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LF 2006-0397



STATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY HEALTH  
CERTIFICATE OF DEATH

STATE FILE NUMBER

**2794616**

NAME OF DECEDENT  
For use by physician or institution

PARENTS

INFORMANT

DISPOSER

PHYSICIAN

CAUSE OF DEATH

MEDICAL EXAMINER

1. DECEDENT'S NAME (First, Middle, Last) <b>DORIS MAY GALLI</b>		2. DATE OF BIRTH (Month, Day, Year) <b>May 16, 1934</b>		3. SEX <b>Female</b>		4. DATE OF DEATH (Month, Day, Year) <b>July 7, 2006</b>	
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS (include AKA's if any) <b>Doris May Witulski</b>				6a. AGE - Last Birthday (Years) <b>72</b>		6b. UNDER 1 YEAR MONTHS: _____ DAYS: _____	
7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c) <b>6634 Fredmoor 48098 Troy</b>				7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH <b>Troy</b>		7c. COUNTY OF DEATH <b>Oakland</b>	
8a. CURRENT RESIDENCE - STATE <b>Michigan</b>		8b. COUNTY <b>Oakland</b>		8c. LOCALITY (check the box that describes the location) <input checked="" type="checkbox"/> CITY OR VILLAGE <input type="checkbox"/> TOWNSHIP <input type="checkbox"/> UNINCORPORATED PLACE <b>Troy</b>		8d. STREET AND NUMBER (Include Apt. No. if applicable) <b>6634 Fredmoor</b>	
8e. ZIP CODE <b>48098</b>		9. BIRTHPLACE (City and State or Country) <b>Detroit, Michigan</b>		10. SOCIAL SECURITY NUMBER <b>██████-7422</b>		11. DECEDENT'S EDUCATION - What is the highest degree or level of school completed at the time of death? <b>High School Graduate</b>	
12. RACE - American Indian, White, Black, etc. (If Asian, give nationality, i.e. Chinese, Filipino, Asian Indian, etc.) (Enter all that apply) <b>White</b>			13a. ANCESTRY - Mexican, Cuban, Arab, African, English, French, Dutch, etc. (Enter all that apply) If American Indian race, enter principal tribe <b>Polish</b>			13b. HISPANIC ORIGIN (Yes or No) <b>No</b>	14. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? (Yes or No) <b>No</b>
15. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Vice-President</b>		16. KIND OF BUSINESS OR INDUSTRY <b>Machine Manufacturing</b>		17. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		18. NAME OF SURVIVING SPOUSE (If wife, give name before first marriage) <b>Ronald A. Galli</b>	
19. FATHER'S NAME (First, Middle, Last) <b>Frank Witulski</b>				20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) <b>Victoria Malinczak</b>			
21a. INFORMANT'S NAME (Type/print) <b>Ronald A. Galli</b>		21b. RELATIONSHIP TO DECEDENT <b>Husband</b>		21c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, Zip Code) <b>6634 Fredmoor Troy, Michigan 48098</b>			
22. METHOD OF DISPOSITION (Burial, Cremation, Entombment, Donation, Removal, Storage (Specify)) <b>Entombment</b>		23a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other location) <b>Christian Memorial Cultural Center Cemetery</b>				23b. LOCATION - City or Village, State <b>Rochester Hills, Michigan</b>	
24. SIGNATURE OF MONUMENTARY LICENSEE <i>Terence B. Desmond</i>		25. LICENSE NUMBER (of Licensee) <b>4873</b>		26. NAME AND ADDRESS OF FUNERAL FACILITY <b>A.J. Desmond &amp; Sons Funeral Dirs. 2600 Crooks Road, Troy, Michigan 48084</b>			
27a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner - on the basis of examination, autopsy investigation, or my opinion death occurred at the time, date, and place specified on this certificate. <i>James Robert Littlewood</i> Signature and Title		27b. DATE SIGNED (Mo., Day, Yr.) <b>July 7, 2006</b>		27c. LICENSE NUMBER <b>1063594</b>		28. TIME PRONOUNCED DEAD ON (Mo., Day, Yr.) <b>July 7, 2006</b>	
28a. ACTUAL OR PRESUMED TIME OF DEATH <b>8:05 AM</b>		28b. PRONOUNCED DEAD ON (Mo., Day, Yr.) <b>July 7, 2006</b>		28c. TIME PRONOUNCED DEAD <b>8:05 AM</b>		29. MEDICAL EXAMINER CONTACTED? (Yes or No) <b>No</b>	30. PLACE OF DEATH (Home, Hospice, Nursing Home, Hospital, Ambulance) (Specify) <b>Home</b>
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>James Robert Littlewood</b>		32. MEDICAL EXAMINER'S CASE NUMBER (if applicable)		33. DATE FILED (Month, Day, Year) <b>July 10 2006</b>			
34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print) <b>JAMES ROBERT LITTLEWOOD 1380 COOLIDGE HWY #102 Troy MI 48064</b>		35a. REGISTRAR'S SIGNATURE <i>Tonni L. Bartholomew</i>		35b. DATE FILED (Month, Day, Year) <b>July 10 2006</b>			
36. PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line. If diabetes was an immediate, underlying or contributing cause of death be sure to record diabetes in either Part I or Part II of the cause of death section, as appropriate. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <b>RESTRICTIVE LUNG DISEASE</b> DUE TO (OR AS A CONSEQUENCE OF) b. <b>ASHD</b> DUE TO (OR AS A CONSEQUENCE OF) c. <b>OBSTRUCTIVE LUNG DISEASE</b> DUE TO (OR AS A CONSEQUENCE OF) d. _____ Sequentially list conditions, <b>LEADY</b> leading to the cause listed on line a. Have the UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST							Approximate Interval: Setaceous Onset And Death <b>YRS</b>
PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year							
39. MANNER OF DEATH - Accident, Suicide, Homicide, Natural, Indeterminate or Pending (Specify) <b>Natural</b>		40a. WAS AN AUTOPSY PERFORMED? (Yes or No) <b>No</b>		40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)			
41a. DATE OF INJURY (Mo., Day, Yr.)		41b. TIME OF INJURY <b>M</b>		41c. DESCRIBE HOW INJURY OCCURRED			
41d. INJURY AT WORK (Yes or No)		41e. PLACE OF INJURY - At home, farm, street, construction site, wooded area, etc. (Specify)		41f. IF TRANSPORTATION INJURY - Driver/Operator, Passenger, Pedestrian, etc. (Specify)			
41g. LOCATION - Street or RFD No.		City, Village or Twp.		State			

STATE OF MICHIGAN )  
COUNTY OF OAKLAND ) \$

I, Tonni L. Bartholomew, Clerk of the City of Troy, Oakland County, Michigan, do hereby certify that the foregoing is a true copy of the record now remaining in my office.

*Tonni L. Bartholomew*  
Tonni L. Bartholomew, City Clerk  
City of Troy, Michigan

This copy is not valid unless displaying embossed seal and registrar signature.

WARNING! It is illegal to duplicate this copy by Photostat or photograph. VALID ONLY WITH IMPRESSED SEAL



BK- 1106  
PG- 6338

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 1/106<sup>th</sup> interest in and to Lot 37 as shown on Tahoe Village Unit No. 3 - 13<sup>th</sup> 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. 070 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 Swing "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-644-037

THIS INSTRUMENT IS BEING RECORDED AS AN ACCOMMODATION ONLY. NO LIABILITY, EXPRESSED OR IMPLIED, IS ASSUMED AS TO ITS REGULARITY OR SUFFICIENCY NOR AS TO ITS AFFECT, IF ANY, UPON TITLE TO ANY REAL PROPERTY DESCRIBED THEREIN.

STEWART TITLE OF DOUGLAS COUNTY

