

CERTIFICATION OF VITAL RECORD

"VERIFICATION BOX" (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT. COLOR WILL CHANGE TO BLUE AND THEN RETURN.)

STATE OF ARIZONA

ORIGINAL STATE COPY

**STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH**

DEATH NO. **D-102 2007-028326**

1. NAME OF DECEASED CLAYTON JAMES HILL		2. SEX MALE	3. DATE OF DEATH AUGUST 10, 2007	
4A. RACE (e.g., white, black, American Indian, (specify tribe) etc.) WHITE	4B. WAS DECEASED OF HISPANIC ORIGIN: (SPECIFY YES OR NO) NO	4C. IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.	4D. WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) YES	
6. PLACE OF DEATH 6A. COUNTY: MARICOPA 6B. TOWN OR CITY: PHOENIX	6C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS) 5145 E. BANNOCK STREET		6D. <input type="checkbox"/> DOA <input type="checkbox"/> OP EMER. <input type="checkbox"/> IN PATIENT	
7. DATE OF BIRTH MONTH: JULY DAY: 29 YEAR: 1946	8A. AGE (YEARS LAST BIRTHDAY): 61	8B. IF UNDER 1 YEAR MOS. DAYS	8C. IF UNDER 1 DAY HRS. MIN.	9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED
11. STATE AND CITY OF BIRTH CLEVELAND, OHIO	12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. SOCIAL SECURITY NO. 7101	14A. USUAL OCCUPATION (Give kind of work done most recently if retired) PUBLIC ACCOUNTANT	14B. KIND OF BUSINESS OR INDUSTRY ACCOUNTING
15. USUAL RESIDENCE 15A. STATE: ARIZONA 15B. COUNTY: MARICOPA 15C. TOWN OR CITY: PHOENIX 15D. ZIP CODE: 85044	16. HOW LONG IN ARIZONA? 24 YEARS		17. EDUCATION HIGHEST GRADE COMPLETED COLLEGE (1-4 or 5+)	
19. FATHER'S NAME ALVIN HILL		20. MOTHER'S MAIDEN NAME GERTRUDE EASTERBROOK		21. INFORMANT'S SIGNATURE <i>Sandra L. Hill</i>
24. CREMATION		25. DATE 08/14/2007		26. CEMETERY OR CREMATORY - NAME AND LOCATION PARADISE MEMORIAL CREMATORY SCOTTSDALE, ARIZONA
28. FUNERAL & BURIAL CHAPEL WYMAN CREMATION & BURIAL CHAPEL		29. STREET ADDRESS 1135 SOUTH COUNTRY CLUB DRIVE		30. CITY AND STATE MESA, ARIZONA 85210
30. SIGNATURE AND TITLE <i>[Signature]</i>		31. DATE SIGNED (Mo., Day, Year) AUGUST 10, 2007		32. HOUR OF DEATH 1240 HRS
33. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AGENCY JACK CAVALCANT MD. 1432 S. DOBSON RD. MESA, AZ.		34. SIGNATURE AND TITLE <i>[Signature]</i>		35. DATE SIGNED (Mo., Day, Year)
36. DATE REGISTERED AUG 17 2007		37. REG. FILE NO. 16804		38. REG. DISTRICT 0208
39. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) Myasthenia Gravis Respiratory		40. DUE TO OR AS A CONSEQUENCE OF		41. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 6 minutes
42. DUE TO OR AS A CONSEQUENCE OF		43. DUE TO OR AS A CONSEQUENCE OF		44. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
45. MANNER OF DEATH <input type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED		46. DATE OF INJURY MO: 52 DAY: 53 YR: 54 HOUR: M		47. INJURY AT WORK? (Specify Yes or No) NO
48. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		49. WHERE LOCATED?		50. DESCRIBE HOW INJURY OCCURRED
51. SUPPLEMENTARY ENTRIES		52. STREET ADDRESS		53. CITY OR TOWN
54. STATE		55. STREET ADDRESS		56. CITY OR TOWN
57. STATE		58. STREET ADDRESS		59. CITY OR TOWN



**BK- 0608
PG- 3681**

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Aug 30, 2007
This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

Patricia Adams
**PATRICIA ADAMS
ASSISTANT STATE REGISTRAR**



This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT

EXHIBIT "A"

(31)

An undivided 1/51st interest as tenants in common in and to that certain real property and improvements as follows: (A) An undivided 1/20th interest in and to Lot 31 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 081 through 100 (inclusive) as shown on Tahoe Village Unit No. 3, Fifth Amended Map, recorded October 29, 1981, as Document No. 61612, as corrected by Certificate of Amendment recorded November 23, 1981, as Document No. 62661; and (B) Unit No. 100 as shown and defined on said last mentioned map as corrected by said Certificate of Amendment; 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 II recorded February 14, 1984, as Document No. 096759, as amended by document recorded October 15, 1990, as Document No. 236690, 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 Lots 31, 32 or 33 only, for one week each year in the Summer "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-721-021