

CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA

HEALTH DEPARTMENT

2220 MOORPARK AVE., SAN JOSE, CALIFORNIA 95128

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER					
1A. NAME OF DECEDENT—FIRST (GIVEN) BEVERLY	1B. MIDDLE ANN	1C. LAST (FAMILY) MARSHALL	2A. DATE OF DEATH—MO, DAY, YR JULY 31, 1992	2B. HOUR 0115	3. SEX F		
4. RACE Caucasian	5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6. DATE OF BIRTH—MO, DAY, YR May 30, 1944	7. AGE IN YEARS 48	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MINUTES		
8. STATE OF BIRTH MO	9. CITIZEN OF WHAT COUNTRY U.S.A.	10A. FULL NAME OF FATHER William Greenaway	10B. STATE OF BIRTH PA	11A. FULL MAIDEN NAME OF MOTHER Lucille Lambert	11B. STATE OF BIRTH MO		
12. MILITARY SERVICE? 19__ To 19__ <input checked="" type="checkbox"/> NONE	13. SOCIAL SECURITY NO. 3075	14. MARITAL STATUS Married	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Leon Marshall				
16A. USUAL OCCUPATION Dental Office Manager	16B. USUAL KIND OF BUSINESS OR INDUSTRY Dentistry	16C. USUAL EMPLOYER Dr. Damian Chang, DDS	16D. YEARS IN OCCUPATION 23	17. EDUCATION—YEARS COMPLETE 11			
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 1504 Ambleside Ct.			18B. CITY Ceres	18C. ZIP CODE 95307			
18D. COUNTY Stanislaus		18E. NUMBER OF YEARS IN THIS COUNTY 3	18F. STATE OR FOREIGN COUNTRY CA	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Leon Marshall - Husband 1504 Ambleside Ct. Ceres, CA. 95307			
19A. PLACE OF DEATH Santa Teresa Community Hospital		19B. IF HOSPITAL, SPECIFY ONE: IP, PER, OP, DOA IP	19C. COUNTY Santa Clara				
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 250 Hospital Parkway		19E. CITY San Jose		TIME INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Adult Respiratory Distress Syndrome			Days	23. WAS BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
DUE TO (B) Astrocytoma			14 Mos.	24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (C)				24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO			
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 None			25. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. Brian Biopsy 6-19-1991				
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER <i>Joseph Ramek M.D.</i>	27C. CERTIFIER'S LICENSE NUMBER 639720	27D. DATE SIGNED 8/3/92			
27A. DECEDENT ATTENDED SINCE DECEASED LAST SEEN ALIVE MONTH, DAY, YEAR 7-12-1991		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Joseph Ramek, M.D., 270 International Circle, San Jose, CA. 95119					
I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER <i>Don van Straaten</i>		28B. DATE SIGNED			
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined		30A. PLACE OF INJURY	30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	30C. DATE OF INJURY MONTH, DAY, YEAR	31. HOUR		
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)			33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)				
34A. DISPOSITION(S) CR/RES	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS 1504 Ambleside Ct., Ceres, CA. 95307		34C. DATE MO, DAY, YEAR Aug 6 1992	35A. SIGNATURE OF EMBALMER <i>Don van Straaten</i>	35B. LICENSE NUMBER E6922		
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) DARLING & FISCHER CHAPEL OF THE HILLS		36B. LICENSE NO. F940	37. SIGNATURE OF LOCAL REGISTRAR <i>Stephen A. Coray M.D.</i>		38. REGISTRATION DATE AUG 4 1992		
STATE REGISTRAR	A.	B.	C.	D.	E.	F.	CENSUS TRACT

VS-11 (REV. 3-91)

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

517732

STATE OF CALIFORNIA }
COUNTY OF SANTA CLARA } SS

CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED **AUG 4 1992**

BY

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

Stephen A. Coray M.D.
STEPHEN A. CORAY, MD
HEALTH OFFICER AND LOCAL REGISTRAR
OF BIRTHS AND DEATHS

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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 1/106th interest in and to Lot 37 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 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. 057 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 Prime "Season" as defined in and in accordance with said Declarations.

A Portion of APN: 1319-30-644-022

