

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 1/99)

1. NAME OF DECEDENT - FIRST, (Given) KIMIKO		2. MIDDLE TANI		3. LAST (Family) MC GOWAN		LOCAL REGISTRATION NUMBER	
4. DATE OF BIRTH - mm/dd/yyyy 07/11/1929				5. AGE - Yrs 75		6. SEX FEMALE	
9. BIRTH STATE/FOREIGN COUNTRY CALIFORNIA		10. SOCIAL SECURITY NUMBER 3745		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) MARRIED	
13. EDUCATION - (Highest Level/Degree) (see worksheet on back) SOME COLLEGE		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) JAPANESE		7. DATE OF DEATH - mm/dd/yyyy 06/03/2005	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED HOMEMAKER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) OWN HOME				19. YEARS IN OCCUPATION 37	
20. DECEDENT'S RESIDENCE (Street and number or location) 1155 WEST DONINGTON STREET							
21. CITY GLENDORA		22. COUNTY/PROVINCE LOS ANGELES		23. ZIP CODE 91741		24. YEARS IN COUNTY 35	
25. STATE/FOREIGN COUNTRY CALIFORNIA		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 1155 WEST DONINGTON STREET, GLENDORA, CA 91741					
26. INFORMANT'S NAME, RELATIONSHIP HENRY H. MC GOWAN III, HUSBAND				27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 1155 WEST DONINGTON STREET, GLENDORA, CA 91741			
28. NAME OF SURVIVING SPOUSE - FIRST HENRY		29. MIDDLE H.		30. LAST (Maiden Name) MC GOWAN III			
31. NAME OF FATHER - FIRST TANI		32. MIDDLE -		33. LAST KAZUTAMI		34. BIRTH STATE JAPAN	
35. NAME OF MOTHER - FIRST YUKIKO		36. MIDDLE -		37. LAST (Maiden) SAKAYUYE		38. BIRTH STATE JAPAN	
39. DISPOSITION DATE mm/dd/yyyy 06/10/2005		40. PLACE OF FINAL DISPOSITION AT SEA OFF THE COAST OF LOS ANGELES COUNTY					
41. TYPE OF DISPOSITION(S) CR/SEA		42. SIGNATURE OF EMBALMER NOT EMBALMED				43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY		45. LICENSE NUMBER S.O. FD-1359		46. SIGNATURE OF LOCAL REGISTRAR <i>Thomas L. Gowan</i>		47. DATE mm/dd/yyyy 06/10/2005	
101. PLACE OF DEATH RESIDENCE							
102. COUNTY LOS ANGELES		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home, Etc <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other				104. CITY GLENDORA	
105. FACILITY ADDRESS OR LOCATION WHERE BORN (Street and number or location) 1155 WEST DONINGTON STREET		106. CITY GLENDORA					
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT name terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (A) SMALL CELL LUNG CANCER Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST NONE							
108. TIME (Interval Between Onset and Death) 2 1/3 YRS		109. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
110. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
112. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		113. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE					
114. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO		115. SIGNATURE AND TITLE OF CERTIFIER <i>Cynthia Martel</i>				116. LICENSE NUMBER A066967	
117. DATE mm/dd/yyyy 06/08/2005		118. TYPE ATTENDING PHYSICIANS NAME, MAILING ADDRESS, ZIP CODE CYNTHIA MARTEL, MD 210 S. GRAND AVE., GLENDORA, CA 91741					
119. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER 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		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 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) 0733379 Page: 2 of 3 11/21/2008							
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. # 195/7425		CENSUS TRACT # * 340117346 *	

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services, if it bears the Registrar's signature in purple ink.

Thomas L. Gowan 245 JUN 13 2005
DATE ISSUED

Director of Health Services and Registrar

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

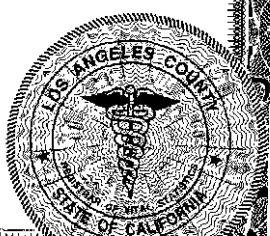


EXHIBIT "A"

(33)

An undivided 1/102nd 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 33 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 121 through 140 (inclusive) as shown on that certain Condominium Plan recorded August 20, 1982, as Document No. 70305; and (B) Unit No. 128 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 III recorded February 21, 1984, as Document No. 097150, as amended by document recorded October 15, 1990, as Document No. 236691, 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 every other year in Even -numbered years in the Swing "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-723-008