

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

MENDOCINO COUNTY
UKIAH, CALIFORNIA

CERTIFICATE OF DEATH

3200723000287

1. NAME OF DECEDENT - FIRST (Given) DIANNE		2. MIDDLE NANCY		3. LAST (Family) GRIGGS	
4. DATE OF BIRTH month/day/year 06/26/1947		5. AGE Yrs. 59		6. SEX F	
7. DATE OF DEATH month/day/year 04/28/2007		8. HOUR (24 Hour) 1800		9. STATE-FOREIGN COUNTRY NH	
10. SOCIAL SECURITY NUMBER 3158		11. EVER IN U.S. ARMED FORCES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LINK		12. MARITAL STATUS (at time of death) MARRIED	
13. EDUCATION - (Highest completed and intended to finish) SOME COLLEGE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see footnote at back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. DECEDENT'S RACE - Up to 3 races may be listed (See footnote at back) WHITE	
16. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		17. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, real construction, employment agency, etc.)		18. YEARS IN OCCUPATION 25	
19. DECEDENT'S RESIDENCE (Street and number or location) 913 EAST HILL ROAD		20. CITY WILLITS		21. STATE-FOREIGN COUNTRY CA	
22. DECEASED'S RESIDENCE (Street and number or location) 913 EAST HILL ROAD		23. ZIP CODE 95490		24. YEARS IN COUNTY 27	
25. INFORMANT'S NAME, RELATIONSHIP MIKE GRIGGS, SPOUSE		26. NAME OF SURVIVING SPOUSE - FIRST MICHAEL		27. INFORMANT'S MAILING ADDRESS (Street and number, apt. or room, state, ZIP) 913 EAST HILL ROAD, WILLITS, CA 95490	
28. NAME OF SURVIVING SPOUSE - FIRST MICHAEL		29. MIDDLE ARTHUR		30. LAST (Family Name) GRIGGS	
31. NAME OF FATHER - FIRST NELSON		32. MIDDLE ANGELO		33. LAST ST. JEAN	
34. NAME OF MOTHER - FIRST GERTRUDE		35. MIDDLE MARGARITE		36. LAST (Family Name) LA FRANCE	
37. DEPOSITION DATE month/day/year 05/01/2007		38. PLACE OF FINAL DISPOSITION LITTLE LAKE CEMETERY		39. LICENSURE NUMBER	
40. TYPE OF INFORMATION BU		41. SIGNATURE OF DECEASED NOT EMBALMED		42. LICENSURE NUMBER	
43. NAME OF FUNERAL ESTABLISHMENT ANKER-LUCIER MORTUARY		44. LICENSE NUMBER FD-310		45. SIGNATURE OF LOCAL REGISTRAR MARVIN TROTTER, MD	
46. DATE month/day/year 05/01/2007		47. PLACE OF DEATH RESIDENCE		48. IF HOSPITAL, SPECIFY CODE <input type="checkbox"/> HOSPITAL <input type="checkbox"/> SNIPP <input type="checkbox"/> DDM <input type="checkbox"/> HOME <input type="checkbox"/> OTHER	
49. CITY MENDOCINO		50. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 913 EAST HILL ROAD		51. CITY WILLITS	
52. CAUSE OF DEATH OVARIAN CANCER		53. DATE OF DEATH 04/28/2007		54. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
55. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 52 NONE		56. HAD OPERATION PERFORMED (FOR ANY CONDITION) IN THE 12 MONTHS PRECEDING DEATH 04/05/2006 TAH, BSO, LYMPH NODE DISSECTION		57. IF FEMALE, PREGNANT (LAST YEAR) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> LINK	
58. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED MARGARET ARNER, M.D.		59. SIGNATURE AND TITLE OF CORONER MARGARET ARNER, M.D.		60. LICENSURE NUMBER G36801	
61. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE 03/16/1988 04/27/2007 1245 SOUTH MAIN STREET, WILLITS, CA 95490		62. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE MARGARET ARNER, M.D.		63. DATE month/day/year 05/01/2007	
64. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED <input type="checkbox"/> MILD <input type="checkbox"/> ACCIDENT <input type="checkbox"/> HOMICIDE <input type="checkbox"/> SUICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> CAUSE NOT DETERMINED		65. INJURED AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LINK		66. BIRTH DATE month/day/year 03/16/1988	
67. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		68. DESCRIBE HOW INJURY OCCURRED (events which preceded injury)		69. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)	
70. SIGNATURE OF CORONER / DEPUTY CORONER		71. DATE month/day/year		72. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

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SEAL

STATE OF CALIFORNIA }
COUNTY OF MENDOCINO } SS DATE ISSUED **JUL 24 2007**
This is a true and exact reproduction of the document officially registered and placed on file in the VITAL STATISTICS OFFICE, MENDOCINO COUNTY DEPARTMENT OF PUBLIC HEALTH.

Marvin Trotter MD
LOCAL REGISTRAR
MENDOCINO COUNTY, CALIFORNIA

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EXHIBIT "A" (28)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/50th interest in and to Lot 28 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 1 through 50 (inclusive) as shown on said map; and (B) Unit No. 19 as shown and defined on said map; 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 Six recorded December 18, 1990, as Document No. 241238, as amended by Amended Declaration of Annexation of The Ridge Tahoe Phase Six, recorded February 24, 1992, as Document No. 271619, and subject to said Declarations; with the exclusive right to use said interest, in Lot 28 only, for one week each year in accordance with said Declarations.

APN: 1319-30-643-024