANCY L. BOWEN, M.D.  
REGISTRAR OF VITAL RECORDS  
County of San Diego

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



# EXHIBIT "A"

## LEGAL DESCRIPTION

ESCROW NO.: CHAR

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

Lot 7, Block A, as set forth on Final Subdivision Map FSM-1006 of CHICHESTER ESTATES Phase 1, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on September 12, 1995, in Book 995 at Page 1407, as Document No. 370215 and Amended by Certification of Amendment recorded March 5, 1997 in Book 397, Page 654 as Document No. 407852, Official Records.

Assessor's Parcel No. 1320-33-310-043

